



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION**

Complete this cover form and the **Non-Competitive Procurement Application Worksheet** in detail. Refer to the page entitled **"Instructions for Non-Competitive Procurement Application"** for completing this application in accordance with its policy regarding NCRB. Complete "other" subject area if additional information is needed. Subject areas must be fully completed and responses merely referencing attachments will not be accepted and will be immediately rejected.

Department CDPH	Originator Name Jennifer Vidis	Telephone 312-747-9556	Date 09/03/19	Signature of Application Author <i>Jennifer D. Vidis</i>
Contract Liaison Maribel Valdez	Email Contract Liaison maribel.valdez@cityofchicago.org	Telephone 312-747-8828		

List Name of NCRB Attendees/Department	
Jennifer Vidis, CDPH Sara Moffitt, CDPH Jessica Wilkerson, CDPH Jennifer Seo, CDPH	Tanya Tucker, CDPH John Pfeiffer, CDPH Maribel Valdez, CDPH

Request NCRB review be conducted for the product(s) and/or service(s) described herein.

Company: The Center for Child and Family Health Inc

Contact Person: Ashley Alvord	Phone: 919-819-3169	Email: ashley.alvord@duke.edu
---	-------------------------------	---

Project Description: Comprehensive Training and Technical Assistance for Family Connects Implementation and Program Certification

This is a request for:	
<input checked="" type="checkbox"/> New Contract	<input type="checkbox"/> Amendment / Modification
<u>Contract Type</u>	<u>Type of Modification</u>
<input checked="" type="checkbox"/> Blanket Agreement Term: <u>60</u> (# of mo)	<input type="checkbox"/> Time Extension <input type="checkbox"/> Vendor Limit Increase <input type="checkbox"/> Scope Change
<input type="checkbox"/> Standard Agreement	Contract Number: _____
	Specification Number: _____
	Modification Number: _____

Department Request Approval	Recommended Approval
<i>Allison Arwady</i> DEPARTMENT HEAD OR DESIGNEE	<i>[Signature]</i> BOARD CHAIRPERSON
10/6/19 DATE	11/22/19 DATE
Allison Arwady PRINT NAME	Steven M. Colasada PRINT NAME

(FOR NCRB USE ONLY)

Recommend Approval/Date: _____

Return to Department/Date: _____

Rejected/Date: _____

Approved **Rejected**

[Signature]
CHIEF PROCUREMENT OFFICER

22 November 2019
DATE



DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET

All applicable information on this worksheet must be addressed using each question found on the "Instructions for Non-Competitive Procurement Application" in this application.

Justification for Non-Competitive Procurement Worksheet

PROCUREMENT HISTORY

1. Describe the requirement and how it evolved from initial planning to its present status.

The Chicago Department of Public Health (CDPH) requests that the City enter into a non-competitive bid contract with the Center for Child and Family Health to receive from one of the Center's programs, Family Connects International, technical assistance to implement the Family Connects model for a universal postpartum nurse home visiting service with a coordinated perinatal referral system.

Identification of the Need and the Model:

There is general agreement across the maternal child health service sector that Chicago's current large and complex system of prenatal and perinatal supports has many strengths but lacks coordination and does not serve at-risk families as efficiently and effectively as it could. This means that mothers, babies, and their families do not always have the support they need at critical times in their lives and development.

To address these limitations, CDPH embarked on a research and planning process in Spring of 2018 that engaged stakeholders across sectors and communities in a conversation about how we might build a better system for serving Chicago families with newborns. Throughout this process, CDPH considered opportunities for leveraging our current resources and workforce of experienced home visiting nurses to meet the expectations of our primary funder, the Illinois Department of Public Health, that we address maternal child health outcomes at a population level. This process of research and planning included:

- A review of existing perinatal service landscape assessments and additional research to better understand the current family support systems in Chicago, identify issues and opportunities to improve coordination, and examine efficiency and effectiveness for families
- A series of key informant interviews and round tables—with the involvement of a total of 161 stakeholders—to better understand the perspectives of providers, healthcare systems, managed care organizations, local government, and other experts as they relate to addressing maternal child health
- Formation of a task force of the Chicago Early Learning Executive Committee with 33 stakeholders to interpret and translate the above research findings into a blueprint for implementation of an evidence-based intervention that would improve the support system for families with newborns

The task force identified a need for a universal perinatal referral system that can connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. The goals of such a system are to:

- Identify and prioritize family needs by screening mothers and newborns for health, safety, and family well-being
- Respond immediately to identified needs by providing brief interventions, education, and support
- Respond with longer term solutions via appropriate referrals to formal and informal services
- Improve agency coordination to ensure a seamless experience for participants using follow-up services
- Identify gaps in service delivery in order to improve resource allocation and inform policy

After a review of existing perinatal support programs and evidence-based home visiting models, CDPH and the above partners concluded that Family Connects was the model that would best meet Chicago's needs. The Family Connects model is universal in reach; provides a relatively inexpensive, short-term intervention that has positive impacts on



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

maternal and infant health, as well as linkages to community services; leverages the role and resources of CDPH; and has potential for scaling citywide. More than a home visiting program, Family Connects has a robust community alignment function that engages the community in a structured feedback process that promotes the development of a coordinated system of supports. The service is manualized and includes a fully developed, cloud-based data system to support the implementation, monitoring and evaluation of the service.

Initial Engagement with the Center for Child and Family Health/Family Connects International:

In January of 2019, CDPH and the Early Learning Executive Committee task force began receiving guidance and technical assistance from the Center for Child and Family Health's Family Connects International to plan for implementation of a pilot of the Family Connects nurse home visiting service adapted to Chicago's unique context. Family Connects International is a program under the Center for Child and Family Health in collaboration with Duke University's Center for Child and Family Policy. The pilot launched in September of 2019 with three (3) partner hospitals. Home visiting will begin in October of 2019.

2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.

This is a first time requirement.

When the Family Connects model was selected as the intervention, CDPH began exploring the appropriate mechanism for purchasing the technical assistance, training, program certification, and client database access to plan for and implement a pilot. CDPH learned that the Center for Child and Family Health is the sole provider of program planning and certification for the Family Connects model.

CDPH was planning to submit an Exhibit A for these services based on an initial approval from the Comptroller in October of 2018. However, GPAD subsequently rejected an Exhibit A invoice in February of 2019 advising that the invoice lacked sufficient detail and services had to be fully delivered before paid. At that time, services had been initiated but were not complete. CDPH was then advised that an Exhibit A would not be the appropriate procurement mechanism. Use of the Commissioner's authority to approve a pilot was reviewed by the Chicago Department of Law (DOL). On April 23, 2018, DOL determined that the Commissioner's authority does not apply and that CDPH would have to go through DPS to acquire the services. Because the Center for Child and Family Health/Family Connects International had been delivering services since January of 2019, CDPH sought approval for payment by Exhibit B for services rendered from January 2019 through June 30, 2019. This payment was approved on June 18, 2019 with direction to CDPH to work with DPS to determine if the services should be sole-sourced or competitively bid. After consultation with DPS in June of 2019, it was determined that an application for sole source services would be the appropriate procurement path.

3. Explain attempts made to competitively bid the requirement (attach copy of sources contacted).

No attempts have been made to competitively bid the requirement as no entity other than the Center for Child and Family Health is able to provide program planning, technical assistance, and certification for the unique and proprietary Family Connects universal home visiting model. An RFP for professional services was considered as an option but ruled out after consultation with DPS.

4. Describe in detail all research done to find other sources; list other cities, companies in the industry, professional organizations contacted. List periodicals and other publications used as references.

Experts Stakeholders Consulted:

As described in question 1 above, CDPH engaged in an extensive process of research and community engagement to determine the features of the service that should be implemented. This process included an initial landscape analysis of Chicago's perinatal support system completed by the Public Health Institute of Metropolitan Chicago in



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

early 2018. CDPH built on that analysis by working with the Mayor's Chief of Early Learning and EverThrive Illinois (a lead advocacy group in Illinois that works to improve the health of women, children, and families) to conduct research and engage an array of stakeholders in the health, early childhood, and human services sectors about the landscape of supports for families with newborns in Chicago and how it could be improved.

This research was conducted with the support of the consulting group Aim & Arrow. Aim & Arrow interviewed expert stakeholders to gain understanding of Chicago's currently available perinatal support resources and to learn about other home visiting and coordinated referral system models that could be pursued. These experts included individuals from CDPH, City of Chicago Mayor's Office, Chicago Public Libraries, Chicago Public Schools, Illinois Governor's Office of Early Childhood Development, The Ounce of Prevention, Erickson Institute, Cook County Health and Hospital System, Mount Sinai Hospital, Rush University Medical Center, Advocate Trinity Hospital, Access Community Health Network, Erie Family Health Center, Lawndale Christian Health Center, Near North Health Service Corp, County Care, Alliance Chicago, Sinai Community Institute, University of Chicago Harris School of Public Policy, University of Chicago Chapin Hall, Northwestern Feinberg School of Medicine, UIC School of Public Health, UIC Division of Specialized Care for Children, SGA Youth and Family Services, Health Connect One, Community Alternatives Unlimited, El Hogar del Nino, Christopher House, Carole Robertson Center for Learning, and Gads Hill Center.

These experts advised that the current system of perinatal supports is disjointed and inefficient and that CDPH should work with its partners to move ahead with a multi-faceted approach to systems change with a Family Connects pilot.

Review of Chicago's Current Perinatal Support Programs:

EverThrive Illinois also conducted a gap analysis that showed Chicago's existing perinatal services are mismatched to Chicago's needs. The majority of perinatal support programs in the city fall under three categories: IDHS's Family Case Management, IDHS's Better Babies Outcomes, and Parents as Teachers. None are universal services and none have evidence that they address all three of CDPH's prioritized goals of (1) reducing adverse maternal and child health outcomes, (2) increasing the reach/impact of current home visiting services, and (3) increasing the connection to referred services. The Family Connects model, on the other hand, has been shown to have positive effects towards those goals.

Review of Evidence-Based Home Visiting Models:

Delivery of an evidence-based model is important to ensure effective service delivery to Chicago's families and to qualify for financial support. To find an evidenced-based home visiting model that has known positive impacts on maternal and child health, as well as on coordinated referrals, CDPH reviewed research done by the Department of Health and Human Services (HHS) Home Visiting Evidence of Effectiveness (HomVEE) project. HomVEE conducted a review of the home visiting literature to assess the effectiveness of home visiting models that serve families with pregnant women and children from birth through kindergarten (see https://homvee.acf.hhs.gov/homvee_executive_summary.pdf). HomVEE reviewed 46 existing home visiting models and found that 18 models meet HHS's criteria for effectiveness. CDPH reviewed these 18 models, focusing on whether they had evidence showing a positive impact on linkages/referrals, maternal health, and child health; whether they utilized nurses as the home visitors, as CDPH has prioritized home health assessments as being vital to its goal of reducing maternal and infant morbidity and mortality in Chicago; and whether the model is universal. Family Connects was the only evidence-based model found to meet these criteria (see attached Review of HHS HomVEE Evidence-Based Home Visiting Models).

5. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?

If the pilot of Family Connects Chicago is successful, the intervention will be scaled citywide and there will be a need for future requests for continued services from the same source. However, it is anticipated that services beyond this request for a 5-year contract with two (2) 1-year renewals will be much more limited in scope to include site visits



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

every 3 years for ongoing certification as a provider of the Family Connects model, as well as ongoing payment for licenses to the Family Connects proprietary data system.

6. Explain whether or not future competitive bidding is possible. If not, explain in detail.

Future competitive bidding is not possible as the Center for Child and Family Health is the sole provider of Family Connects program planning, technical assistance, and certification.

ESTIMATED COST

1. What is the estimated cost for this requirement or for each contract, if multiple awards are contemplated? What is the funding source?

The estimated cost is \$470,000 for the proposed five-year term. The contract will be funded by the Maternal Child Health Block grant awarded by the Illinois Department of Public Health to the Chicago Department of Public Health.

2. What is the estimated cost by fiscal year?

Contract Year	Cost	Service
Year 1	\$100,000	Training and technical assistance for initial Family Connects model implementation and preparation for program certification, provision of licenses to client database
Year 2	\$100,000	Initial program certification, technical assistance for full implementation, provision of licenses to client database, program evaluation
Year 3	\$90,000	Ongoing program evaluation/performance review and technical assistance to maintain certification, provision of licenses to client database
Year 4	\$90,000	Ongoing program evaluation/performance review and technical assistance to maintain certification, provision of licenses to client database
Year 5	\$90,000	Ongoing program evaluation/performance review and technical assistance to maintain certification, provision of licenses to client database
Total	\$470,000	

3. Explain the basis for estimating the cost and what assumptions were made and/or data used (i.e., budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)

The cost estimate was based on a quotation provided by the Center for Child and Family Health's Chief Financial Officer. The quotation was made by the Center for Child and Family Health based on the cost of providing similar services to other existing Family Connects sites around the U.S.

4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.

The City would not be allowed to use the Family Connects evidence-based and proprietary model and would have to invest in creating its own universal nurse home visiting and coordinated perinatal referral system model without already proven efficacy. The City need not duplicate this effort when an evidence-based model is immediately available at a reasonable cost.

The Family Connects model was developed over a 10-year period by Duke University at a cost of more than \$5 million dollars for program design, development and evaluation. An additional \$1 million was invested in the development of the cloud-based client database that supports the program. The City is saving the cost of having to



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

design, implement, and evaluate a new program model and develop a comprehensive data system to support it. In addition, as the Center for Child and Family Health provides access to sample marketing materials, family educational materials, assessment guidelines, and forms, the City would save the cost and time of having to develop these materials itself.

5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

No negotiation of price has been deemed necessary. The price of these services is based on a portion of the Center for Child and Family Health's costs for personnel, materials, travel, and discounted database license fees and is consistent with the rates charged to other jurisdictions. The true cost of the services is higher but is covered by philanthropic dollars the Center for Child and Family Health receives to support the dissemination of the Family Connects model.

SCHEDULE REQUIREMENTS

1. Explain how the schedule was developed and at what point the specific dates were known.

The schedule was developed in consultation with the Center for Child and Family Health following the Family Connects certification and evaluation protocol, as well as in consideration of CDPH's need to transition to an evidence-based home visiting model as detailed in the procurement history. The specific dates were finalized in September 2019.

2. Is lack of drawings and/or specifications a constraining factor to competitive bidding?

No. This is not applicable to this procurement.

3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.

The Center for Child and Family Health's services are needed from 1/1/2020 through 10/31/2024.

1/1/2020 to 6/30/2020 Training and technical assistance for initial Family Connects model implementation, provision of licenses to client database

7/1/2020 to 10/30/2020 Technical assistance to prepare for program certification, provision of licenses to client database

11/1/2020 to 1/31/2021 Initial program certification, technical assistance for full implementation, provision of licenses to client database

2/1/2021 to 10/31/2024 Ongoing program evaluation/performance review and technical assistance to maintain certification, provision of licenses to client database

This schedule is critical to ensure timely, comprehensive, and effective delivery of maternal and infant support to Chicago's families following Family Connects' evidence-based model. This schedule allows for timely initial certification and ensures ongoing program evaluation and certification.

4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

Competitive bidding would delay CDPH's ability to begin the Family Connects certification process to fully implement this evidence-based home visiting model. This would not only delay delivery of this service to Chicago's families but would also result in City funds and CDPH's Maternal Child Health Block grant continuing to be used for existing public health nursing and home visiting programs that are not evidence-based.



DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET

EXCLUSIVE OR UNIQUE CAPABILITY

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Attach a copy of the cost proposal, scope of services, and Temporary Consulting Services Form.

N/A

2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?

Family Connects International is a program within the Center for Child and Family Health in collaboration with Duke University's Center for Child and Family Policy (CCFP)--a leader in child development and wellness and the family unit. CCFP emphasizes the bridge from research to policy and practice through an integrated system of research, teaching, service, and policy engagement. CCFP is a founding member of the university-based Child and Family Policy Consortium, a forum that fosters scientific collaboration around child and family policy issues. The lead developers of the Family Connects model, Kenneth Dodge and Robert Murphy, hold leadership positions with the Center for Child and Family Health and CCFP. Both Dr. Dodge and Dr. Murphy are known to be predominant scholars in their field. Their bios are below:

Kenneth A. Dodge is the Pritzker Professor of Public Policy and Professor of Psychology and Neuroscience at Duke University. He is also the founding and past director of the Center for Child and Family Policy.

He is a leading scholar in the development and prevention of aggressive and violent behaviors. His work provides a model for understanding how some young children grow up to engage in aggression and violence and provides a framework for intervening early to prevent the costly consequences of violence for children and their communities.

Dodge joined the faculty of the Duke University's Sanford School of Public Policy in September 1998. He is trained as a clinical and developmental psychologist, having earned his B.A. in psychology at Northwestern University in 1975 and his Ph.D. in psychology at Duke University in 1978. Prior to joining Duke, Dodge served on the faculty at Indiana University, the University of Colorado, and Vanderbilt University.

In the Durham area, his research has resulted in Durham Connects, which provides free nurse home visits to all infants born in Durham County. The program connects families to community resources in an effort to improve children's outcomes and has been shown to decrease emergency care costs in an infant's first year of life. The initiative, known as Family Connects, has expanded to other sites throughout the country.

Dodge has published more than 500 scientific articles which have been cited more than 90,000 times.

Dodge was elected into the National Academy of Medicine in 2015.

Robert Murphy, PhD, has served as the Executive Director of the Center for Child and Family Health (Durham, NC) since 2004. He is an Associate Professor in the Department of Psychiatry & Behavioral Sciences at Duke University School of Medicine and an Adjunct Associate Professor at the University of North Carolina Chapel Hill School of Public Health. A clinical psychologist with a doctorate from the University of Massachusetts, he completed training and joined the faculty of the Yale Child Study Center, directing evaluation for the National Center for Children Exposed to Violence.

Dr. Murphy is co-principal investigator on a long-term project to reduce community-wide maltreatment in Durham County, NC. He is also one of the developers of Family Connects, a brief, universal, postnatal home-visiting program that is being disseminated nationally. Two randomized controlled trials indicate improved and sustained infant, family, maltreatment, and health service utilization outcomes. He leads efforts to improve military families' access to and use of evidence-based mental health services and is an investigator for the Millennium Cohort Family Study, a longitudinal study of military families and their functioning. He has been active in the National Child Traumatic Stress Network since 2001.



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

3. What prior experiences of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?

The Center for Child and Family Health is the sole provider of program planning and certification for the Family Connects model. Family Connects International, a program within the Center for Child and Family Health, grew from Durham Connects, the original program that utilized the Family Connects model. The Family Connects International team has over a decade of experience implementing the model, including their proprietary Family Support Matrix that is used during the nurse home visit to assess the risk and needs of families. As the Center for Child and Family Health is the sole provider of program planning and certification, it is the sole holder of comprehensive information and expertise on the implementation of the model. As the support arm for dissemination of the Family Connects model, the Center for Child and Family Health is also the holder of expertise in the successful replication of the model in communities other than Durham. This is vital information from which CDPH can learn in implementing Family Connects in Chicago.

4. What technical facilities or test equipment does the person or firm exclusively possess of a highly specialized nature which is vital to the job?

N/A

5. What other capabilities and/or capacity does the proposed firm possess of a highly specialized nature which is vital to the job?

The Center for Child and Family Health is the only entity that can authorize the use of the Family Connects model, provide licenses to its proprietary client database, and certify sites as a Family Connects program. Without these components, CDPH will not be able to adopt the evidence-based Family Connects model to implement a universal postpartum nurse home visiting service with a coordinated perinatal referral system in Chicago.

The Center for Child and Family Health/Family Connects International's technical assistance includes trainings on the home visit protocol and the client database that no other entity can provide. These trainings are necessary to ensure fidelity to the Family Connects model towards not only achieving certification as a Family Connects program but to also ensure effective service delivery to Chicago residents.

The Center for Child and Family Health/Family Connects International also provides access to vetted materials developed for the original Durham Connects program that were used during the multiple randomized control studies of the model leading to the evidence base. These materials include staff training guidelines, assessment guidelines, sample scripts, intake form templates, healthcare provider report templates, and marketing materials. Access to these materials allows fidelity to the Family Connects model and also saves CDPH cost and time in not having to develop these materials itself.

6. If procuring products or equipment, describe the intended use and explain any exclusive or unique capabilities, features and/or functions the items have which no other brands or models possess. Is compatibility with existing equipment critical from an operational standpoint? If so, provide detailed explanation.

The Center for Child and Family Health/Family Connects International will provide CDPH licenses and access to its Salesforce-based comprehensive client database. This is a unique Family Connects International-developed, secure cloud-based database that includes customized workflows aligned with its proprietary Family Connects visit protocol and Family Support Matrix. The database is used to document home visits, identify risks, generate referrals from the built-in agency resource directory, document follow-up from referrals, and generate a full complement of reports necessary to monitor and evaluate system performance and family needs. This database was developed and vetted in its use by Durham Connects as being effective for implementation of the Family Connects model and for data collection towards evaluation of the program. CDPH is currently working with DoIT and CDPH's attorney/HIPAA privacy officer to conduct a security and privacy review of the database.



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data (attach documentation verifying such)?

Yes. The home visit protocols, customized workflows, training materials, and client database are the property of Family Connects International and are not publicly available. Please see the attached Family Support Matrix, cover pages of the Family Connects Implementation and Policy Manual, cover pages of the Family Connects System Manual (database manual), cover pages of the Family Connects Salesforce Report Guide, and the Overview of the Evidence flyer which indicate Family Connects International's copyrights to these materials.

8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources.

N/A

OTHER

1. Explain other related considerations and attach all applicable supporting documents.

MBE/WBE Compliance Plan

The Center for Child and Family Health has identified a WBE-certified agency, Sage Health Strategy, and proposes their participation at 30%, exceeding the 5% WBE requirement. Despite its outreach efforts to MBE-certified agencies and assist agencies, the Center for Child and Family Health has been unable to identify a MBE with the expertise necessary to support the Family Connects program planning, training, and certification process. The Center for Child and Family Health is requesting a partial waiver of the City's MBE/WBE requirements. See the attached partial waiver memorandum from the Center for Child and Family Health, CDPH's concurrence memorandum, and documentation of the Center for Child and Family Health's outreach efforts to MBE-certified agencies and assist agencies.

Funding

CDPH receives annually a Title V Maternal and Child Health Services Block Grant from IDPH. CDPH will be receiving this grant for SFY 2020-2021 and is in the process of finalizing an intergovernmental agreement, which will serve as a notice of award, with IDPH.

Attachments

In addition to the required NCRB application materials, the following are attached:

1. Review of HHS HomVEE Evidence-Based Home Visiting Models
2. Documentation of Family Connects International's proprietary materials



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
INSTRUCTIONS FOR NON-COMPETITIVE PROCUREMENT APPLICATION**

INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT APPLICATION

If a City Department has determined that the purchase of supplies, equipment, work and/or services cannot be done on a competitive basis, a justification must be prepared on this "Justification for Non-Competitive Procurement Application" in which procurement is requested on a or non-competitive basis in accordance with 65 ILCS 5/8-10-4 of the Illinois Compiled Statutes. Using this instruction sheet, all applicable information must be addressed on the worksheet. The information provided must be complete and in sufficient detail to allow for a decision to be made by the Non-Competitive Procurement Review Board. For Amendments, Modifications, describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change.

Attach a DPS Checklist and any other required documentation; the Board will not consider justification with incomplete information documentation or omissions.

PROCUREMENT HISTORY

1. Describe the requirement and how it evolved from initial planning to its present status.
2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.
3. Explain attempts made to competitively bid the requirement (attach copy of sources contacted).
4. Describe in detail all research done to find other sources; list other cities, companies in the industry, professional organizations contacted. List periodicals and other publications used as references.
5. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?
6. Explain whether or not future competitive bidding is possible. If not, explain in detail.

ESTIMATED COST

1. What is the estimated cost for this requirement or for each contract, if multiple awards are contemplated? What is the funding source?
2. What is the estimated cost by fiscal year?
3. Explain the basis for estimating the cost and what assumptions were made and/or data used (i.e., budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)
4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

SCHEDULE REQUIREMENTS

1. Explain how the schedule was developed and at what point the specific dates were known.
2. Is lack of drawings and/or specifications a constraining factor to competitive bidding? If so, why is the proposed Contractor the only person or firm able to perform under these circumstances? Why are the drawings and specifications lacking? What is the lead time required to get drawings and specifications suitable for competition? If lack of drawings and specifications is not a constraining factor to competitive bidding, explain why only one person or firm can meet the required schedule.
3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.
4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

EXCLUSIVE OR UNIQUE CAPABILITY

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Attach a copy of the cost proposal, scope of services, and Temporary Consulting Services Form.
2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?
3. What prior experiences of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?
4. What technical facilities or test equipment does the person or firm exclusively possess of a highly specialized nature which is vital to the job?
5. What other capabilities and/or capacity does the proposed firm possess which is necessary for the specific job, project or program which makes them the only source who can perform the work within the required time schedule without unreasonable costs to the City?
6. If procuring products or equipment, describe the intended use and explain any exclusive or unique capabilities, features and/or functions the items have which no other brands or models, possess. Is compatibility with existing equipment critical from an operational standpoint? If so, provide detailed explanation?
7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data (attach documentation verifying such)?
8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources? If not, is the proposed firm the only authorized or exclusive dealer/distributor and/or service center? If so, attach letter from manufacturer on company letterhead.

MBE/WBE COMPLIANCE PLAN

- * All submissions must contain detailed information about how the proposed firm will comply with the requirements of the City's Minority and Women Owned Business program. All submissions must include a completed C-1 and D-1 form, which is available on the Procurement Services page on the City's intranet site. The City Department must submit a Compliance Plan, including details about direct and indirect compliance.

OTHER

1. Explain other related considerations and attach all applicable supporting documents, i.e., an approved "ITGB Form" or "Request For Individual Hire Form".

REVIEW AND APPROVAL

This application must be signed by both Originator of the request and signed by the Department Head. After review and final disposition from the Board, this application will be signed by the Board Chairman. After review and final disposition from the Board, this form will be presented to the Chief Procurement Officer recommending approval.

Attach required forms for each procurement type and detailed scope of services and/or specifications and forward original documents to the Chief Procurement Officer; City Hall, Room 806.

Date: October 4, 2019

Department Name: Health

Requisition No: 307175 **Specification No:** 1189668

PO No: **Modification No:**

Contract Liaison: Maribel Valdez

Telephone: 312-747-8828

Email: maribel.valdez@cityofchicago.org

Project / Program Manager: Dr. Jennifer Seo

Telephone: 312-747-9556

Email: jennifer.seo@cityofchicago.org

Check One:
 New Contract Request

**By signing below, I attest the estimates provided for this contract are true and accurate.*

For Blanket Agreements, the lead department must consult with other departments who may want to participate in the Blanket Agreement. If grant funded, attach copy of the approved grant application and other terms and conditions of the funding source.

Note:

- Funding:** Attach information if multiple funding lines
- Individual Contract Services:** Include approval form signed by all parties
- ITGB:** IT project valued at \$100,000.00 or more, attach approval transmittal sheet.

***Contract Liaison Signature**

**By signing this form, I attest that all information provided is true and accurate.*

Project Title: Comprehensive Training and Technical Assistance for Family Implementation and program Certification

Project Description: New sole source (NCRB) contract for Centers for Child and Family Health to provide to CDPH's Maternal and Child Health Program with comprehensive training and technical assistance for family connects implementation and program certification.

Funding:

Corporate Bond Enterprise Grant Other:
 IDOT/Transit IDOT/Highway FHWA FTA FAA

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	ESTDOLLAR AMOUNT
01	019	0426	041	3047	0140	220140	2041	19990	\$470,000

***Project / Program Manager Signature**

***Commissioner/Authorized Designee Signature**

Purchase Order Type:

Blanket/Purchase Order (DUR)
 Master Consultant Agreement (Task Order)
 Standard/One-Time Purchase

Special Approvals Required:

Emergency
 Non-Competitive Review Board (NCRB)
 Request for Individual Contract Services
 Information Technology Governance Board (ITGB)
 IDOT Concurrence

Purchase Order Information:

Contract Term (No. of Months): 60 months

Extension Options (Rate of Recurrence): 24 months

Estimated Spend/Value: \$ \$470,000

Procurement Method:

Bid RFP RFQ RFI
 Small Order

Grant Commitment / Expiration Date:

Pre-Bid/Submittal Conference: Yes No

Mandatory Site Visit

Contract Type:

Architect Engineering Commodity Construction JOC SBI
 Professional Services Revenue Generating Vehicle & Heavy Equipment
 Work Service Joint Procurement Reference Contract

Modification or Amendment

Modification Information:

PO Start Date: _____

PO End Date: _____

Amount (Increase/Reduction): _____

Safety Enhancing Vehicle Equipment (MCC 2-92-597) Yes__ No

Modification/Amendment Type:

Time Extension Scope Change/Price Increase /Additional Line Item(s)
 Vendor Limit Increase Requisition Encumbrance Adjustment
 Other (specify): _____

MBE/WBE/DBE Analysis: (Attach MBE/WBE/DBE Goal Setting Memo)

Full Compliance Contract Specific Goals
 No Stated Goals Waiver Request *partial*

Vendor Information

Name: Centers for Child & Family Health

Contact: Ashley Alvord, MPH, Director of Dissemination & Program Certification

Address: 1121 W. Chapel Hill Street, Suite 100, Durham, NC 27701

E-mail: ashley.alvord@duke.edu

Phone: 919-419-3474

Risk Management / EDS / IDOT

Insurance Requirements (included) Yes No

EDS Certification of Filing (included) Yes No

IDOT Concurrence (required) Yes No



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

To: Shannon E. Andrews
Chief Procurement Officer
Department of Procurement Services

From: Allison Arwady, MD
Commissioner
Department of Public Health

A handwritten signature in black ink that reads 'Allison Arwady'.

Date: October 4, 2019

RE: Non-Competitive Procurement Request
Center for Child and Family Health
Comprehensive Training and Technical Assistance for Family Connects Implementation and
Program Certification. Specification No. 1189668, Requisition No. 307175

The Chicago Department of Public Health (CDPH) requests that the City enter into a non-competitive bid contract with the Center for Child and Family Health to receive technical assistance to implement Family Connects, a universal postpartum nurse home visiting service with a coordinated perinatal referral system.

Family Connects International, the developer and disseminator of the Family Connects model, is a program within the Center for Child and Family Health in collaboration with Duke University's Center for Child and Family Policy. This team holds over a decade of experience implementing the evidenced-based Family Connects model, which provides universal postpartum nurse home visits to conduct maternal and child health assessments and provide family support in the crucial early time period after an infant is born. Family Connects bridges the gap between families and community resources, and has been shown to improve family well-being, maternal health outcomes, infant health outcomes, and parenting behavior.

There is general agreement across the maternal child health service sector that Chicago's current large and complex system of perinatal supports includes many strong programs but lacks coordination and does not serve at-risk families as efficiently and effectively as it should. This means that mothers, babies, and their families do not always have the support they need at critical times in their lives and development.

To address these limitations, CDPH embarked on a research and planning process in Spring of 2018 that engaged expert stakeholders across sectors and communities in a conversation about how we might build a better system for serving Chicago families with newborns. In addition, a task force of the Chicago



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Early Learning Executive Committee was formed to interpret and translate the research findings into a blueprint for implementation of an evidence-based intervention. Throughout this process, CDPH considered opportunities for leveraging our current resources and workforce of experienced home visiting nurses to meet the expectations of our primary funder, the Illinois Department of Public Health, that we address maternal child health outcomes at a population level.

The task force identified a need for a universal perinatal referral system that can connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. CDPH sought three additional criteria for this system. First, to increase the reach of the service—recognizing barriers to asking families to travel for appointments—and recognizing the importance of observing a family’s home to fully understand their needs, the system needed to include home visits. Second, the home visiting model must be evidence-based to ensure effective service delivery to Chicago’s families and to ensure effective use of the City’s resources. Third, to fully address the priority of reducing adverse maternal and child health outcomes, the system needed to include maternal and child health assessments by a licensed healthcare professional like a registered nurse.

After a review of existing perinatal support programs and evidence-based home visiting models, CDPH and its partners concluded that Family Connects was the model that would best meet Chicago’s needs. The model is universal in reach; provides a relatively inexpensive, short-term intervention that has positive impacts on maternal and infant health as well as linkages to community services; leverages the role and resources of CDPH; and has potential for scaling citywide. More than a home visiting program, Family Connects has a robust community alignment function that engages the community in a structured feedback process that promotes the development of a coordinated system of supports. Furthermore, Family Connects is the only HHS-reviewed evidence-based model that is universal while also having a positive impact on child health, maternal health, and linkages to services.

The Center for Child and Family Health is the sole holder of expertise on implementation of the Family Connects model and the sole provider of Family Connects implementation training and support, program certification, and access to the proprietary home visit protocols and client database. Therefore, the only way to implement Family Connects in Chicago would be to contract with the Center for Child and Family Health.

To meet the needs of Chicago’s families and work towards improving maternal and child health in the city, CDPH requests that a non-competitive bid contract with the Center for Child and Family Health be approved.

The estimated cost is \$470,000 for a proposed 5-year term. The contract would include an option for 2 one-year renewals.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Thank you in advance for your consideration of this request. If you have any questions or need additional information, please contact Maribel Valdez at 312-747-8828 or John Pfeiffer at 312-747-0128.

Cc: John O'Brien – DPS
Jennifer Vidis – CDPH
Dr. Jennifer Seo – CDPH
File



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

SCOPE OF WORK

January 2020 – December 2025

Background

There is general agreement across the maternal child health service sector that Chicago's current large and complex system of prenatal and perinatal supports has many strengths but lacks coordination and does not serve at-risk families as efficiently and effectively as it could. This means that mothers, babies, and their families do not always have the support they need at critical times in their lives and development.

To address these limitations, the Chicago Department of Public Health (CDPH) embarked on a research and planning process that engaged expert stakeholders across sectors and communities in a conversation about how we might build a better system for serving Chicago families with newborns. These stakeholders identified a need for a universal perinatal referral system that can connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. After a review of existing perinatal support programs and evidence-based home visiting models, CDPH and its stakeholder partners concluded that Family Connects was the model that would best meet Chicago's needs. Family Connects is a universal postpartum nurse home visiting service with a coordinated perinatal referral system.

An extensive body of research emphasizes that the best results for dissemination of evidence-based practices are achieved when several key elements are included: 1) Leadership and organizational support for the new practice; 2) interactive learning sessions; 3) action periods between learning sessions for guided practice of new skills; and 4) consistent use of a manual for intervention, case-based consultation, mentoring, performance assessment, and fidelity monitoring. In a learning and mentoring model, the cascading knowledge and mentoring from external experts to local experts has several benefits for programs adopting the evidence-based practice. For Family Connects, utilizing this dissemination model would

- Promote local ownership and expertise toward sustainability;
- Preserve best practices as the Family Connects model reaches larger audiences;
- Limit the need for external experts to conduct larger-scale local training sessions, systematically replacing external experts with local leadership;
- Provide a monitoring structure for new programs to adopt standards to be certified as a Family Connects program; and
- Continue support for ongoing certification as a Family Connects Program.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Services

The vendor will engage with CDPH and its pilot hospitals in the planning and implementation of the Family Connects model in a way that promotes local ownership, preserves best practices, limits the need for additional external experts, provides a monitoring structure to obtain Family Connects certification, and secures certification by the end of Year One.

The vendor will provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and secure licenses to the Family Connects client database.

Services will include:

INITIAL IMPLEMENTATION (months 1-6)

- Guidance on initiation of Family Connects postpartum home visits, including in-person support for hospital engagement and operational planning
- Consultation and support for community engagement with hospitals, healthcare providers, and human services agencies.
- Consultation regarding Family Connects model adherence and quality assurance components (e.g., accurate risk scoring of families using the Family Connects Family Support Matrix) for all home visits conducted during this phase
- Bi-weekly consultation regarding data collection processes, data report building, and outputs/key performance indicators (e.g., number of home visits completed)
- Bi-weekly consultation regarding the development and implementation of a community resource referral database
- Bi-weekly consultation regarding the community alignment board process with delegate agencies. The community alignment boards will be comprised of stakeholders from across sectors (health, human services, early childhood) and will provide transparency and accountability to CDPH's Family Connects service, provide community-led expertise, improve family connections with health care and hospital providers, and activate resources to fill needs across a range of human services
- On-site training to CDPH and partner hospital nurses and support staff on the Family Connects model, home visit protocol, client database, and data report building
- On-site observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
- Written site visit report with updated site implementation plan, as well as recommendations for ongoing operations and/or remediation steps necessary for full program operation in adherence to the Family Connects model

PREPARATION FOR PROGRAM CERTIFICATION (months 7-10)

- Consultation regarding scheduling, Family Connects model adherence, and quality assurance components (e.g., accurate risk scoring of families using the Family Connects Family Support



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Matrix)

- Model-specific training of additional nurse home visitors and/or program support staff
- Monthly consultation regarding data collection processes, data report building, and outputs/key performance indicators (e.g., number of home visits completed)
- Monthly consultation regarding the development and implementation of a community resource referral database by an external vendor (to be determined through a separate competitive bid process)
- Monthly consultation regarding the community advisory board process
- Monitoring of key performance indicators specific to early implementation of the Family Connects model (e.g., number of home visits completed)
- Quarterly submission to CDPH of de-identified data for review and an assessment report relative to critical program components
- On-site assessment of key organizational and community alignment processes with written report of recommendations and/or remediation steps necessary for full program operation and initial certification

INITIAL PROGRAM CERTIFICATION/FULL IMPLEMENTATION (months 11-13)

- Continued consultation as detailed above
- Site visit that includes observation and assessment/documentation of progress in implementing key Family Connects program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
- Written site visit report with recommendations for initial certification or remediation steps necessary for initial certification

PROGRAM EVALUATION (months 14-72)

- On-site review 6-12 months after full implementation
- Consultation regarding data collection processes, data report building, key performance indicators, and implementation and impact evaluation design
- Annual performance reviews with written report and presentation, and as needed, on-site consultation to confirm adherent implementation of the Family Connects model and to assess all critical program components
- On-site audit every third year for ongoing certification as a Family Connects program

DATABASE LICENSE RENEWALS (annually)

- Secure Salesforce licenses to the Family Connects client database


Jennifer Vidis

Chief Program Officer/Deputy Commissioner



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Sara Moffitt

Sara Moffitt
Assistant Commissioner

Jennifer Seo

Jennifer Seo
Medical Director

August 15, 2019

Jennifer Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis,

This letter confirms receipt, acceptance, and agreement to the City of Chicago's standard terms and conditions in regard to the pending contract for ***Comprehensive Training and Technical Assistance for Family Connects Implementation & Initial Program Certification (CTFC)***.

Sincerely,



Bessie Cooke Givens, MPA
Duke University SOM
Chief Financial Officer
Center for Child & Family Health, Inc.

August 15, 2019

Jennifer Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis:

It is my pleasure to present to the Chicago Department of Public Health our proposal for ***Comprehensive Training and Technical Assistance for Family Connects Implementation & Initial Program Certification (CTFC)***. The scope of services outlined herein comprises the key areas of work and activities to be provided by faculty and staff at Family Connects International National Training Center (*FCI NTC*), housed within the Center for Child & Family Health in Durham, NC. The scope of services are designed to support technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and provide licenses to the Family Connects client database. Services will include:

INITIAL IMPLEMENTATION (months 1-6)

- Guidance regarding administrative processes and initiation of home visits with initial birthing hospitals including in person meetings to support hospital engagement, operational planning, and community engagement support.
- Consultation and support for systematic health provider /system/plan engagement in the community alignment process (WBE delegate)
- Consultation with FCI Program Certification staff regarding model adherence and quality assurance components for all home visits conducted during this phase
- Development of key performance indicator reports specific to early implementation of the Family Connects model
- Bi-weekly consultation with FCI Research and Evaluation staff regarding data collection processes and outputs/key performance indicators
- Bi-weekly consultation with FCI Community Alignment staff regarding development and implementation of Agency Finder and Community Advisory Board process with delegate agencies
- On-site training by staff including: observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
- Site visit report submitted with Site Implementation Plan as well as recommendations for ongoing operations and/or remediation steps necessary for full program operation

PREPARATION FOR PROGRAM CERTIFICATION (months 7-10)

- Consultation with Program Certification staff regarding scheduling, adherence, and quality assurance components
- Model-specific training of additional nurse home visitors and/or program staff
- Consultation and support for systematic health provider /system/plan engagement in the community alignment process (WBE delegate)

- Monthly consultation with Research and Evaluation staff regarding data collection processes and outputs/key performance indicators
- Monthly consultation with Community Alignment staff regarding development and implementation of Agency Finder and Community Advisory Board
- Monitoring of key performance indicators specific to early implementation of the Family Connects model
- Quarterly submission of de-identified data for review and assessment relative to critical program components
- On-site assessment of key organizational and community alignment processes with written recommendations and remediation steps as needed

INITIAL PROGRAM CERTIFICATION/FULL IMPLEMENTATION (months 11-13)

- Continued consultation process as described above
- Site-visit by Program Certification staff including: observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
- Site visit report submitted with recommendations for initial certification and/or remediation steps necessary for initial certification

CONTINUED CERTIFICATION & PROGRAM EVALUATION (months 14-72)

- On-site review 6-12 months after full implementation
- Regular consultation with Research and Evaluation staff regarding data collection processes, key performance indicators, and implementation and impact evaluation design
- Annual performance review and, as needed, on-site consultation with Program Certification staff to confirm adherent implementation of the Family Connects model and to assess all critical program components
- On-site audit every third year for ongoing certification

DATABASE LICENSE RENEWALS (annually)

- Provision of Salesforce licenses to the Family Connects client record database

The budget for this CDPH CTFC project is \$100,000 for year 1 representing a 10-month schedule due to the timeline for contract processing and previously supported work. The budget for year 2 is \$100,000 with subsequent years (years 3-5) decreasing to \$90,000 each based on successful transfer of expertise regarding program quality assurance practices to the local CDPH team. Project activities will start approximately January 1, 2020 and conclude on October 31, 2024. This price quotation is valid until October 31, 2024.

We appreciate the opportunity to continue our partnership with CDPH and the City toward supporting all new families with individualized supports so that they succeed and thrive.

Sincerely,



Bessie Cooke Givens, MPA
Duke University SOM
Chief Financial Officer, Center for Child & Family Health, Inc.

October 23, 2019

Jennifer Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis,

This letter confirms that the pricing and quote dates provided in the proposal ***Comprehensive Training and Technical Assistance for Family Connects Implementation & Initial Program Certification (CTFC)*** are flexible and allow for initiation upon contract execution.

Sincerely,



Ashley Alvord, MPH
Director of Dissemination & Program Certification
Family Connects International
Center for Child & Family Health



**Comprehensive Training and Technical Assistance for Family Connects Implementation & Initial Program Certification (CTFC)
Year 1 (1/1/2020 – 10/31/2020)**

Date Range	Phase and Tasks	Service Rate	Invoice Date and Amount	Total for Project
<p>1/1/2020 to 3/31/2020</p>	<p>INITIAL IMPLEMENTATION Guidance regarding administrative processes and initiation of home visits with initial birthing hospitals including in person meetings to support hospital engagement, operational planning, and community engagement support. Consultation and support for systematic health provider /system/plan engagement in the community alignment process (WBE delegate) Consultation with FCI Program Certification staff regarding model adherence and quality assurance components for all home visits conducted during this phase Development of key performance indicator reports specific to early implementation of the Family Connects model</p>	<p>\$6,500 1 days planning, 4 days in person @ \$1,300 per day \$6,500 2 days planning, 3 days in person @ \$1,300 per day \$5,400 12 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour \$6,200 2 days development/testing, 2 days in person training, up to 10 hours of technical consultation @ 1300 per day / \$100 hour</p>	<p>3/31/2020 \$30,000</p>	<p>\$30,000</p>

	<p>Bi-weekly consultation with FCI Research and Evaluation staff regarding data collection processes and outputs/key performance indicators</p> <p>Bi-weekly consultation with FCI Community Alignment staff regarding development and implementation of Agency Finder and Community Advisory Board process with delegate agencies</p>	<p>\$2,700 6 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour</p> <p>\$2,700 6 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour</p>		
<p>4/1/2020 to 6/30/2020</p>	<p>INITIAL IMPLEMENTATION Consultation and support for systematic health provider /system/plan engagement in the community alignment process (WBE delegate)</p> <p>Consultation with FCI Program Certification staff regarding model adherence and quality assurance components for all home visits conducted during this phase</p> <p>Monitoring of key performance indicators specific to early implementation of the Family Connects model</p> <p>Bi-weekly consultation with FCI Research and Evaluation staff regarding data collection processes and outputs/key performance indicators</p> <p>Bi-weekly consultation with FCI Community Alignment staff regarding development and implementation of Agency Finder and Community Advisory Board process with delegate agencies</p>	<p>\$6,500 2 days planning, 3 days in person @ \$1,300 per day</p> <p>\$5,400 12 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour</p> <p>\$4,400 44 hours @ \$100 per hour</p> <p>\$2,700 6 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour</p> <p>\$2,700 6 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour</p>	<p>6/30/2020 \$30,000</p>	<p>\$60,000</p>

	<p>On-site training by staff including: observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)</p> <p>Site visit report submitted with Site Implementation Plan as well as recommendations for ongoing operations and/or remediation steps necessary for full program operation and certification</p>	<p>\$6,500 2 days planning, 3 days in person @ \$1,300 per day</p> <p>\$1,800 10 hours of writing and development @ \$150 per hour, plus presentation @ 2 hours</p>		
<p>7/1/2020 to 10/31/2020</p>	<p>PREPARATION FOR PROGRAM CERTIFICATION</p> <p>Consultation with Program Certification staff regarding scheduling, adherence, and quality assurance components</p> <p>Model-specific training of additional nurse home visitors and/or program staff (virtual and in person)</p> <p>Consultation and support for systematic health provider /system/plan engagement in the community alignment process (WBE delegate)</p> <p>Monthly consultation with Research and Evaluation staff regarding data collection processes and outputs/key performance indicators</p>	<p>\$7,800 2 days planning, 4 days in person @ \$1,300 per day</p> <p>\$7,800 3 days planning, 3 days in person @ \$1,300 per day</p> <p>\$6,500 2 days planning, 3 days in person @ \$1,300 per day</p> <p>\$1,800 4 calls, @ 2 hours prep and 1 hour call plus documentation (12 hours) @ \$150 per hour</p>	<p>10/31/2020 \$40,000</p>	<p>\$100,000</p>



**TRAINING
SERVICES**

CENTER FOR CHILD
& FAMILY HEALTH



**FAMILY
CONNECTS
INTERNATIONAL**

	<p>Monitoring of key performance indicators specific to early implementation of the Family Connects model</p> <p>Monthly consultation with Community Alignment staff regarding development and implementation of Agency Finder and Community Advisory Board</p> <p>On-site assessment of key organizational and community alignment processes with written recommendations and remediation steps as needed</p>	<p>\$9,900 45 hours of report management and development @ \$150 per hour, plus 21 hours of training support</p> <p>\$1,800 4 calls, @ 2 hours prep and 1 hour call plus documentation (12 hours) @ \$150 per hour</p> <p>\$4,400 2 days in person assessment @ \$1300 per day, 10 hours of writing and development @ \$150 per hour, plus presentation @ 2 hours</p>		
--	--	--	--	--



CENTER FOR CHILD
& FAMILY HEALTH



Comprehensive Training and Technical Assistance for Family Connects Implementation & Initial Program Certification (CTFC) Year 2 (11/1/2020 – 10/31/2021), Year 3 (11/1/2021 – 10/31/2022), Year 4 (11/1/2022 – 10/31/2023)*, and Year 5 (11/1/2023 – 10/31/2024)*

Date Range	Phase and Tasks	Service Rate	Invoice Date and Amount	Total for Project
11/1/2020 to 11/30/2020	Purchase of database licenses for all program staff	30 program staff @ \$40 per user per month (annual subscription)	11/30/2020 \$14,400	\$14,400
11/1/2020 to 1/31/2021	<p>PROGRAM CERTIFICATION</p> <p>Guidance regarding administrative processes and initiation of home visits with initial birthing hospitals including in person meetings to support hospital engagement, operational planning, and community engagement support.</p> <p>Consultation and support for systematic health provider /system/plan engagement in the community alignment process (WBE delegate)</p> <p>Consultation with FCI Program Certification staff regarding model adherence and quality assurance components for all home visits conducted during this phase</p> <p>Monitoring of key performance indicators specific to early implementation of the Family Connects model</p>	<p>\$6,500 1 days planning, 4 days in person @ \$1,300 per day</p> <p>\$6,500 2 days planning, 3 days in person @ \$1,300 per day</p> <p>\$5,400 12 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour</p> <p>\$9,900 45 hours of report management and development @ \$150 per hour, plus 21 hours of training support</p>	1/31/2021 \$31,000	\$45,400

	Bi-weekly consultation with FCI Research and Evaluation staff regarding data collection processes and outputs/key performance indicators	\$2,700 6 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour		
<p>2/1/2021</p> <p>to</p> <p>7/31/2021</p>	<p>Guidance regarding administrative processes and initiation of home visits with initial birthing hospitals including in person meetings to support hospital engagement, operational planning, and community engagement support.</p> <p>Consultation and support for systematic health provider /system/plan engagement in the community alignment process (WBE delegate)</p> <p>Consultation with FCI Program Certification staff regarding model adherence and quality assurance components for all home visits conducted during this phase</p> <p>Consultation with FCI Research and Evaluation staff regarding data collection processes and outputs/key performance indicators</p> <p>On-site review 6 months after full implementation</p>	<p>\$6,500 1 days planning, 4 days in person @ \$1,300 per day</p> <p>\$6,500 2 days planning, 3 days in person @ \$1,300 per day</p> <p>\$5,400 12 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour</p> <p>\$2,700 6 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour</p> <p>\$4,400 2 days in person assessment @ \$1300 per day, 10 hours of writing and development @ \$150 per hour, plus presentation @ 2 hours</p>	7/31/2021 \$25,500	\$70,900

<p>8/1/2021 to 10/31/2021</p>	<p>Consultation and support for systematic health provider /system/plan engagement in the community alignment process (WBE delegate)</p> <p>Consultation with FCI Program Certification staff regarding model adherence and quality assurance components for all home visits conducted during this phase</p> <p>On-site review 9 months after full implementation</p> <p>Evaluation summary report with on-site review and development of core publications for use internally and with local stakeholders</p>	<p>\$6,500 2 days planning, 3 days in person @ \$1,300 per day</p> <p>\$5,400 12 calls, @ 2 hours prep and 1 hour call plus documentation (36 hours) @ \$150 per hour</p> <p>\$4,300 2 days in person assessment @ \$1300 per day, 10 hours of writing and development @ \$150 per hour, plus presentation @ 2 hours</p> <p>\$12,900 3 days in person assessment @ \$1300 per day, 60 hours of writing and development @ \$150 per hour</p>	<p>10/31/2021 \$29,100</p>	<p>\$100,000</p>
---	--	---	--	-------------------------



*Please note that the final invoice for Years 3, 4 and 5 will substitute the following related to tasks and costs per deliverable. Decreased account for local implementation support through CDPH.

<p>11/1/2021 to</p>	<p>Consultation and support for systematic health provider /system/plan engagement in the community alignment process (WBE delegate)</p>	<p>\$3,900 1 days planning, 2 days in person @ \$1,300 per day</p>	<p>10/31/2022 \$19,100</p>	<p>\$90,000 (years 3, 4, and 5)</p>
<p>10/31/2024</p>	<p>Consultation with FCI Program Certification staff regarding model adherence and quality assurance components for all home visits conducted during this phase</p>	<p>\$2,700 6 calls @ 2 hours prep and 1 hour call plus documentation (18 hours) @ \$150 per hour</p>		
	<p>Annual on-site certification review</p>	<p>\$4,300 2 days in person assessment @ \$1300 per day, 10 hours of writing and development @ \$150 per hour, plus presentation @ 2 hours</p>		
	<p>Evaluation summary report with on-site review and development of core publications for use internally and with local stakeholders</p>	<p>\$8,200 3 days in person assessment @ \$1300 per day, 43 hours of writing and development @ \$100 per hour</p>		

September 15, 2019

Jennifer Vidis
Deputy Commissioner/Chief Program Officer
Chicago Department of Public Health
333 S. State Street, Suite 200
Chicago, IL 60604

Dear Ms. Vidis,

This letter confirms that the Center for Child and Family Health is the sole provider of the trainings, technical assistance for implementation, certification, and program-specific client database for the Family Connects model.

We are so pleased that the Chicago Department of Public Health has chosen to implement the Family Connects model in the city. As you know, Family Connects (<http://www.familyconnects.org>), is a unique population-wide, postpartum home visiting program designed to address societal challenges of child welfare. Developed and initially implemented in Durham, NC by a collaboration of university scholars, public health officials, and community leaders prior to formal evaluation, Family Connects has demonstrated through a randomized controlled trial (RCT) and a quasi-experimental field study to be successful in reaching a large proportion of the population with high fidelity and affordable cost (<\$700 per birth) and to have a positive population impact. Based on published evaluation results to date, the program has been certified as evidence-based by the Department of Health and Human Services' Home Visiting Evidence of Effectiveness project (HomVEE).

Family Connects is the only universal, short term, evidence-based nurse home visiting program currently authorized for funding under the HRSA Maternal Infant Early Childhood Home Visiting Program. Requests for Family Connects replication have grown exponentially since the program began active dissemination in 2014. Currently, a total of 41 communities across 14 states are actively planning for, or implementing, the program.

Family Connects' goals extend beyond those of other home visiting programs. In addition to providing parent education around parenting and infant development, ensuring appropriate caregiving involvement and maternal support, and connecting families to appropriate community supports, Family Connects also 1) connects with all mothers of newborns in a community; 2) quantifies family risk in each of 12 empirically-based domains; and 3) connects families with family-specific community resources. Family Connects begins with a visit during the birthing hospital stay, followed by 1-3 nurse home visits typically between 3-12 weeks of infant age, connection with community resources based on individual family need, and a final follow-up one month later to assess family satisfaction and community referral outcomes.

Family Connects has been delivered universally with high penetration, strong fidelity, successful connections with community services, and significant positive impact across the first several years of life in reducing

emergency medical care for injuries and illnesses and in reducing official child maltreatment investigations. Further, Family Connects enhances the local system of care by identifying strengths and barriers among participating families, aligning local area resources to best meet population health goals, and development of a coordinated system level response.

Family Connects International is a program within the Center for Child and Family Health and is a collaboration with Duke University's Center for Child and Family Policy. The Center for Child and Family Health is the sole provider of program planning and certification for the Family Connects model. Further, the Center for Child and Family Health is the only entity that can authorize use of proprietary Family Connects home visiting and assessment protocols and the program-specific client database. To ensure that programs across the country are able to implement this model with a great degree of rigor and achieve optimal program fidelity, Family Connects International requires all communities to engage in a highly structured process of training and consultation. During this time, Family Connects International staff members provide frequent, on-going expertise in community-based readiness assessment, program implementation, and quality assurance necessary for communities to achieve initial and ongoing program certification.

Please feel free to let me know if you need additional information regarding the Center for Child and Family Health's status as the sole provider of Family Connects program planning and certification.

Sincerely,



Ashley Alvord, MPH
Director of Dissemination & Program Certification
Family Connects International



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

To: Shannon E. Andrews
Chief Procurement Officer
Department of Procurement Services

From: Allison Arwady, MD
Commissioner
Department of Public Health

Date: October 4, 2019

RE: Concurrence with Vendor's Request for Partial MBE/WBE Waiver
Center for Child and Family Health
Comprehensive Training and Technical Assistance for Family Connects Implementation and
Program Certification. Specification No. 1189668, Requisition No. 307175

The Chicago Department of Public Health (CDPH) is in receipt of a memorandum from Family Connects International, a program of the Center for Child and Family Health, on September 3, 2019 requesting a partial MBE/WBE waiver. CDPH has reviewed Family Connects International's communication attempts to multiple MBE-certified agencies and assist agencies and concurs with the request for the partial waiver for MBE.

Family Connects International has identified a WBE-certified agency, Sage Health Strategy, and proposes their participation at 30%, exceeding the 5% WBE requirement. CDPH understands that despite Family Connects International's outreach efforts to various MBE-certified agencies, it has been unsuccessful in identifying a MBE certified subcontractor with the expertise necessary to support the training and certification processes of the Family Connects model. Family Connects International also contacted various assist agencies, but did not receive any response, see attached e-mails. CDPH is asking DPS compliance to approve the partial waiver for the MBE.

Thank you in advance for your consideration of this request. If you have any questions or need additional information, please contact Maribel Valdez at 312-747-8828 or John Pfeiffer at 312-747-0128.

Cc: Monica Jimenez – DPS
John O'Brien – DPS
Jennifer Vidis – CDPH
Dr. Jennifer Seo – CDPH
File



September 3, 2019

51st Street Business Association
220 E. 51st Street
Chicago, IL 60615

Dear Assist Officer,

The Center for Child & Family Health intends to submit a proposal in response to a request from the Chicago Department of Public Health to provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and provide licenses to the Family Connects client database. This is intended as a non-competitive procurement due to the designation of the Center for Child & Family Health as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Training and technical assistance regarding the engagement of key health system decision makers in final program planning initiatives,
- Development of core messaging for these stakeholders specific to the Chicago system of care, and
- Training for use of a customized Salesforce platform for project implementation reporting.

Our efforts to identify potential subcontractors have not been fully successful. We have identified a WBE certified agency to assist in delivering the first two deliverables listed and due to the inability to identify an appropriate MBE firm certified by the City of Chicago to participate as a subcontractor or joint venture partner, a request for a partial waiver of the contract goals will be submitted. If you are aware of such a firm, please contact me within ten (10) business days of this letter.

Under the City of Chicago's MBE/WBEBDE Ordinance, your agency is entitled for comment upon this waiver request to the City of Chicago. Written comments may be directed within ten (10) working days of your receipt of this letter to:

Monica Jiminez, Deputy Procurement Officer
Department of Procurement Services
City of Chicago
121 North La Salle Street, Room 806
Chicago, IL 60602

Sincerely,

Ashley Alvord, Director of Dissemination & Program Certification
Family Connects International



CENTER FOR CHILD
& FAMILY HEALTH



September 22, 2019

South Shore Chamber, Inc. *
1750 E. 71st Street, Suite.208
Chicago, IL 60649-2000

Dear Assist Officer,

The Center for Child & Family Health intends to submit a proposal in response to a request from the Chicago Department of Public Health to provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and provide licenses to the Family Connects client database. This is intended as a non-competitive procurement due to the designation of the Center for Child & Family Health as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Training and technical assistance regarding the engagement of key health system decision makers in final program planning initiatives,
- Development of core messaging for these stakeholders specific to the Chicago system of care, and
- Training for use of a customized Salesforce platform for project implementation reporting.

Our efforts to identify potential subcontractors have not been fully successful. We have identified a WBE certified agency to assist in delivering the first two deliverables listed and due to the inability to identify an appropriate MBE firm certified by the City of Chicago to participate as a subcontractor or joint venture partner, a request for a partial waiver of the contract goals will be submitted. If you are aware of such a firm, please contact me within ten (10) business days of this letter.

Under the City of Chicago's MBE/WBEBDE Ordinance, your agency is entitled for comment upon this waiver request to the City of Chicago. Written comments may be directed within ten (10) working days of your receipt of this letter to:

Monica Jiminez, Deputy Procurement Officer
Department of Procurement Services
City of Chicago
121 North La Salle Street, Room 806
Chicago, IL 60602

Sincerely,

Ashley Alvord, Director of Dissemination & Program Certification
Family Connects International

cc. Jennifer Vidis

1125 S. Canal Street, Suite 100
Chicago, IL 60607
T: 312.467.3474
F: 312.467.3475



CENTER FOR CHILD
& FAMILY HEALTH



September 22, 2019

Latin American Chamber of Commerce *

3512 W. Fullerton Avenue
Chicago, IL 60647

Dear Assist Officer,

The Center for Child & Family Health intends to submit a proposal in response to a request from the Chicago Department of Public Health to provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and provide licenses to the Family Connects client database. This is intended as a non-competitive procurement due to the designation of the Center for Child & Family Health as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Training and technical assistance regarding the engagement of key health system decision makers in final program planning initiatives,
- Development of core messaging for these stakeholders specific to the Chicago system of care, and
- Training for use of a customized Salesforce platform for project implementation reporting.

Our efforts to identify potential subcontractors have not been fully successful. We have identified a WBE certified agency to assist in delivering the first two deliverables listed and due to the inability to identify an appropriate MBE firm certified by the City of Chicago to participate as a subcontractor or joint venture partner, a request for a partial waiver of the contract goals will be submitted. If you are aware of such a firm, please contact me within ten (10) business days of this letter.

Under the City of Chicago's MBE/WBEBE Ordinance, your agency is entitled for comment upon this waiver request to the City of Chicago. Written comments may be directed within ten (10) working days of your receipt of this letter to:

Monica Jimenez, Deputy Procurement Officer
Department of Procurement Services
City of Chicago
121 North La Salle Street, Room 806
Chicago, IL 60602

Sincerely,

Ashley Alvord, Director of Dissemination & Program Certification
Family Connects International

cc. Jennifer Vidis

1179 W. Chapel Hill Street, Suite 100
Durham, NC 27701
Tel: 919.419.5474
Fax: 919.419.9363



CENTER FOR CHILD
& FAMILY HEALTH



September 22, 2019

Greater Englewood Community Development Corp. *

815 W. 63rd Street
Chicago, IL 60621

Dear Assist Officer,

The Center for Child & Family Health intends to submit a proposal in response to a request from the Chicago Department of Public Health to provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and provide licenses to the Family Connects client database. This is intended as a non-competitive procurement due to the designation of the Center for Child & Family Health as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Training and technical assistance regarding the engagement of key health system decision makers in final program planning initiatives,
- Development of core messaging for these stakeholders specific to the Chicago system of care, and
- Training for use of a customized Salesforce platform for project implementation reporting.

Our efforts to identify potential subcontractors have not been fully successful. We have identified a WBE certified agency to assist in delivering the first two deliverables listed and due to the inability to identify an appropriate MBE firm certified by the City of Chicago to participate as a subcontractor or joint venture partner, a request for a partial waiver of the contract goals will be submitted. If you are aware of such a firm, please contact me within ten (10) business days of this letter.

Under the City of Chicago's MBE/WBEBE Ordinance, your agency is entitled for comment upon this waiver request to the City of Chicago. Written comments may be directed within ten (10) working days of your receipt of this letter to:

Monica Jimenez, Deputy Procurement Officer
Department of Procurement Services
City of Chicago
121 North La Salle Street, Room 806
Chicago, IL 60602

Sincerely,

Ashley Alvord, Director of Dissemination & Program Certification
Family Connects International

cc. Jennifer Vidis



CENTER FOR CHILD
& FAMILY HEALTH



September 22, 2019

Chatham Business Association Small Business Dev.
800 E. 78th Street
Chicago, IL 60619

Dear Assist Officer,

The Center for Child & Family Health intends to submit a proposal in response to a request from the Chicago Department of Public Health to provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and provide licenses to the Family Connects client database. This is intended as a non-competitive procurement due to the designation of the Center for Child & Family Health as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Training and technical assistance regarding the engagement of key health system decision makers in final program planning initiatives,
- Development of core messaging for these stakeholders specific to the Chicago system of care, and
- Training for use of a customized Salesforce platform for project implementation reporting.

Our efforts to identify potential subcontractors have not been fully successful. We have identified a WBE certified agency to assist in delivering the first two deliverables listed and due to the inability to identify an appropriate MBE firm certified by the City of Chicago to participate as a subcontractor or joint venture partner, a request for a partial waiver of the contract goals will be submitted. If you are aware of such a firm, please contact me within ten (10) business days of this letter.

Under the City of Chicago's MBE/WBEBDE Ordinance, your agency is entitled for comment upon this waiver request to the City of Chicago. Written comments may be directed within ten (10) working days of your receipt of this letter to:

Monica Jiminez, Deputy Procurement Officer
Department of Procurement Services
City of Chicago
121 North La Salle Street, Room 806
Chicago, IL 60602

Sincerely,

Ashley Alvord, Director of Dissemination & Program Certification
Family Connects International

cc. Jennifer Vidis



CENTER FOR CHILD
& FAMILY HEALTH



September 22, 2019

Chicago Urban League
4510 S. Michigan Ave.
Chicago, IL 60653

Dear Assist Officer,

The Center for Child & Family Health intends to submit a proposal in response to a request from the Chicago Department of Public Health to provide technical assistance in implementing and evaluating Family Connects in Chicago, prepare Chicago for program certification, and provide licenses to the Family Connects client database. This is intended as a non-competitive procurement due to the designation of the Center for Child & Family Health as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Training and technical assistance regarding the engagement of key health system decision makers in final program planning initiatives,
- Development of core messaging for these stakeholders specific to the Chicago system of care, and
- Training for use of a customized Salesforce platform for project implementation reporting.

Our efforts to identify potential subcontractors have not been fully successful. We have identified a WBE certified agency to assist in delivering the first two deliverables listed and due to the inability to identify an appropriate MBE firm certified by the City of Chicago to participate as a subcontractor or joint venture partner, a request for a partial waiver of the contract goals will be submitted. If you are aware of such a firm, please contact me within ten (10) business days of this letter.

Under the City of Chicago's MBE/WBEBDE Ordinance, your agency is entitled for comment upon this waiver request to the City of Chicago. Written comments may be directed within ten (10) working days of your receipt of this letter to:

Monica Jimenez, Deputy Procurement Officer
Department of Procurement Services
City of Chicago
121 North La Salle Street, Room 806
Chicago, IL 60602

Sincerely,

Ashley Alvord, Director of Dissemination & Program Certification
Family Connects International

cc. Jennifer Vidis

Memorandum

RE: Request for a partial waiver regarding Minority Business Enterprise (MBE) Commitment and Women Business Enterprise (WBE) Commitment for Commodities or Services

DATE: September 3, 2019

TO: Jennifer Vidis, Deputy Commissioner/Chief Program Officer, Chicago Department of Public Health

FROM: Ashley Alvord, Director of Dissemination & Program Certification, Family Connects International

FCI has made a good faith effort to comply with *Article 6: Special Conditions Regarding Minority Business Enterprise (MBE) Commitment and Women Business Enterprise (WBE) Commitment for Commodities or Services*, through review of the City procurement policies and procedures, outreach to local agencies certified through this process, and examination of core training and certification processes that can be sub-contacted without infringing on the training and fidelity assessment standards that all Family Connects sites are held to in their certification process.

Through this process we were able to identify a single WBE certified agency (Sage Health Strategy) that possesses the skills and expertise to, through coordination with FCI faculty and staff, support CDPH in achieving local stakeholder engagement and community coordination requirements for the model as they relate to health system and health plan participation.

The scope of work for this engagement includes: systematic health provider /system/plan engagement in the community alignment process (planning through certification), development of a health care “dashboard” of key performance indicators to become part of standard operating process within CDPH and used to drive decisions within the program as well as augment current evaluation efforts, and refinement of the scaling plan and revenue strategy for overall program operations during the two year pilot as well as throughout the scaling / expansion timeline with a focus on overall program integrity and sustainment long term.

This scope has been included in our proposal and represents 30% of the program budget annually, with additional effort being expended to train, assess, and certify the WBE staff to be able to perform in this role.

Our efforts to identify core deliverables that can be completed by a local contractor with MBE certification have not yielded the same result. We have executed a request to an endorsed “Assist Agency” capable of quickly understanding our program requirements and that has the capacity to work with us to achieve connection to and collaboration with appropriate MBE agencies as certified by the City. Given the unique nature of our program and the specific training and consultation needs required to support program certification, we are concurrently submitting the memorandum respectfully requesting a partial waiver of these requirements be considered.

Should additional information be required, please do not hesitate to reach out to our team.



SCHEDULE C-1
MBE/WBE Letter of Intent to Perform as a
Subcontractor, Supplier, or Consultant

**FOR
NON-CONSTRUCTION
PROJECTS ONLY**

Project Name: Comprehensive Training and Technical Assistance for Family Connects (CTFC) Specification No.: _____

From: Sage Health Strategy
 (Name of MBE/WBE Firm)

To: Center for Child and Family Health and the City of Chicago.
 (Name of Prime Contractor)

The MBE or WBE status of the undersigned is confirmed by the attached City of Chicago or Cook County, Illinois Certification Letter. 100% MBE or WBE participation is credited for the use of a MBE or WBE "manufacturer." 60% participation is credited for the use of a MBE or WBE "regular dealer."

The undersigned is prepared to perform the following services in connection with the above named project/contract. If more space is required to fully describe the MBE or WBE proposed scope of work and/or payment schedule, including a description of the commercially useful function being performed. Attach additional sheets as necessary:

Consultative and support services dedicated to engagement and management of local medical service providers (physicians, practices, health systems, and health plans) in planning and implementation of Family Connects program services in select areas of Chicago. Such consultative services will be managed through coordination with Family Connects International and delegate agencies as designated by the Chicago Department of Public Health.

The above described performance is offered for the following price and described terms of payment:
 Services will be billed as utilized based on standard hourly billing rates with the total of services not to exceed \$30,000 in any fiscal year.

SUB-SUBCONTRACTING LEVELS

A zero (0) must be shown in each blank if the MBE or WBE will not be subcontracting any of the work listed or attached to this schedule.

0 % of the dollar value of the MBE or WBE subcontract that will be subcontracted to non MBE/WBE contractors.

0 % of the dollar value of the MBE or WBE subcontract that will be subcontracted to MBE or WBE contractors.

NOTICE: If any of the MBE or WBE scope of work will be subcontracted, list the name of the vendor and attach a brief explanation, description and pay item number of the work that will be subcontracted. MBE/WBE credit will not be given for work subcontracted to Non-MBE/WBE contractors, except for as allowed in the Special Conditions Regarding Minority Business Enterprise Commitment and Women Business Enterprise Commitment.

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, within three (3) business days of your receipt of a signed contract from the City of Chicago.

The undersigned has entered into a formal written mentor protégé agreement as a subcontractor/protégé with you as a Prime Contractor/mentor: () Yes (X) No

NOTICE: THIS SCHEDULE AND ATTACHMENTS REQUIRE ORIGINAL SIGNATURES.

Elyse F. Cutler 8/30/19
 (Signature of President/Owner/CEO or Authorized Agent of MBE/WBE) (Date)

Elyse F. Cutler President
 (Name/Title, Please Print)

elyse@sagehealthstrategy.com
 (Email & Phone Number)

312-391-1112



OFFICE OF CONTRACT COMPLIANCE

EDWARD H. OLIVIERI

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

TONI PRECKWINKLE

PRESIDENT

**Cook County Board
of Commissioners**

BRANDON JOHNSON

1st District

DENNIS DEER

2nd District

BILL LOWRY

3rd District

STANLEY MOORE

4th District

DEBORAH SIMS

5th District

DONNA MILLER

6th District

ALMA E. ANAYA

7th District

LUIS ARROYO, JR.

8th District

PETER N. SILVESTRI

9th District

BRIDGET GAINER

10th District

JOHN P. DALEY

11th District

BRIDGET DEGNEN

12th District

LARRY SUFFREDIN

13th District

SCOTT R. BRITTON

14th District

KEVIN B. MORRISON

15th District

JEFFREY R. TOBOLSKI

16th District

SEAN M. MORRISON

17th District

June 4, 2019

Ms. Elyse Forkosh Cutler, President
Sage Health Strategy
1041 North Euclid Avenue
Oak Park, IL 60302

Annual Certification Expires: June 4, 2020

Dear Ms. Cutler:

Congratulations on your continued eligibility for Certification as a **Women-owned Business Enterprise (WBE)** by Cook County Government. This certification is valid until **June 4, 2020**; however, you must re-validate your firms' certification annually.

As a condition of continued Certification during the five (5) year term, you must file an annual "**Recertification Affidavit**" within **sixty (60) business days** prior to the date of the annual expiration. Failure to file this Affidavit may result in the termination of your Certification. You must notify Cook County's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **fifteen (15) business days** of such change.

Cook County Government may commence action to remove your firm as a certified vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of your status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of certified firms in the following area(s) of specialty:

**Consulting: Strategic Planning, Program Development,
Communications and Operations for Health Care Providers**

Your firm's participation on Cook County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **WBE** goals will be given only for work done in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women, Veteran and People with Disabilities Business Enterprise Programs.

Sincerely,

Edward H. Olivieri
Contract Compliance Director

EHO/ek

Business & Contact Information

BUSINESS NAME **Sage Health Strategy**

OWNER **Mrs. Elyse Forkosh-Cutler**

ADDRESS **1041 North Euclid Avenue** [Map This Address](#)
Oak Park, IL 60302

PHONE **312-391-1112**

FAX **312-224-8978**

EMAIL **elyse@sagehealthstrategy.com**

Certification Information

CERTIFYING AGENCY **Cook County**

CERTIFICATION TYPE **WBE - Women Business Enterprise**

CERTIFICATION DATE **6/4/2019**

RENEWAL DATE **6/4/2020**

EXPIRATION DATE **6/4/2020**

CERTIFIED BUSINESS DESCRIPTION **Consulting: Strategic Planning , Program Development, Communications and Operations for Health Care Providers**

Commodity Codes

Code	Description
NAICS 54161	Management Consulting Services
NAICS 541611	Strategic planning consulting services
NAICS 541612	Benefit consulting services
NAICS 541618	Other Management Consulting Services

Additional Information



SCHEDULE D-1
Compliance Plan Regarding MBE/WBE Utilization
Affidavit of Prime Contractor

<p>FOR NON-CONSTRUCTION PROJECTS ONLY</p>
--

MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE D-1 WILL CAUSE THE BID TO BE REJECTED. DUPLICATE AS NEEDED.

Project Name: Comprehensive Training and Technical Assistance for Family Connects I(CTFC)

Specification No.: _____

In connection with the above captioned contract, I HEREBY DECLARE AND AFFIRM that I am a duly authorized representative of Center for Child and Family Health

 (Name of Prime Consultant/Contractor)

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to achieve the MBE/WBE goals of this contract.

All MBE/WBE firms included in this plan have been certified as such by the City of Chicago and/or Cook County, Illinois (Letters of Certification Attached).

I. Direct Participation of MBE/WBE Firms:

NOTE: The bidder/proposer shall, in determining the manner of MBE/WBE participation, first consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services directly related to the performance of this contract.

A. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification, Schedule B form and a copy of Joint Venture Agreement clearly describing the role of each MBE/WBE firm(s) and its ownership interest in the joint venture.

B. Complete this section for each MBE/WBE Subcontractor/Supplier/Consultant participating on this contract:

1. Name of MBE/WBE: Sage Health Strategy

Address: 205 West Randolph, Suite 510, Chicago, IL 60606

Contact Person: Elyse Forkosh-Cutler

Phone Number: 312-391-1112

Dollar Value of Participation \$ \$30,000

Percentage of Participation % 30%

Mentor Protégé Agreement (attach executed copy): () Yes (x) No Add'l Percentage Claimed:¹ _____%

Total Participation % 30.0

2. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

¹ The Prime Contractor may claim an additional 0.333 percent participation credit (up to a maximum of five (5) percent) for every one (1) percent of the value of the contract performed by the MBE/WBE protégé firm.

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

3. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

4. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

5. Attach Additional Sheets as Needed

II. Indirect Participation of MBE/WBE Firms

NOTE: This section need not be completed if the MBE/WBE goals have been met through the direct participation outlined in Section I. If the MBE/WBE goals have not been met through direct participation, Contractor will be expected to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. Only after such a demonstration will indirect participation be considered.

MBE/WBE Subcontractors/Suppliers/Consultants proposed to perform work or supply goods or services where such performance does not directly relate to the performance of this contract:

1. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes (x) No Add'l Percentage Claimed: ____%

Total Participation % _____

2. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

3. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

4. Name of MBE/WBE: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Participation \$ _____

Percentage of Participation % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%

Total Participation % _____

5. Attach Additional Sheets as Needed

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

III. Summary of MBE/WBE Proposal

A. MBE Proposal (Direct & Indirect)

1. MBE Direct Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Direct MBE Participation		

2. MBE Indirect Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Indirect MBE Participation		

B. WBE Proposal (Direct & Indirect)

1. WBE Direct Participation

WBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Sage Health Strategy	\$30,000	30%
Total Direct WBE Participation		30%

2. WBE Indirect Participation

WBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Indirect WBE Participation		

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

The Prime Contractor designates the following person as its MBE/WBE Liaison Officer:

Bessie Givens

919-419-3474

(Name- Please Print or Type)

(Phone)

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, THAT NO MATERIAL FACTS HAVE BEEN OMITTED, AND THAT I AM AUTHORIZED ON BEHALF OF THE PRIME CONTRACTOR TO MAKE THIS AFFIDAVIT.

Center for Child and Family Health

(Name of Prime Contractor – Print or Type)

State of: North Carolina

Bessie Cooke Givens

(Signature)

County of: Durham

Bessie Cooke Givens, MPA

(Name/Title of Affiant – Print or Type)

09-12-19

(Date)

On this 12th day of September 20 19, the above signed officer Bessie C. Givens

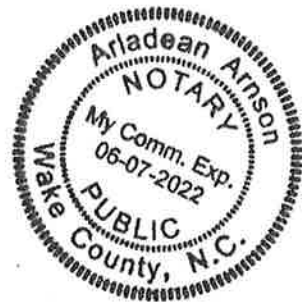
(Name of Affiant)

personally appeared and, known by me to be the person described in the foregoing Affidavit, acknowledged that (s)he executed the same in the capacity stated therein and for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

Arladean Atkinson
(Notary Public Signature)

SEAL:



Commission Expires: 06-07-22

Section I: General Contract Information	
Department Name	Chicago Department of Public Health
Department Contact Name	Tonya Tucker
Department Contact Number	(312) 747-1199
Department Contact Email	Tonya.tucker@cityofchicago.org
Contract Number	Purchase Order PO No.
Contract Subject Name	Family Connect International
Contract Initiation Date	1/1/2021
Original Contract Amount	\$470,000
Original Contract Expiration Date	12/31/2025
Budgeted amount for current year	Estimated \$470,000
Year to date expenditure	\$0
Are funds	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> TIF <input checked="" type="checkbox"/> Grant – Corporate
What is the funding strip?	019-0U26-413047-0140-220140-PO412010XXXX-19QQ90
If contract modification or task request is approved, will department have enough funds to cover new expenditure?	N/A
If no, what is the plan to address the short fall?	N/A
Section II: Contract Modifications	
Complete this section if you are modifying the value of an existing contract.	
Contract Value Increase	
New total contract amount	
New contract expiration date	
Goods/services provided by this contract	

Justification of need to modify this contract	
Impact of denial	
Section III. Issue a Request for Services to a Master Consulting Agreement	
Complete this section if you want to issue a request for services to a Master Consulting Agreement	
Value of planned task order request	
Expiration date of planned task order request	
Scope of services	
Justification of need to issue request for services	
Impact of denial	
Section IV: Assessment of Office of Budget and Management Analyst	
Approve/Deny	APPROVE
OBM Analyst Initials	K.S.
OBM Analyst Name/number	4-3421

INSURANCE REQUIREMENTS
Chicago Department of Public Health
Consultant Agreement

The Center for Child and Family Health, Inc.

A. INSURANCE REQUIRED

Consultant must provide and maintain at Consultant's own expense, during the term of the Agreement and during the time period following expiration if Consultant is required to return and perform any work, services or operations, the insurance coverages and requirements specified below, insuring all work, services, or operations related to the Agreement.

- 1) Workers Compensation and Employers Liability (Primary and Umbrella)
Workers Compensation Insurance, as prescribed by applicable law covering all employees who are to provide work, services or operations under this Agreement and Employers Liability coverage with limits of not less than \$500,000 each accident; \$500,000 disease-policy limit; and \$500,000 disease each employee, or the full per occurrence limits of the policy, whichever is greater.

Consultant may use a combination of primary and excess/umbrella policy/policies to satisfy the limits of liability required herein. The excess/umbrella policy/policies must provide the same coverages/follow form as the underlying policy/policies.

- 2) Commercial General Liability (Primary and Umbrella)
Commercial General Liability Insurance or equivalent must be maintained with limits of not less than \$1,000,000 per occurrence, or the full per occurrence limits of the policy, whichever is greater, for bodily injury, personal injury, and property damage liability. Coverages must include but not be limited to the following: All premises and operations, products/completed operations, separation of insureds, defense, and contractual liability (not to include Endorsement CG 21 39 or equivalent).

The City must be provided additional insured status with respect to liability arising out of Consultant's work, services or operations performed on behalf of the City. The City's additional insured status must apply to liability and defense of suits arising out of Consultant's acts or omissions, whether such liability is attributable to the Consultant or to the City on an additional insured endorsement form acceptable to the City. The full policy limits and scope of protection also will apply to the City as an additional insured, even if they exceed the City's minimum limits required herein. Consultant's liability insurance must be primary without right of contribution by any other insurance or self-insurance maintained by or available to the City.

Consultant may use a combination of primary and excess/umbrella policy/policies to satisfy the limits of liability required herein. The excess/umbrella policy/policies must provide the same coverages/follow form as the underlying policy/policies.

- 3) Automobile Liability (Primary and Umbrella)
When any motor vehicles (owned, non-owned and hired) are used in connection with work, services, or operations to be performed, Automobile Liability Insurance must be maintained by the Consultant with limits of not less than \$1,000,000 per occurrence or the full per occurrence limits of the policy, whichever is greater, for bodily injury and property damage. The City is to be added as an additional insureds on a primary, non-contributory basis.

Consultant may use a combination of primary and excess/umbrella policy/policies to satisfy the limits of liability required herein. The excess/umbrella policy/policies must provide the same coverages/follow form as the underlying policy/policies.

4) Excess/Umbrella

Excess/Umbrella Liability Insurance must be maintained with limits of not less than \$2,000,000 per occurrence, or the full per occurrence limits of the policy, whichever is greater. The policy/policies must provide the same coverages/follow form as the underlying Commercial General Liability, Automobile Liability, Employers Liability and Completed Operations coverage required herein and expressly provide that the excess or umbrella policy/policies will drop down over reduced and/or exhausted aggregate limit, if any, of the underlying insurance. The Excess/Umbrella policy/policies must be primary without right of contribution by any other insurance or self-insurance maintained by or available to the City.

Consultant may use a combination of primary and excess/umbrella policies to satisfy the limits of liability required in sections A.1, A.2, A.3 and A.4 herein.

5) Professional Liability – Errors & Omissions

When any consultants including program management professionals or other professional consultants perform work, services, or operations in connection with this Agreement, Professional Liability Insurance covering acts, errors, or omissions must be maintained with limits of not less than \$2,000,000. Coverage is to include Sexual Abuse and molestation. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede start of work related to the Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of Two (2) years.

6) Cyber Liability

Cyber Liability must be maintained with limits of not less than \$2,000,000 for each occurrence or claim. Coverage must include but not be limited to network security and privacy liability including computer or network system attacks (liability arising from the loss or disclosure of confidential information) privacy breach response coverage and costs, regulatory liability including fines and penalties, denial or loss of service, introduction, implantation, and/or spread of malicious software code, unauthorized access to or use of computer systems, theft of data, and no exclusion/restriction for unencrypted portable devices/media may be on the policy. The City must be named as an additional insured and if policy contains an insured vs insured exclusion, the exclusion must be amended and not be applicable to the City.

Consultant is responsible for all loss or damage to personal property (including but not limited to materials, equipment, tools and supplies), owned, used, by Consultant.

Evidence of Insurance. Consultant must furnish the City of Chicago, Department of Procurement Services, 121 N. LaSalle Street, Room 806, Chicago, IL. 60602 and Department of Public Health, 333 S. State Street, Suite 200, Chicago, IL. 60604 original certificates of insurance and additional insured endorsement, or other evidence of insurance to be in force on the date of this Agreement, and renewal certificates of Insurance and endorsement, or such similar evidence, if the coverages have an expiration or renewal date occurring during the term of this Agreement. Consultant must submit evidence of insurance prior to execution of Agreement. The receipt of any certificate does not constitute agreement by the City that the insurance requirements in the Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all requirements of Agreement. The failure of the City to obtain, nor the City's receipt of, or failure to object to a non-complying insurance

certificate, endorsement or other insurance evidence from Consultant, its insurance broker(s) and/or insurer(s) will not be construed as a waiver by the City of any of the required insurance provisions. Consultant must advise all insurers of the Agreement provisions regarding insurance. The City in no way warrants that the insurance required herein is sufficient to protect Consultant for liabilities which may arise from or relate to the Agreement. The City reserves the right to obtain complete, certified copies of any required insurance policies at any time.

Failure to Maintain Insurance. Failure of the Consultant to comply with required coverage and terms and conditions outlined herein will not limit Consultant's liability or responsibility nor does it relieve Consultant of the obligation to provide insurance as specified in this Agreement. Nonfulfillment of the insurance conditions may constitute a violation of the Agreement, and the City retains the right to suspend this Agreement until proper evidence of insurance is provided, or the Agreement may be terminated.

Notice of Material Change, Cancellation or Non-Renewal. Consultant must provide for sixty (60) days prior written notice to be given to the City in the event coverage is substantially changed, canceled or non-renewed and ten (10) days prior written notice for non-payment of premium.

Deductibles and Self-Insured Retentions. Any deductibles or self-insured retentions on referenced insurance coverages must be borne by Consultant.

Waiver of Subrogation. Consultant hereby waives its rights and its insurer(s)' rights of and agrees to require their insurers to waive their rights of subrogation against the City under all required insurance herein for any loss arising from or relating to this Agreement. Consultant agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City received a waiver of subrogation endorsement for Consultant's insurer(s).

Consultants Insurance Primary. All insurance required of Consultant under this Agreement shall be endorsed to state that Consultant's insurance policy is primary and not contributory with any insurance carrier by the City.

No Limitation as to Consultant's Liabilities. The coverages and limits furnished by Consultant in no way limit the Consultant's liabilities and responsibilities specified within the Agreement or by law.

No Contribution by City. Any insurance or self-insurance programs maintained by the City do not contribute with insurance provided by Consultant under this Agreement.

Insurance not Limited by Indemnification. The required insurance to be carried is not limited by any limitations expressed in the indemnification language in this Agreement or any limitation placed on the indemnity in this Agreement given as a matter of law.

Insurance and Limits Maintained. If Consultant maintains higher limits and/or broader coverage than the minimums shown herein, the City requires and shall be entitled the higher limits and/or broader coverage maintained by Consultant. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

Joint Venture or Limited Liability Company. If Consultant is a joint venture or limited liability company, the insurance policies must name the joint venture or limited liability company as a named insured.

Other Insurance obtained by Consultant. If Consultant desires additional coverages, the Consultant will be responsible for the acquisition and cost.

Insurance required of Subcontractors. Consultant shall name the Subcontractor(s) as a named insured(s) under Consultant's insurance or Consultant will require each Subcontractor to provide and maintain Commercial General Liability, Commercial Automobile Liability, Worker's Compensation and Employers Liability Insurance and when applicable Excess/Umbrella Liability and Professional Liability Insurance with coverage at least as broad as outlined in Section A, Insurance Required. The limits of coverage will be determined by Consultant. Consultant shall determine if Subcontractor(s) must also provide any additional coverage or other coverage outlined in Section A, Insurance Required. Consultant is responsible for ensuring that each Subcontractor has named the City as an additional insured where required on an additional insured endorsement form acceptable to the City. Consultant is also responsible for ensuring that each Subcontractor has complied with the required coverage and terms and conditions outlined in this Section B, Additional Requirements. When requested by the City, Consultant must provide to the City certificates of insurance and additional insured endorsements or other evidence of insurance. The City reserves the right to obtain complete, certified copies of any required insurance policies at any time. Failure of the Subcontractor(s) to comply with required coverage and terms and conditions outlined herein will not limit Consultant's liability or responsibility.

City's Right to Modify. Notwithstanding any provisions in the Agreement to the contrary, the City, Department of Finance, Risk Management Office maintains the right to modify, delete, alter or change these requirements.

Family Connects Salesforce Report Guide

Version 2.0
(Updated April 2019)

Mission Statement:

Family Connects International is committed to improving the health and well-being of children and families by bringing evidence-based solutions to every community, undertaking innovative research and evaluation, and engaging in public policy.

Family Connects International
Box 90539
Duke University
Durham, NC 27708
919-681-8504
familyconnects@duke.edu
www.familyconnects.org

This manual was developed for Family Connects International in collaboration with Asemio. It is intended to be used in conjunction with a number of training videos, also developed in collaboration with Asemio. Your Family Connects point person will share those links.

© Family Connects International 2019



IMPLEMENTATION AND POLICIES MANUAL



1st edition, 2008
2nd edition, December, 2014
Revised July, 2016
Center for Child and Family Health
Durham, North Carolina USA

Karen O'Donnell, Ph.D.
Paula Wright, RN, BSN, IBCLC
and the Durham Connects Clinical and Evaluation Teams

Funding was provided by The Duke Endowment and the Durham County Commissioners.

Special acknowledgments are due to Kenneth Dodge who had the vision of a public health approach to preventing child maltreatment and to Rhett Mabry who trusted the Durham team to make it happen.

© Copyright 2015

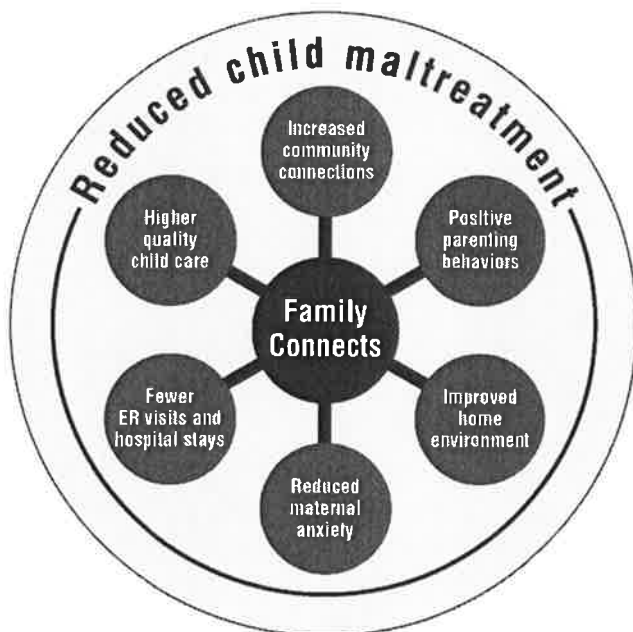
Family Connects: An overview of the evidence

The earliest months of human life are foundational for later development — including social, emotional, and brain development — with the physical and mental health of the parents playing a critical role. Too many families of newborn infants have unmet needs that keep them from achieving successful outcomes for their children, and most communities are not organized in ways that identify and serve these families effectively.

Family Connects International offers an evidence-based model that combines engagement and alignment of community service providers with short-term nurse home visiting beginning in the first month after birth. Family Connects is designed to be delivered to all families with newborns, voluntarily and free-of-charge.

Our aim is to create systems change at the population level — advancing the well-being of all infants and their families by ensuring they have a medical home and are provided with physical- and mental-health screenings, comprehensive assessments, and connections to community resources that support their individual family needs and preferences in the critical first months following birth.

An ongoing, randomized controlled trial of Family Connects published in *Pediatrics* and the *American Journal of Public Health* shows the model has positive affects for families in a number of key areas:



- Mothers were 28% less likely to report possible clinical anxiety.
- Mothers reported significantly more positive parenting behaviors, like hugging, comforting and reading to their infants.
- Mothers expressed increased sensitivity to, and acceptance of, their infants.
- Home environments were improved — safety is improved and the number of learning materials increased.
- Community connections increased by 15%.
- Families used higher quality child care.
- Child maltreatment is reduced.

Impact on Child Emergency Medical Care

Infants had 50% fewer emergency room visits and hospital overnight stays in the first year of life. Fewer emergencies reduces the cost of health care. The study showed that:

At 6-months of age:

- Every \$1 spent on the program resulted in a \$3.02 savings on emergency care for infants at age six months.
- Calculated per infant emergency medical costs using published rates = \$423 per ER visit and \$3,722 per hospital night
- Average cost of emergency care for infants in control group = \$165 per ER visit and \$2456 in overnight costs
- Average emergency medical costs for participating infants = \$165 per ER visit and \$372 in overnight costs
- Program costs for Family Connects participants = \$500-700

At 24-months of age:

- Every \$1 spent in program costs resulted in \$3.17 in savings through reductions in total child emergency medical costs billed through age 24 months.
- Calculated per infant emergency medical care costs using hospital billing records.
- Total child emergency medical care billing costs reduced by \$2,217 per child between birth and 24 months
- Average program costs for Family Connects participants remains the same = \$500-700

Supporting literature

Goodman, W.B., Dodge, K.A., O'Donnell, K.J., Murphy, R.A. (In review). Randomized controlled trial of *Durham Connects*: Effects on child emergency medical care.

Goodman, W.B., Bai, Y., Murphy, R.A., O'Donnell, K., & Dodge, K.A. (In prep). Impacts of universal postnatal home visiting on child maltreatment and emergency medical care through age 5 years.

Goodman, W.B., O'Donnell, K., Murphy, R.A., Dodge, K.A. (2018). Moving beyond program to population impact: Toward a universal early childhood system of care. *Journal of Family Theory & Review*, DOI:10.1111/jftr.12302.

Dodge, K.A. (2018). Toward population impact from early childhood psychological interventions. *American Psychologist*, 73 (9), 1117-1129.

Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting [Special Issue]. *American Journal of Public Health*, 104, S136-S143.

Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., & Sato, J. (2013). Randomized controlled trial evaluation of universal postnatal nurse home visiting: Impacts on child emergency medical care at age 12-months [Special Issue]. *Pediatrics*, 132, S140-S146.

Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J. (2013). Toward population impact from home visiting. *Zero to Three*, 33, 17-23.

Family Connects International is a program of the Center for Child and Family Policy and Sanford School of Public Policy at Duke University

Family Connects System Manual

Version 2.0

(updated April 2019)

Mission Statement:

Family Connects International is committed to improving the health and well-being of children and families by bringing evidence-based solutions to every community, undertaking innovative research and evaluation, and engaging in public policy.

Family Connects International
Box 90539
Duke University
Durham, NC 27708
919-681-8504
familyconnects@duke.edu

www.familyconnects.org

This manual was developed for Family Connects International in collaboration with Asemio. It is intended to be used in conjunction with a number of training videos, also developed in collaboration with Asemio. Your Family Connects point person will share those links.

© Family Connects International 2019

Matrix Factor	Queries and Observations	Standard Education	Screening Tools	Referrals
Maternal Health	-Health history -Pregnancy and prenatal care -Labor/delivery experience -Postpartum recovery -Current health concerns -Medications and PNVs -Vaccination status -Family planning -Lactation concerns -Emergency warning signs	-Vaccinations -Postpartum warning signs -Vitamins while breastfeeding -Contraception counseling -Birth spacing counseling	-Blood pressure -Other vital signs as needed	-OB or midwife -Lactation consultant -Emergency room
Infant Health	-Health history -Feeding history -Stooling/voiding history -Parent concerns -Medications and Vitamin D -Vaccination status -Lactation concerns -Formula preparation and storage -Pumping and breastmilk storage	-Appropriate feeding -Feeding cues -Voiding/stooling patterns -How to check a rectal temperature -Indications for calling pediatric provider	-Vital signs -Weight, length, and head circumference	-Pediatric provider -Medical specialist -Lactation consultant -Case management -Early intervention
Health Care Plans	-Postpartum appt scheduled -PCP in place for Mom and baby -Insurance in place	-Trusted medical home for mom and baby		-PCP -Services for un- or under-insured patients
Child Care Plans	-Regular, respite and emergency care	-Safety of care providers		-Vouchers -Child care referral center

Parent-Child Relationship	-Attachment and bonding -Responsiveness to infant cues -Tummy time	-Talk, read, and sing to your baby -Prompt responses to infant cues -Cannot spoil a baby		-Parenting classes -Long-term home visiting
Management of Infant Crying	-Infant crying patterns -Parent soothing strategies -Parent coping with crying	-PURPLE crying, 5 S's -Shaken Baby Syndrome		-Parenting classes -Long-term home visiting
Household Safety and Material Supports	-Sleep environment -Home environment -Food and financial security -Diapers, crib, car seat, clothes -Vaccine status of caregivers -Smoke and CO detectors, well water	-Firearm safety -Safe sleep -Infant infection prevention -Vaccines for caregivers -2 nd /3 rd -hand smoke		-WIC and SNAP -Crib or car seat program -TANF -Lead abatement program -Gun lock program -Smoke detector program
Family and Community Safety	-Intimate partner violence -Sexual abuse or coercion -Unhealthy relationship dynamics -Safety in neighborhood		-Conflict Tactics Scale	-DV Crisis Center -Counseling
Hx with Parenting Difficulties	-On-going CPS cases, or prior cases -History of abuse, neglect or trauma			-Parenting class -Counseling
Parent Well-Being	-Current or past mental illness	-Normalize baby blues	-EPDS	-OB, counseling, or group
Substance Abuse	-Current or past substance abuse		-CAGE	-Counseling or group
Parent Emotional Support	-Practical and emotional support for parenting	-Normalize challenge of parenting -Self-care counseling		-Parenting group -Long-term home visiting

© Family Connects International

Please do not copy or distribute

Review of HHS HomVee Evidence-Based Home Visiting Models

<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

Prepared by CDPH MICAH Bureau for Internal Use

Most Comprehensive Models:

Family Connects

- Universal: **Yes**
- RN Home Visitor: Yes
- Positive impact on linkages/referrals: Yes
- Positive impact on child health: Yes
- Positive impact on maternal health: Yes
- Timing of Visits Postpartum home visits 3 weeks to 12 weeks after delivery but may go up until 6 months of age when special needs present
- Addressed Topics: Child/maternal physical and mental health, infant care, parenting skills and parental support, home safety

Healthy Families America (HFA)

- Universal: No. Sites choose the characteristics of the population they will serve.
- RN Home Visitor: Typically no. Home visiting staff determined by each site.
- Positive impact on linkages/referrals: Yes (to family planning and “use of resources”; unfavorable impact on linkages to parenting skills resources)
- Positive impact on child health: Yes (on low birth weight, having PCP, having insurance, # well child visits, developmental screening in first year of life; negative effect on ED visits)
- Positive impact on maternal health: Yes (on alcohol use, prenatal care visits, having PCP)
- Timing of Visits: Prenatally and continue up to 3 years of age, possibly 5 years
- Addressed Topics: *No physical health assessments*. Focus is on reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness.

Nurse Family Partnership (NFP)

- Universal: No. For first-time, low-income mothers and their children.
- RN Home Visitor: Yes.
- Positive impact on linkages/referrals: *No* (unfavorable effect found on number of resources known by family); referrals do not seem to be a focus of this model
- Positive impact on child: Yes (decreased ED visits, increased attempts at breastfeeding, decreased subsequent children with low birth weight, decreased 20-year child mortality rate, decreased child behavioral issues)
- Positive impact on maternal health: Yes (decreased pregnancy-induced hypertension, decreased substance use and smoking, increased birth spacing, increased maternal feeling of control over life, decreased 21-year maternal mortality rate—all cause)
- Timing of Visits: Visits must start no later than the end of the 28th week of pregnancy (*requirement for enrollment*). Go until child is 2 years old.

- Addressed Topics: Focused on education and motivational interviewing based on client's needs

Models proven to have positive impact on linkages/referrals:

Child First

- Universal: No. High-risk families seen by referral.
- RN Home Visitor: No. Home visits from a mental health/developmental clinician and care coordinator. *No physical health component*
- Positive impact on linkages/referrals: Yes
- Positive impact on child health: Not measured
- Positive impact on maternal health: Yes (on maternal mental health measures)
- Timing of Visits: Prenatally and for families with children from birth through age 5.
- Addressed Topics: Aim is to decrease the emotional/behavioral problems, developmental/learning issues, and neglect/abuse among high-risk young children and families.

Early Head Start–Home-Based Option (EHS-HBO)

- Universal: No. Targets low-income families
- RN home visitor: No. Visits by someone with minimum Home Visit Child Development Associate (CDA) credential, not a healthcare provider
- Positive impact on linkages/referrals: Yes
- Positive impact on child health: No
- Positive impact on maternal health: No
- Timing of Visits: Prenatally and for families with children from birth to age 3
- Focus on child development, family functioning, emotional health of parent and child. *No physical health component.*

SafeCare Augmented

- Universal: No. Eligible clients include families with a history of child maltreatment or families at risk for child maltreatment.
- RN Home Visitor: No
- Positive impact on linkages/referrals: Yes
- Positive impact on child health: Not measured
- Positive impact on maternal health: No
- Timing of Visits: Birth through age 5.
- Topics Addressed: Parent training and motivational interviewing

Models without evidence of positive impact on linkages/referrals:

Note: Given these programs do not meet this prioritized criteria, less comprehensive review done than for the above programs.

Attachment and Biobehavioral Catch-Up (ABC) Intervention

- Training program for caregivers of infants and young children 6 to 48 months old. Focused entirely on parenting skills.

Early Intervention Program for Adolescent Mother

- Only for adolescents

Early Start (New Zealand)

- Universal: No. targets high-risk families with newborns up to age 5
- Effectiveness of linkages/referrals has not been measured
- Topics Addressed: Home visits focus on parenting skills, school readiness; based on need may also address "healthy lifestyle choices" like nutrition, child safety-->*no medical assessment*

Family Check-Up for Children

- Universal: No. Targets high-risk families
- No referrals given in this model.
- Topics Addressed: Promotes family management and addresses child and adolescent adjustment problems

Family Spirit

- Universal: No comment on universality. Model developed for Native American communities.
- RN home visitor: No. Home visits by paraprofessional health educators
- Timing of Visits: Prenatally and for families with children younger than age 3.
- Topics Addressed: Parenting skills, coping and problem-solving skills to overcome individual and environmental stressors. Infant care.

Health Access Nurturing Development Services (HANDS) Program

- Universal: No. Targets *first-time* pregnant mothers or parents with children up to 3 months old that meet the program's criteria for being high-risk.
- RN home visitor: No. Home visits by paraprofessionals and also quarterly visits by a social worker or RN but not for health assessment.
- Effectiveness of linkages/referrals has not been measured
- Topics Addressed: New parent education, emotional/developmental/safety screenings

Healthy Beginnings

- Universal: No. Targets first-time parents.
- RN home visitor: Yes
- Effectiveness of linkages/referrals has not been measured. Referrals given only if parent brings up non-nutrition-related needs.

- Topics Addressed: Focus is on nutrition education as aim of program is to reduce childhood obesity

Home Instruction for Parents of Preschool Youngsters (HIPPY)

- Universal: No. Serves parents with children ages 3 through 5, focus on school readiness

Maternal Early Childhood Sustained Home-Visiting Program

- Based in Australia
- Universal: No. Targets high-risk pregnant women
- RN home visitor: Yes
- Effectiveness of linkages/referrals has not been measured. Referrals are to other healthcare specialists (dietitians, substance use counselors). RNs “support families” on issues related to housing and finances but unclear how this is done.
- Timing of visits: Home visits start prenatally and continue until child’s second birthday
- Topics Addressed: Parent education, maternal health and well-being, family relationships, goal setting, and other issues such as housing and finances.

Minding the Baby

- Universal: No, targets first-time parents beginning in the second or early third trimester of pregnancy and extending until the child’s second birthday
- RN home visitor: Yes. Also a mental health professional
- No linkages/referrals given. However, families are coached on how to obtain and using needed social services.
- Topics addressed: Physical and mental health of child and mother, parenting
- Model ensures close relationship w/ healthcare providers

Parents as Teachers (PAT)

- *Focus is not on health*
- Universal: No. PAT affiliate programs select the target population they plan to serve and the program duration.
- RN home visitors: No. Parent educators.
- Effectiveness of linkages/referrals has not been measured
- Timing of visits: PAT serves families for at least two years between pregnancy and kindergarten.
- Topics Addressed: Child development knowledge and parenting support, early detection of developmental delays and health issues, prevention of child abuse and neglect, children’s school readiness.

Play and Learning Strategies (PALS)—Infant

- Universal: No. Targets teenage parents, single/unmarried parents, parents/caregivers with limited education, children with developmental delays or disabilities, families with history of child abuse or neglect
- RN home visitors: No. Parent educators.
- No linkages/referrals given.

- Timing of visits: Infants 5 months to 1 year
- Topics Addressed: Parent-child bonding, children's early language, cognitive, and social development

Source: HHS HomVee, OPRE Report #2018-113, Home Visiting Evidence Effectiveness Review: Executive Summary, October 2018. Available at https://homvee.acf.hhs.gov/homvee_executive_summary.pdf

Table 3. Favorable Impacts on primary and secondary measures for home visiting models with evidence of effectiveness, by outcome domain

	Child health	Maternal health	Child development and school readiness	Reductions in child maltreatment	Reductions in juvenile delinquency, family violence, and crime	Positive parenting practices	Family economic self-sufficiency	Linkages and referrals	
Attachment and Biobehavioral Catch-up (ABC) Intervention	Yes (primary)	Not measured	Yes (primary)	Not measured	Not measured	Yes (primary)	Not measured	Not measured	
Child First	Not measured	Yes (primary, secondary)	Yes (primary)	Yes (primary)	Not measured	Not measured	Not measured	Yes (secondary)	
Early Head Start–Home-Based Option (EHS-HBO)	No	No	Yes (primary, secondary)	Yes (secondary)	Not measured	Yes (primary, secondary)	Yes (secondary)	Yes (secondary)	
EIP	Yes (primary)	No	Not measured	Not measured	Not measured	No	Yes (secondary)	Not measured	
Early Start (New Zealand)	Yes (primary, secondary)	No	Yes (primary, secondary)	Yes (primary, secondary)	No	Yes (primary)	No	Not measured	
Family Check-Up	Not measured	Yes (secondary)	Yes (primary, secondary)	Not measured	Not measured	Yes (primary)	Not measured	Not measured	
Family Connects	Yes (primary, secondary)	Yes (secondary)	Not measured	Not measured	Not measured	Yes (secondary)	Not measured	Yes (secondary)	
Family Spirit	Not measured	Yes (primary, secondary)	Yes (primary)	Not measured	Not measured	Yes (secondary)	Not measured	Not measured	
HANDS	Yes (primary)	Yes (primary)	Not measured	Yes (primary)	Not measured	Not measured	Yes (primary)	Not measured	
Healthy Beginnings	Yes (primary, secondary)	Yes (secondary)	Yes (secondary)	Not measured	Not measured	Yes (secondary)	Not measured	Not measured	
Healthy Families America	Yes (primary, secondary)	Yes (secondary)	Yes (primary, secondary)	Yes (primary, secondary)	Yes (secondary)	Yes (primary, secondary)	Yes (primary, secondary)	Yes (primary, secondary)	
Healthy Steps (National Evaluation 1996 Protocol)	<i>These results focus on Healthy Steps as implemented in the 1996 evaluation. HHS has determined that home visiting is not the primary service delivery strategy and the model does not meet current requirements for MIECHV Program implementation.</i>								
	Yes (primary)	No	No	No	Not measured	Yes (secondary)	Not measured	Not measured	
HIPPY	Not measured	Not measured	Yes (primary, secondary)	Not measured	Not measured	Yes (primary, secondary)	Not measured	Not measured	

Table 3 (continued)

	Child health	Maternal health	Child development and school readiness	Reductions in child maltreatment	Reductions in juvenile delinquency, family violence, and crime	Positive parenting practices	Family economic self-sufficiency	Linkages and referrals	
Maternal Early Childhood Sustained Home Visiting Program	Yes (secondary)	Yes (secondary)	Not measured	Not measured	Not measured	Yes (primary)	Not measured	Not measured	
Minding the Baby	Yes (primary)	Yes (primary)	Not measured	No	Not measured	No	Not measured	Not measured	
Nurse Family Partnership	Yes (primary, secondary)	Yes (primary, secondary)	Yes (primary, secondary)	Yes (primary)	Yes (secondary)	Yes (primary, secondary)	Yes (primary, secondary)	No	
Oklahoma CBFRS	<i>Implementation support is not currently available for the model as reviewed.</i>								
	No	Yes (secondary)	Not measured	Not measured	Not measured	Yes (primary)	Not measured	Not measured	
Parents as Teachers	No	No	Yes (primary)	Yes (primary)	Not measured	Yes (primary)	Yes (primary)	Not measured	
PALS Infant	Not measured	Not measured	Yes (primary)	Not measured	Not measured	Yes (primary)	Not measured	Not measured	
SafeCare Augmented ²	Not measured	No	Not measured	Yes (secondary)	No	Not measured	No	Yes (primary)	

Note: Outcomes are categorized as primary if data were collected through direct observation, direct assessment, or administrative records; or if study authors indicated that self-reported data were collected using a standardized (normed) instrument. Other self-reported measures are classified as secondary.

² SafeCare did not meet HHS criteria for an evidence-based model. Only SafeCare Augmented (an adaptation of SafeCare) meets HHS criteria for an evidence-based model. In addition, Planned Activities Training (a SafeCare module) and Cellular Phone Enhanced Planned Activities Training (a SafeCare module with an add-on) showed evidence of effectiveness. See the model page (<https://homvee.acf.hhs.gov/Model/1/SafeCare-sup---sup-18/1>) for more details on the module and module with an add-on.



Center for Child and Family Health, Inc.
1121 W. Chapel Hill St., Suite 100
Durham, NC 27701

Dear Ms. Givens:

Enclosed is the organization's 2017 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office via fax 919-419-0331; email to efile@nelsonandcompany.com; mail in attached envelope; or hand deliver to us. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us as soon as possible.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Nelson & Company, PA

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTER FOR CHILD AND FAMILY HEALTH, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1121 W. CHAPEL HILL ST., SUITE 100 City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27701 F Name and address of principal officer: ROBERT A. MURPHY 1121 W. CHAPEL HILL STREET, SUITE 100, DURHA	D Employer identification number 58-1446309 E Telephone number 919-419-3474 G Gross receipts \$ 7,211,220. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: N/A		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1981		M State of legal domicile: NC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES SUPPORTIVE SERVICES TO REDUCE OR PREVENT CHILD ABUSE AND NEGLECT.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	76
6	Total number of volunteers (estimate if necessary)	6	9
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	7,239,128.	7,199,082.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	409.	2,967.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,979.	9,171.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,263,516.	7,211,220.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,076,338.	5,126,766.
16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	186,112.	2,014,911.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,014,911.	2,021,225.
19	Revenue less expenses. Subtract line 18 from line 12	7,091,249.	7,147,991.
20	Total assets (Part X, line 16)	172,267.	63,229.
21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	3,534,496.	3,686,955.
		526,585.	615,815.
		3,007,911.	3,071,140.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT A. MURPHY, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JENNIFER P. CREDLE	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00117909
	Firm's name NELSON & COMPANY, P.A. Firm's address P.O. BOX 52179 DURHAM, NC 27717	Firm's EIN 56-1394660 Phone no. (919) 490-8585

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: PREVENT CHILD ABUSE AND NEGLECT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,548,640. including grants of \$) (Revenue \$ 7,199,082.) OFFER SUPPORTIVE SERVICES TO REDUCE OR PREVENT CHILD ABUSE AND NEGLECT. OFFER EDUCATION IN PARENTING AND TO INFORM THE PUBLIC ABOUT CHILD ABUSE AND NEGLECT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,548,640.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note.	All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a 16		
b Enter the number of voting members included in line 1a, above, who are independent		
1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **BESSIE GIVENS - 919-419-3474**
1121 W. CHAPEL HILL STREET, SUITE 100, DURHAM, NC 27701

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN FAIRBANK MEMBER	0.50	X						0.	0.	0.
(2) CAROL P. TRESOLINI TREASURER	0.50	X		X				0.	0.	0.
(3) MALIK C. EDWARDS MEMBER	0.50	X						0.	0.	0.
(4) REBECCA J. MACY MEMBER	0.50	X						0.	0.	0.
(5) CHERYL AMANA-BURRIS MEMBER	0.50	X						0.	0.	0.
(6) MARGARET DARDESS IMMEDIATE PAST CHAIR	0.50	X		X				0.	0.	0.
(7) MARY ANN FUCHS CHAIR	0.50	X		X				0.	0.	0.
(8) THEKLA PAPPAS MEMBER	0.50	X						0.	0.	0.
(9) LAURA HALL MEMBER	0.50	X						0.	0.	0.
(10) SCOTT SELIG MEMBER	0.50	X						0.	0.	0.
(11) ALISA EDWARDS SMITH MEMBER	0.50	X						0.	0.	0.
(12) ROBERT MURPHY EXECUTIVE DIRECTOR	40.00	X						0.	162,042.	44,562.
(13) PAMELA S. GLEAN MEMBER	0.50	X						0.	0.	0.
(14) CRYSTAL KING MEMBER	0.50	X						0.	0.	0.
(15) SOPHIA CAUDLE MEMBER	0.50	X						0.	0.	0.
(16) ANITA HOLT MEMBER	0.50	X						0.	0.	0.
(17) RONALD E. KEENEY MEMBER	0.50	X						0.	0.	0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	6,789,782.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	409,300.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			7,199,082.				
Program Service Revenue	2 a	Business Code						
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,967.			2,967.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a OTHER INCOME		900099	9,171.	9,171.				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			9,171.					
12 Total revenue. See instructions.			7,211,220.	9,171.	0.	2,967.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,131,828.	3,900,121.	149,358.	82,349.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	146,984.	139,811.	2,874.	4,299.
9 Other employee benefits	332,435.	299,663.	25,477.	7,295.
10 Payroll taxes	515,519.	466,919.	42,506.	6,094.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,896.	1,535.	11,361.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	5,439.			5,439.
13 Office expenses	108,740.	78,356.	22,353.	8,031.
14 Information technology				
15 Royalties				
16 Occupancy	383,347.	310,282.	66,765.	6,300.
17 Travel	158,108.	157,142.	524.	442.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	17,125.		17,125.	
22 Depreciation, depletion, and amortization				
23 Insurance	58,944.	52,052.	5,301.	1,591.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT LABOR	806,112.	764,764.	31,100.	10,248.
b PROGRAM SUPPLIES	309,135.	268,909.	1,258.	38,968.
c GENERAL EXPENSES	83,082.	39,937.	31,076.	12,069.
d TELEPHONE	78,247.	69,149.	6,161.	2,937.
e All other expenses	50.			50.
25 Total functional expenses. Add lines 1 through 24e	7,147,991.	6,548,640.	413,239.	186,112.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,054,120.	1	1,827,147.
	2	Savings and temporary cash investments	819,895.	2	867,927.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	587,963.	4	598,445.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	39,968.	9	39,742.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 473,554.		
	b	Less: accumulated depreciation	10b 119,860.		
			32,550.	10c	353,694.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,534,496.	16	3,686,955.	
Liabilities	17	Accounts payable and accrued expenses	526,585.	17	615,815.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	526,585.	26	615,815.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,007,911.	27	3,071,140.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,007,911.	33	3,071,140.	
34	Total liabilities and net assets/fund balances	3,534,496.	34	3,686,955.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,211,220.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,147,991.
3	Revenue less expenses. Subtract line 2 from line 1	3	63,229.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,007,911.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,071,140.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5762241.	6817456.	8145809.	7239128.	7199082.	35163716.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5762241.	6817456.	8145809.	7239128.	7199082.	35163716.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						35163716.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	5762241.	6817456.	8145809.	7239128.	7199082.	35163716.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	353.	135.	202.	409.	2,967.	4,066.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-21,498.	503.	1153455.	23,979.	9,171.	1165610.
11 Total support. Add lines 7 through 10						36333392.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14** 96.78 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 **15** 96.38 %

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization

CENTER FOR CHILD AND FAMILY HEALTH, INC.

Employer identification number

58-1446309

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c Beginning balance _____
- d Additions during the year _____
- e Distributions during the year _____
- f Ending balance _____
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		
(ii) related organizations		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		473,554.	119,860.	353,694.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				353,694.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Total revenue reported as 7,211,220.0.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Total expenses reported as 7,147,991.0.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CENTER FOR CHILD AND FAMILY HEALTH, INC.

Employer identification number

58-1446309

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017
**Open to Public
Inspection**

Name of the organization

CENTER FOR CHILD AND FAMILY HEALTH, INC.

Employer identification number
58-1446309

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEY OFFER EDUCATION IN PARENTING AND INFORMS THE PUBLIC ABOUT CHILD
ABUSE AND NEGLECT.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED TO THE ORGANIZATION PRIOR TO FILING WITH THE IRS. NO
REVIEW WILL BE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICER, EMPLOYEES, AGENTS AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY
POSSIBLE CONFLICT OF INTEREST WITH ANY VENDORS OR CONTRACTORS. IN THE CASE
OF A CONFLICT OF INTEREST THE INTERESTED PERSON SHALL CALL IT TO THE
ATTENTION OF THE BOARD OF DIRECTORS AND THAT PERSON SHALL NOT VOTE ON THAT
MATTER. THE PERSON SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR
DECISION REGARDING THE MATTER AND SHALL NOT BE PRESENT DURING THE VOTING.
IF THERE IS A DOUBT TO WHETHER A CONFLICT EXISTS, THE MATTER SHALL BE
RESOLVED BY VOTE OF THE BOARD OF DIRECTORS. THE OFFICAL MINUTES OF THE
BOARD OF DIRECTORS SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS
DISCLOSED AND THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL
DISCUSSION AND VOTING OF THE MATTER.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

CENTER FOR CHILD AND FAMILY HEALTH, INC.

Employer identification number

58-1446309

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

NO CHANGES WERE MADE FROM THE PRIOR YEAR.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DUKE UNIVERSITY		P	1,230,000	AUDIT
(2) DUKE UNIVERSITY		Q	267,477	AUDIT
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with columns (a) through (k): (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec 501(c)(3) orgs?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

FORM R, PART II B

DUKE UNIVERSITY PROVIDES AN EMPLOYEE TO ACT AS EXECUTIVE DIRECTOR OF
THE ORGANIZATION. BILLINGS ARE SUBMITTED MONTHLY FOR ALL SERVICES
PERFORMED.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. CENTER FOR CHILD AND FAMILY HEALTH, INC.		Enter filer's identifying number Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions. 1121 W. CHAPEL HILL ST., SUITE 100		58-1446309	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DURHAM, NC 27701		Social security number (SSN)	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BESSIE GIVENS

• The books are in the care of ▶ **1121 W. CHAPEL HILL STREET, SUITE 100 - DURHAM, NC 27701**
 Telephone No. ▶ **919-419-3474** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.