



**Kane County
Health Department**

DOCUMENT VET SHEET

for
Karen McConnaughay
Chairman, Kane County Board

Name of Document: NIU Contract

Submitted by: Paul Kuehnert

Date Submitted: 10 February 2011

Examined by:

KC Shep...
(Print Name)

[Signature]
(Signature)

2-10-2011
(Date)

Comments: Per Resolution 11-35 for Health Survey.

Chairman signed: Yes _____ No _____ Date: _____

Return document to: Bev Lopez @ 1240 N. Highland Ave., Ste. 26, Aurora

NIU NORTHERN ILLINOIS UNIVERSITY

Public Opinion Laboratory

DeKalb, Illinois 60115-2854

815-753-7956

Price Quotation Agreement

Public Opinion Laboratory
Mindy Schneiderman
Northern Illinois University
DeKalb, IL 60115
(815) 753-0039

November 22, 2010

Mr. Paul Kuehnert, MS, RN
Executive Director
Kane County Health Department
1240 North Highland Avenue
Aurora, IL 60506

Description of research to be performed:

- Obtain Northern Illinois University Institutional Review Board approval for Kane County Health Survey.
- Obtain random-digit-dialed sample for the service areas defined by zip code for the five hospitals serving Kane County residents
- Mail advance letters when an address can be matched to the sampled telephone number.
- Complete 2,000 adult interviews using the 2011 Behavioral Risk Factor Surveillance System questionnaire (approximately 25 minutes in length). Following that interview, in households having children, sample one child under age 18 and conduct a 20-minute interview with the most knowledgeable adult about that child's health.
- Provide a summary of the survey methodology, a weighted survey data file, and a data file codebook.

Dates: January 3, 2011-June 30, 2011

Price: \$110,400 (\$100,472.73 + 10% NIU overhead)

ACCEPTANCE OF WORK AND PRICE QUOTATION. CONDITIONS ATTACHED

**BOARD OF TRUSTEES of
NORTHERN ILLINOIS UNIVERSITY**

KANE COUNTY HEALTH DEPARTMENT

By: _____

By: 

Name: _____

Name: Karen McConnaughay

Title: _____

Title: Chairman, Kane County Board

Date: _____

Date: _____

EIN #: _____

Sponsors: The Kane County Health Department is the Administrative and Fiscal Agency for a collaborative community assessment effort jointly sponsored and funded by Delnor Community Hospital, INC.Board NFP, the Kane County Health Department, Provena Mercy Medical Center, Provena St. Joseph Hospital, Rush Copley Medical Center, and Sherman Hospital.

Payment. The Sponsors agrees to pay the University the fixed sum of \$110,400 for the performance of this work. Payments are to be made in accordance with the following schedule:

- i. Upon execution: 50%
- ii. Thereafter, as follows: 50% within thirty (30) days after delivery of the final product
- iii. The Kane County Health Department shall separately invoice and collect each sponsor's cost share as follows
Delnor Community Hospital: \$16,667.00
Kane County Health Department: \$16,667.00
INC Board NFP: \$9,200.00
Provena Mercy Medical Center: \$16,667.00
Provena St. Joseph Medical Center: \$16,667.00
Rush Copley Medical Center: \$17,266.00
Sherman Hospital: \$17,266.00

Checks are to be made payable to Northern Illinois University and sent to:

Julie Weber, Director
Grants Fiscal Administration
Northern Illinois University
DeKalb, Illinois 60115
RE: OSP#

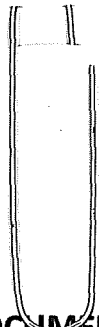
1. **Proprietary Data.** The University's acceptance and use of any proprietary data which may be supplied by the Sponsors in the course of Research shall be subject to the following:
 - (a) The data must be marked or designated in writing as proprietary to the Sponsor.
 - (b) The University retains the right to refuse to accept any such data that it does not consider being essential to the completion of the Research or which it believes to be improperly designated, or for any other reason.
 - (c) Where the University does not accept such data as proprietary, it agrees to exercise its best efforts not to publish or otherwise reveal the data to others outside the University without the permission of the Sponsors, unless the data has already been published or disclosed publicly by third parties or is required to be disclosed by a court of law.
2. **Termination.** This project may be terminated by either party upon thirty (30) days' written notice. In the event of termination by the Sponsors, the University will be reimbursed for all costs incurred and all noncancellable commitments. In the event of termination by the University, any unexpected or unobligated balance of funds advanced by the Sponsors shall be refunded to the Sponsors.
3. **Use of the name of the University.** The sponsors shall not make use of the existence of the Agreement, nor the results of the investigations conducted hereunder, nor the use of the University's name or any member of its staff for publicity or advertising purposes, except with the consent of and to the extent approved by Northern Illinois University Office of Sponsored Projects as given by its Director.
4. **Publications and Copyrights.** The University or its employees and the Sponsors and their employees shall be free to publish papers or make professional presentations dealing with the results of the Research under this agreement. In any publications or professional presentations resulting from the Research, both the University and the Sponsors shall be given full credit and acknowledgement for their specific roles, and the Sponsors' joint financial support provided to the Research. Original research data shall belong to the University. Title to and the right to determine the disposition of any

copyrights, or copyrightable material, first produced or composed in the performance of the Research, shall remain with the University or the named individual researcher, provided that the University shall grant to the Sponsors an irrevocable royalty-free, nonexclusive right to reproduce, translate, and use all such copyrighted material for its own purpose.

5. **Warranties and Indemnification.** The university agrees to conduct the Research only after obtaining review and approval from its Institutional Review Board and it agrees to conduct the Research in a manner that is consistent with that review and with standard operationg protocols governing its Research conducted on behalf of the Illinois Department of Public Health for the Behavioral Risk Factor Surveillance Survey. The University makes no other representations or warranties, express or implied, regarding its performance under this agreement, including but not limited to the marketability, use or fitness for any particular purpose of the project results developed under this agreement, or that such results do not infringe upon any third party's property rights. The SPONSORS and the UNIVERSITY agree to indemnify and hold harmless eachother and their employees and agents against any and all costs, damages and expenses, including attorney's fees, arising from any claims, damages and liabilities asserted by third parties arising from the SPONSORS' use of said results.



**Kane County
Health Department**



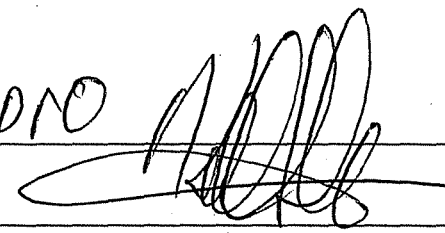
DOCUMENT VET SHEET

for
Karen McConnaughay
Chairman, Kane County Board

Name of Document: MOU with hospitals and INC

Submitted by: Paul Kuehnert

Date Submitted: 10 February 2011

Examined by: KC Shepro
(Print Name) 
(Signature) 2-10-2011
(Date)

Comments: Per Resolution 11-35 for Community Assessment.

Chairman signed: Yes _____ No _____ Date: _____

Return document to: Bev Lopez @ 1240 N. Highland Ave., Ste. 26, Aurora

Inter-Agency Memorandum of Understanding Re: a 2011 Kane County Community Health Assessment

Whereas, the parties to this agreement declare their mutual interest in, and commitment to, the health and well-being of the residents of Kane County, Illinois, and

Whereas, the parties wish to better identify and understand the health-related community assets, needs and priorities of Kane County residents in the most comprehensive way possible by conducting a community health assessment, and

Whereas, the parties seek to use the results of this community health assessment to then work collaboratively amongst themselves and with other interested parties in Kane County to improve the health and well-being of Kane County individuals, families, population groups and the community as a whole;

Now, therefore be it resolved that the parties to this agreement:

1. Have established a 2011 Kane Community Health Assessment Committee made up of one representative from each agency that is a party to this agreement.
2. Have agreed to make Committee decisions by consensus whenever possible. When consensus cannot be reached, the parties agree that each agency is entitled to one vote and that the position receiving a majority of votes shall constitute the decision for the Committee.
3. Have agreed that the Kane County Health Department will convene and facilitate the Committee's work and perform all administrative duties delegated to it by the Committee, including acting as fiscal agent for any contracts jointly agreed to by the Committee.
4. Have agreed to jointly contract with the Public Opinion Laboratory of Northern Illinois University to: a) complete 2,000 adult interviews using the 2011 Behavioral Risk Factor Surveillance System questionnaire (approximately 25 minutes in length); b) following that interview, in households having children, sample one child under age 18 and conduct a 20-minute interview with the most knowledgeable adult about that child's health; and c) provide a summary of the survey methodology, a weighted survey data file, and a data file codebook. A separate agreement with the Public Opinion Laboratory of NIU for these services (appended to this MOU) has been entered into by the Kane County Health Department on behalf of the Committee, and each party agrees to make pay the following amount as their contribution to the total cost of the services provided by the NIU Public Opinion Laboratory:
 - a. Delnor Community Hospital: \$16,667.00
 - b. Kane County Health Department: \$16,667.00
 - c. INC Board NFP: \$9,200.00
 - d. Provena Mercy Medical Center: \$16,667.00
 - e. Provena Saint Joseph Hospital: \$16,667.00
 - f. Rush Copley Medical Center: \$17,266.00
 - g. Sherman Hospital: \$17,266.00

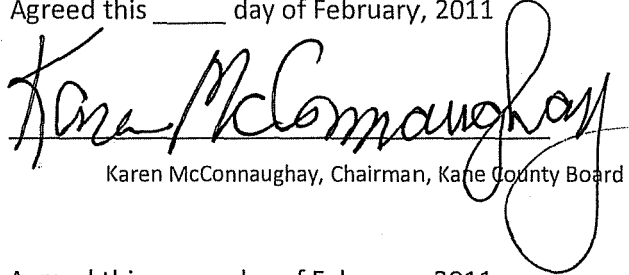
Each agency will pay Kane County Health Department one-half of the total due upon execution of this agreement and the second half of the total upon the Kane County Health Department's receipt of the NIU Public

14. Have agreed to indemnify and hold harmless each other and their employees and agents against any and all costs, damages and expenses, including attorney's fees, arising from any claims, damages and liabilities asserted by third parties arising from the parties' use of the community assessment(s).

Agreed this ____ day of February, 2011

Gretchen Parker, VP of Strategy, Delnor Community Hospital

Agreed this ____ day of February, 2011


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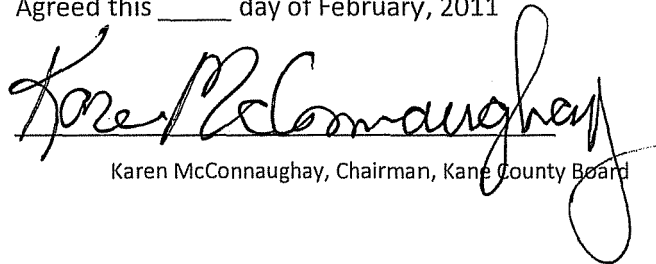
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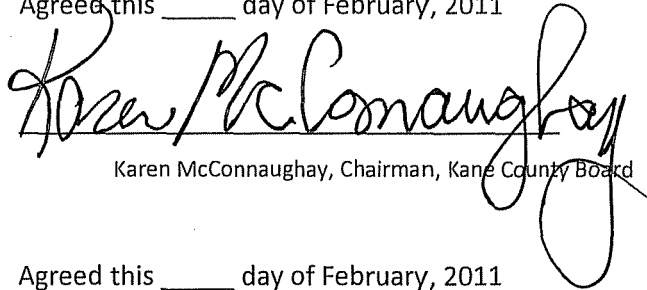
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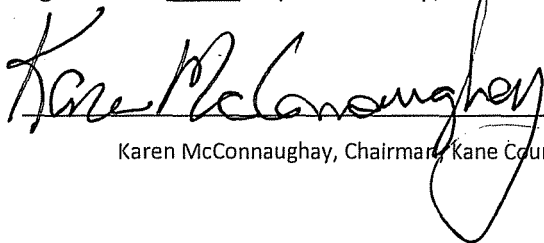
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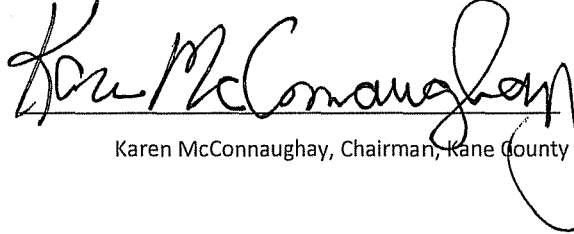
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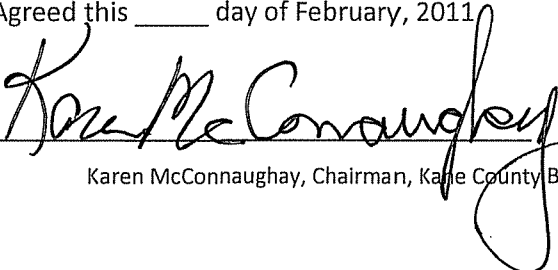
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