



ROSELAND MEDICAL DISTRICT COMMISSION

William Towns, President
Leon Walker, Vice President
Carl Jenkins, Treasurer
Tiffany Hightower, Secretary

Biennial Report

March 1, 2019



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Roseland Community Medical District (“District”)

On August 5, 2011, the State of Illinois created the 100-acre Roseland Community Medical District (“District”), which provides for the creation, maintenance, and expansion of health care and other related facilities to study, diagnose, and treat human ailments and injuries. The District is anchored by the “New” Roseland Community Hospital (“RCH” or the “Hospital”), whose emergency room is often the first stop for medical services for the community, and where patients are treated for illness ranging from a simple cold to severe health issues such as heart disease or gunshot wounds.

With over 500 employees, the Hospital is the largest employer in Roseland and is located at the center of the community. The Hospital serves over 21,000 patients annually in the emergency room alone. Further, RCH is the first responder for the Port of Chicago at Calumet Harbor, and for the newly created Pullman National Park, both of which are located just east of the Hospital. The Hospital functions as a critical safety net to an undeserved area of Chicago and is an economic asset to both the community and to the city at large. The District hopes to fortify this safety net and expand critical healthcare services for the South Side of Chicago an area often overlooked by major healthcare institutions.

The Community Hospital is the South Side of Chicago’s integrated and coordinated healthcare choice, where professional caregivers provide guidance on the path to recovery and overall wellness. RCH combines specialized expertise of a large hospital with the personalized attention of a smaller setting. RCH provides a full spectrum of pediatric and adult care service for primary to family medicine to advanced specialty to care. RCH specialties include:

- Anesthesia
- Mammography
- Adolescent Behavioral Health
- Mobile Dental Vehicle
- Cardiology
- Neurology
- Emergency Medicine
- Obstetrics & Gynecology
- Family Medicine
- Pediatrics
- Gastroenterology
- Pathology
- General Surgery
- Pulmonology
- Infectious Disease
- Radiology
- Internal Medicine
- Vascular Surgery
- Laboratory
- Wound Healing Clinic

RCH was opened in 1924 with the intention of providing medical care for the Far South Side of Chicago. There are currently 135 credentialed physicians employed by RCH and over 500 total employees. RCH maintains 134 licensed beds, of which 95 are current operating. With a Level III Emergency Department, the Hospital is a critical health care provider for the greater Roseland community. The Hospital’s Emergency Department is the 7th busiest in the city. In 2013, the Hospital took in 21,960 E.D., had 15,037 outpatients, 4,648 inpatients, 282 deliveries, 26,627 radiology procedures and 986 mammograms.

Roseland Community Medical District Commission (“Commission”)

The District is governed by the Roseland Community medical District Commission (“Commission”), which was created by 70 ILSC 935/1 (the “Act”) and whose general purpose is to:



- 1) Maintain the proper surroundings for a medical center and a related technology center to attract, stabilize, and retain within the District hospitals, clinics, research facilities, educational facilities, or other facilities permitted under the Act; and
- 2) Provide for the orderly creation, maintenance, development, and expansion of (i) health care facilities and other ancillary or related facilities that the Commission may from time to time determine are established and operated (A) for any aspect of the carrying out of the Commission's purposes as set forth in this Act, (B) for the study, diagnosis, and treatment of human ailments and injuries, whether physical or mental, or (C) to promote medical, surgical, and scientific research and knowledge as permitted under this Act; and (ii) medical research and high technology parks, together with the necessary lands, buildings, facilities, equipment, and personal property for those parks.

Roseland Community Medical District Commissioners

The Commission consists of nine (9) appointed members and three (3) ex officio members. Three (3) members were appointed by the Governor. Two (2) members were appointed by the Mayor of the City of Chicago. Two (2) members were appointed by the President of the County Board of Cook County. Three (3) ex officio members appointed by statute. According to the Commission's by-laws, the Commission may not transact business at a meeting of the Commission unless there is a quorum of at least seven (7) Commissioners present. Most of the quorum is needed to adopt any motion or resolution.

Appointed Commissioners

William W. Towns, President (appointed by Cook County Board President)
Term: 2/4/14 – 12/31/16 (*Expired*)

Leon I. Walker, Vice President (appointed by Governor, State of Illinois)
Term: 1/31/13 – 12/31/15 (*Expired*)

Cael Jenkins, Treasurer (appointed by Governor, State of Illinois)
Term: 1/31/13 – 12/31/13 (*Expired*)

Tiffany Hightower, Secretary (appointed by Mayor, City of Chicago)
Term: 5/31/16 – 12/31/18

Regina Porter, (appointed by Governor, State of Illinois)
Term: 1/31/13 – 1/31/14 (*Expired*)

Ciere Boatright, (appointed by Mayor of Chicago)
Term: 5/31/16 – 12/31/17

Shirley Bomar-Cole, (appointed by President, Cook County Board)
Term: 5/6/14 – 12/31/15 (*Expired*)

Louis Moo-Young, (appointed by President, Cook County Board)
Term: 2/4/14 – 12/31/14 (*Expired*)



Tim Egan, (appointed by Governor, State of Illinois)
Term: 2/1/15 – 2/1/16 (*Expired*)

Ex Officio Commissioners

Jim Schultz, Illinois Department of Economic Opportunity (Appointed by Statute).
Joseph Harrington, Illinois Department of Public Health (Appointed by Statute).
To be determined. Illinois Department of Human Services (Appointed by Statute).

Roseland Community Hospital Medical District Advisory Committee.

Salim Al-Nurridin, President, Healthcare Consortium of Illinois
Abraham Lacy, Executive Director, Far South Community Development Center.

A District of Opportunity

Located on Chicago's Far South Side, the Roseland community area has struggled with disinvestment since the early 1970s when the community's manufacturing base eroded. Although some pockets of Roseland have significant issues with crime and abandoned buildings, a variety of existing partnerships and initiatives have been formed to stabilize the community and redevelop vacant homes within the neighborhood. Most residents in Roseland are committee, long-time homeowners, However, like many inner-city minority communities, recent economic issues have hit Roseland hard, including the foreclosure crisis. The neighborhood is comprised primarily of African American (96%) residents and struggles with unemployment (19.7%). The Roseland community is a Naturally Occurring Retirement Community (NORC), with approximately 25% of the residents over the age of 65, compared with 10% citywide.

Roseland is classified as a medically-undeserved area by the Health Resource and Service Administration. Roseland residents face several health disparities, including hypertension and obesity. In Roseland, most patients seeking treatment are uninsured or Medicaid-eligible. Roseland, which is next door to the traditional heavy manufacturing community of Pullman, suffers from an epidemic of asthma and asthma-related ailments. Despite these complications, the Roseland Community Hospital has continually operated in the neighborhood since 1924. The District was created to help sustain the Hospital and improve healthcare for nearly 250,000 residents of the City of Chicago and near south suburbs. For most of the residents, the Hospital is the only hospital within a five-mile radius.

One of the Hospital's first priorities is the creation of the new Center for Breathing Easy which will help combat the community's high asthma rates. The Center for Breathing Easy will help to service the needs of nearly 30% of the children in the Roseland area who have asthma. Between 2011 and 2013, Roseland's emergency room took in 22% of all asthma-related ER visits in Chicago according to the Mobile C.A.R.E. Foundation. Moreover, Roseland spent more than \$1.2 million annually providing asthma-related care to children during preventable emergency visits. The Center for Breathing Easy will also provide outpatient care to people dealing with other forms of respiratory issues other than asthma, including smoking cessation services.



Highlights

- The Commission entered a Memorandum of Understanding (MOU) with the Far South Community Development Corporation (Far South CDC) in November 2017. The MOU enables the Far South CDC to develop and manage the administrative and fundraising functions for the Roseland Community Medical District (RCMD).
- Far South CDC, on behalf of RCMD Commission, applied and received Chicago Metropolitan Agency for Planning (CMAP) Local Technical Assistance (LTA) program designation to develop an Existing Conditions Report (ECR) for the District in April 2018 through April 2019. The report will prioritize the main issues of the corridor and surrounding community, formulating a plan of action including assessments of mobility, land use, and development potential, as well as community engagement and visioning. Key themes of the final report will include mobility, land use, and economic development.

The planning process consists of four phases to be completed over twelve months. Phase one assesses existing conditions of the neighborhood, including data analysis and research. The second phase will focus on gathering input about the community's past, present, and future planning priorities. CMAP will conduct interviews with community stakeholders who are critical to the development of the corridor. In phase three, initial recommendations will be created and vetted with Far South CDC staff, project partners, and other key institutions. The final phase will include report creation, community feedback, and discussion of report implementation. For more information, please visit: <https://www.cmap.illinois.gov/programs/lta/roseland>.

- **Red Line Extension receives \$1.48M FTA grant:** The CTA's proposed Red Line Extension (RLE) project received a \$1.48 million grant through FTA's Pilot Program for Transit-Oriented Development (TOD) Planning for comprehensive local planning efforts. Comprehensive planning funded through the program will examine ways to improve economic development and ridership, foster multimodal connectivity and accessibility, improve transit access for pedestrian and bicycle traffic, engage the private sector, identify infrastructure needs, and enable mixed-use development along the RLE corridor. The 111th Street & Stewart will have a proposed CTA Red Line Station.
- In 2018, Special Service Area District (SSA) #71 reconstituted and expanded its service base and programs that overlaps RCMD. Businesses within the District will be able to qualify for Façade Enhancement Program grants, decorative banners and holiday banners, security services, and landscaping services.
- From 2016 to present, Mayor Rahm Emanuel implemented reforms to the City's Zoning Code to ensure that the growth of downtown drives equitable development throughout the City. These changes leverage new development in and around the Loop to generate funds that will catalyze investment on Chicago's West, Southwest and South Sides. The Neighborhood Opportunity Fund receives funds from that downtown development to support commercial corridors in Chicago's underserved neighborhoods. Business and property owners may apply for grant funding that will pay for the development or rehabilitation of real estate and projects



that support new or expanding businesses or cultural assets. Businesses within the RCMD can apply for the program of up to \$250,000.

- The City of Chicago recommended 133 census tracts — out of more than 500 eligible tracts in the City — to the State of Illinois for designation as **Opportunity Zones**, as well as two additional tracts that make up the former Michael Reese Hospital site. The selection of the 133 census tracts focuses on areas of the city in greatest need, using data from the 2011-2015 U.S. Census Bureau's American Community Survey (ACS). The City used the following factors to select the tracts:
 - Unemployment rate of 20 percent or more
 - Median family income of less than \$38,000, which is approximately 50 percent of Area Median Income
 - Poverty rate of 30 percent or more

The City consulted with aldermen to confirm that the identified tracts within communities with these three qualifying factors were also the tracts that had the most investment potential. In certain limited instances, eligible tracts from within the same community in which economic development activity is underway or which eligible tracts are adjacent to a tract in which development is underway were strategically exchanged. 60% of the **RCMD is covered by the Opportunity Zones**.

- In 2017, Far South CDC was designated by the Illinois Department of Commerce of Economic Opportunity (IL DCEO) as an Illinois Small Business Development Center (SBDC) and International Trade Center (ITC). The SBDC and ITC provides small business assistance to entrepreneurs and existing businesses in low-to-moderate income areas on Chicago's south side and south suburban Cook County, including the RCMD area.

Memorandum of Understanding

Between

FAR SOUTH CDC

and

ROSELAND MEDICAL DISTRICT COMMISSION

This Memorandum of Understanding (“*MOU*”) sets forth the terms and understanding between FAR SOUTH CDC, an Illinois not-for-profit corporation (“*Far South*”) and the ROSELAND COMMUNITY MEDICAL DISTRICT COMMISSION (the “*RCMDC*”) whereby Far South and the RCMD will collaborate in order to foster economic growth in the greater Roseland area of Chicago, including through (i) the development of medical and health-care related facilities and other beneficial businesses in and around the Roseland Medical District (the “*District*”) and (ii) the recruitment and retention of medical and health-care related enterprises which would in turn create medical and health-care related (and supporting) jobs for members of the community.

I. Background

The RCMDC was created as its own body politic and corporate for the general purpose of promoting health care services and economic development in the far south side of Chicago. Specifically, the RCMDC focuses on attracting and retaining academic centers, health care facilities, medical research facilities, emerging technology enterprises and other health care-related facilities within the District which will, in turn, spur economic growth through the creation of medical and health care-related jobs. The District is roughly defined as the boundaries created by 110th and 112th streets, and Stewart and Michigan avenues. The RCMDC has the authority buy, sell and lease property within the District and may take property through its eminent domain powers. Furthermore, the RCMDC may offer tax credits and assist entrants with securing capital for their business.

Far South is a 501(c)(3) not-for-profit corporation, which was established to foster economic development and eradicate slum and blighted conditions in the far south side of Chicago. Through planning and collaboration with private developers, governmental entities, and other stake-holders, Far South strives to facilitate and foster quality businesses that meet the needs of the community, nurture beneficial industrial development, and rehabilitate commercial and residential real estate to create jobs and improve the quality of life for community members who live and work in its service area.

II. Purpose

Far South has an extensive background in partnering with various governmental and private sector entities to provide support for programs and initiatives that further Far South’s mission of cultivating and nurturing economic development. Just a few examples of projects

where Far South has partnered with other organizations include 34-acre Ray & Joan Kroc Recreation Center and the development of the 119th Street Corridor Plan for West Pullman (a partnership with the Chicago Metropolitan Agency for Planning). In addition, Far South has deep connection and networks with community members and officials in and around the District.

The RCMDC desires to utilize Far South's knowledge and experience as well as benefit from Far South's resources and network through collaboration between the two entities. Far South desires to collaborate with the RCMDC in order to further perpetuate its charitable mission in and around the District, including potentially by partnering with developers on future development projects within the District.

Under this MOC, Far South's role would be to assist the RCMDC with fostering economic growth within the District by supporting the RCMDC and its partners with various initiatives and programs as described herein and/or agreed by the parties hereafter. RCMDC agrees to collaborate with Far South as RCMDC's exclusive non-profit development partner with respect to the development of the District, including introducing Far South to developers exploring the possibility of engaging in projects in the District in order to allow Far South and such developers to explore the potential benefits (whether financing or otherwise) of collaboration.

III. Effective Date/Duration/Termination

This MOU is at-will and may be modified by mutual consent of authorized officials from Far South and the RCMDC. This MOU shall become effective upon signature by the authorized officials from the Far South and the RCMDC and will remain in effect until modified or terminated by any one of the parties by written notice to the other party.

IV. Commitment of Far South.

Far South acknowledges and agrees that a collaborative relationship with the RCMDC will benefit Far South in further perpetuating its charitable mission. Therefore, Far South agrees to assist the RCMDC with fostering economic development and growth in the District by agreeing to provide the following:

- (a) Far South will work with potential developers in the District to identify opportunities for collaboration, including with respect to the financing of beneficial development projects, and will, where appropriate, collaborate with such parties to facilitate beneficial development in the District.
- (b) Far South will act as a community liaison for the RCMDC and developers within the District, leveraging its network, connections, and experience within the community to seek to amicably resolve any disputes.
- (c) Far South will act as an independent third party convener that brings institutions and individuals together around common needs, goals, and themes for the District which will be identified in collaboration with the RCMDC;
- (d) Far South will consult with and provide recommendations to the RCMDC regarding potential resources among local stakeholders in the District;

- (e) Far South will help develop and encourage relationships between the RCMDC and various real estate resources and health-care and medical enterprises in Far South's network; and
- (f) Far South will provide entrants in the District and the RCMDC's stakeholders with business services support through Far South's Neighborhood Development Center.

V. Acceptance and Acknowledgements of the RCMDC

The RCMDC acknowledges and agrees that a collaborative relationship with Far South will benefit the RCMDC in further perpetuating its mission and general purposes as set forth in 70 ILCS 935/5 and 70 ILCS 935/10. As such, the RCMDC agrees to the following:

- (a) The RCMDC accepts and acknowledges the commitment of Far South as set forth in Section IV above;
- (b) The RCMDC will work with Far South as its exclusive non-profit development partner, including introducing Far South to potential developers of projects within and around the within the District, for the purpose of allowing Far South and such developers to explore potential joint ventures and/or other beneficial collaborations;
- (c) The RCMDC will allow a representative of Far South to attend meetings of the board of the RCMDC in an advisory role to ensure that Far South is kept abreast of and is best able to support the RCMDC's development initiatives; and
- (d) The RCMDC agrees to further discuss with Far South other potential projects and initiatives within the District that can either be implemented or supervised by Far South.

VI. Funding.

This is not a commitment of monetary funds from Far South to RCMDC. Pursuant to its powers under 70 ILCS 935/15 and 70 ILCS 935/35, the RCMDC will remain responsible for obtaining any and all funding for its programs and initiatives.

VII. Joint Responsibilities for Communications and Working Relationship.

The parties agree to the following joint responsibilities:

- 1) Far South and the RCMDC will identify a key contact person (the "*Key Contact*") for each organization that will serve as the main point of contact between the two organizations.
- 2) The Key Contacts will maintain frequent communication to facilitate cooperation between Far South and the RCMDC under this MOU.
- 3) The Key Contacts will work together to discuss and determine the best way to accomplish the commitments set forth in sections IV and V above.
- 4) The Key Contacts will work together to identify other potential opportunities for Far South and the RCMDC to further collaborate.

IX. Further Assurances.

- 1) Each party has all requisite power and authority to execute this MOU.

2) Each party agrees to be bound to every statement and assurance made by the lead applicant in the application.

X. Modifications

This MOU may be amended only by a written agreement signed by an authorized officials from Far South and the RCMDC.

XI. Governing Law.

This MOU shall be governed by and construed in accordance with the laws of the State of Illinois.

IN WITNESS THEREOF, Far South and the RCMDC caused this Memorandum of Understanding to be executed by their authorized representatives on this 4th day of November, 2017.

FAR SOUTH CDC

ROSELAND MEDICAL DISTRICT
COMMISSION

By: Abraham D. Lacy
Name: Abraham D. Lacy
Its: Executive Director

By: _____
Name: William Towns
Its: Chairman



Chicago Metropolitan Agency for Planning

233 South Wacker Drive
Suite 800
Chicago, Illinois 60606
312 454 0400
www.cmap.illinois.gov

CMAP Local Technical Assistance Program Memorandum of Understanding between CMAP and Far South CDC May 31, 2018

Please note: "LTA staff" means CMAP staff assigned to work with local governments and community groups as part of the Local Technical Assistance program.

1. CMAP / applicant relationship
 - CMAP shall assign staff to work with local entities and the community as part of the Local Technical Assistance program.
 - Applicant shall assign a lead person to be the main point of contact for LTA staff.
 - CMAP staff will report on the overall scope of work and day-to-day activities to the applicant. Assigned staff are CMAP employees and CMAP is responsible for evaluating their performance.
 - CMAP management, in addition to the CMAP staff assigned to the project, may periodically check-in (frequency to be determined based on need) with applicant.
 - CMAP is responsible for assigning relevant LTA staff to work on the project (based on availability, skills, familiarity with the applicant community, and applicant preferences).
 - Applicant understands that CMAP assistance is provided as a means of advancing the implementation of the GO TO 2040 Plan as the long-range regional comprehensive plan for the seven-county Chicago region, encompassing Cook, DuPage, Kane, Kendall, Lake, McHenry and Will counties, as well as priorities that are part of the ON TO 2050 plan that CMAP is developing.
2. Access to resources
 - LTA staff will have full access to CMAP data and other resources, including specialized CMAP staff (for advanced mapping, data, outreach, communications, and/or topic-specific expertise).
 - The applicant will provide access to relevant staff who will need to be involved in the project, and will ensure that they allocate sufficient time to the project.
 - The applicant will provide access to all relevant internal data, reports, and other information necessary to successfully complete the project.
 - The applicant's leadership (key staff, board members, other decision-makers) commits to participate in the project and allocate sufficient time at meetings to ensure due consideration so the project is successful.

3. Demonstration of local support

- Applicant's governing board shall pass a resolution supporting the project before work will begin, or in the alternative, applicant may affirm that the governing board is aware and supportive of the project via the MOU described below.
- The applicant shall be responsible for working with CMAP to identify members for a project steering committee or similar oversight group.
- If public outreach is a component of the project, the applicant agrees to participate in public outreach and engagement efforts; including assisting in dissemination of project and meeting information, attending and assisting at public meetings, and providing key stakeholder contact information.
- Applicant agrees to provide an inclusive, open, safe and welcoming environment in which to conduct meetings and outreach events.

4. Project management and review

- Prior to and following enacting this MOU, CMAP and applicant will jointly determine and document the project scope of work, timelines, public engagement schedules, commitment of non-staff resources by either CMAP or the applicant, and other elements prior to beginning work. CMAP may also request applicant assistance to establish expectations and performance goals for the project and process.
- CMAP and applicant shall jointly agree to changes to project scope or timelines; CMAP may discontinue the project if major deviations, changes, or expansions of scope or schedule occur.
- All work performed by LTA staff must be related to the scope of work. The majority of activities should be directly referenced within the work plan, but some indirectly related activities are also permitted.
- Allocation of LTA staff to each project will vary over time based on project timeline and work needs.
- The full project scope of work is attached to this MOU as Attachment 1.
- In order to maintain project progress and momentum, the applicant agrees to review and provide feedback on project deliverables in a timely manner, in accordance with the agreed upon timelines.
- Applicant agrees to make best faith effort to adopt and implement the completed plan within agreed upon timelines.

The undersigned parties agree to the terms listed above.

CMAP Representative:

Melissa Porter, Chief of Staff

Date

Far South Community Development Corporation Representative:



Abraham Lacy, Executive Director

5/31/18

Date



Local Technical Assistance Project Scope: Far South CDC/Roseland Medical District Existing Conditions Report

The following is a proposed outline of steps to develop an existing conditions report for an area on the far south side of the City of Chicago, centered on 111th Street corridor and the Roseland Medical District as part of the Chicago Metropolitan Agency for Planning's (CMAP) Local Technical Assistance (LTA) program. Through this program, CMAP will provide staff assistance to complete the existing conditions report, which can be used for subsequent transportation and land use planning and improvement efforts by the project sponsor and its partners.

Approximate time

The following scope of work is designed to be completed in approximately 12 months; however, the timeline can change as the project progresses. The remainder of this document describes the schedule and timeline in more detail.

Area of Focus

The existing conditions report will focus on the 111th Street corridor with emphasis on the Roseland Medical District. The area of focus also includes some portions of the commercial shopping districts along Michigan Avenue and Halsted Street. This study area is bounded 109th Street to the north; 113th Street to the south; Halsted Street to the west; and Michigan Avenue to the east.

Deliverables

The final deliverable of this project will be an existing conditions report, including assessments of mobility, land use, and development potential, as well as community engagement and visioning. Once approved, this report will be used to determine planning priorities for the Roseland Medical District in an effort to direct further transportation, land use, and economic development planning resources to the community in the future.

Community Engagement

A primary goal of all CMAP projects is to elevate community engagement in planning – particularly focusing on engaging populations that are typically underrepresented in previous planning processes. The outreach strategy proposed below outlines the goals and methods for the public participation to better inform development of project deliverables.

Proposed Tasks

Step 1: Pre-kickoff work

The first step in the planning process is designed to introduce the project to Far South CDC leadership. This will necessitate one or more in-person meetings and additional communication between CMAP and Far South CDC staff. CMAP will also be seeking support and commitment from the CDC Board to actively participate in this important planning activity. To formalize the

arrangement between CMAP and the project sponsor, the sponsor (staff or board) will need to sign a memorandum of understanding (MOU) provided by CMAP expressing support for the project. The MOU is necessary prior to project initiation. CMAP also recommends the CDC Board pass a resolution in support of the project, however, acknowledgement via the MOU is also sufficient.

Step 2: Existing conditions research

In step two, CMAP staff will conduct a thorough review of current plans, studies, and reports, as well as research and analyze existing conditions data and information. The review of current plans and studies may include meetings with the lead agency involved in each study to learn about the process used to create the study, the recommendations and outcomes of the study, and to learn what recommendations may be carried forward in the creation of the existing conditions report to build upon the work that has already been completed in the community. This step will also include an assessment of market potential, conditions, and trends for the area with respect to employment and economic development challenges and opportunities along 111th Street. The analysis will be accomplished through data analysis and interviews. Far South CDC may be asked to make contact with relevant stakeholders to participate in this step.

Step 3: Stakeholder interviews

Step three will focus on gathering input about the community's past, present, and future planning priorities. CMAP will conduct interviews with Far South CDC's executive director, Board, staff, members of Roseland Hospital and Medical District boards, respective transportation agencies, and other relevant stakeholders who are critical to the future development of the corridor.

Step 4: Draft report

Based upon existing conditions research, the stakeholder interviews, and market analysis, a draft existing conditions report will be prepared. This report will describe current conditions in the area, and look at how things have changed in recent years. It will synthesize information gathered through stakeholder input and analysis of data. Once complete, the draft report will be presented to the Far South CDC Board and staff for input. The existing conditions report will likely include the following sections:

- Community profile. A brief overview, demographics, and history of the 111th Street Corridor and the Roseland Medical District, including summaries of past planning efforts.
- Summary of interviews / input from stakeholders.
- Mobility. This section will cover transportation options and infrastructure, ridership trends, and related information. Walkability, biking, driving, and parking will also be discussed. Recognizing the importance of regional mobility, transit routes and destinations beyond the boundaries of this study area will be evaluated including new developments for CTA's new 95th Street Red Line station and possible rail service extension south to 130th Street.
- Land use and development. This section will present information on current land use along 111th Street corridor, including retail/commercial, institutional, and residential.
- Economic development and market analysis. This section will analyze current economic and market conditions along the 111th Street corridor around the Roseland

Medical District, including topics such as retail leakage, current gaps, recent development, and market trends. It will use Census data, City records on businesses and vacancy rates, and other data sources.

- Other issues of community interest. The existing conditions report should reflect community input into the most pressing issues facing the neighborhood, even if those issues are outside the scope of future planning processes. For example, many communities wish to discuss education, crime and safety, and other topics outside CMAP's expertise. The report will engage these issues in the context of their relationship to transportation, land use, and the built environment, and will acknowledge and examine the importance of these issues to the community.
- Recommendations
- Next steps

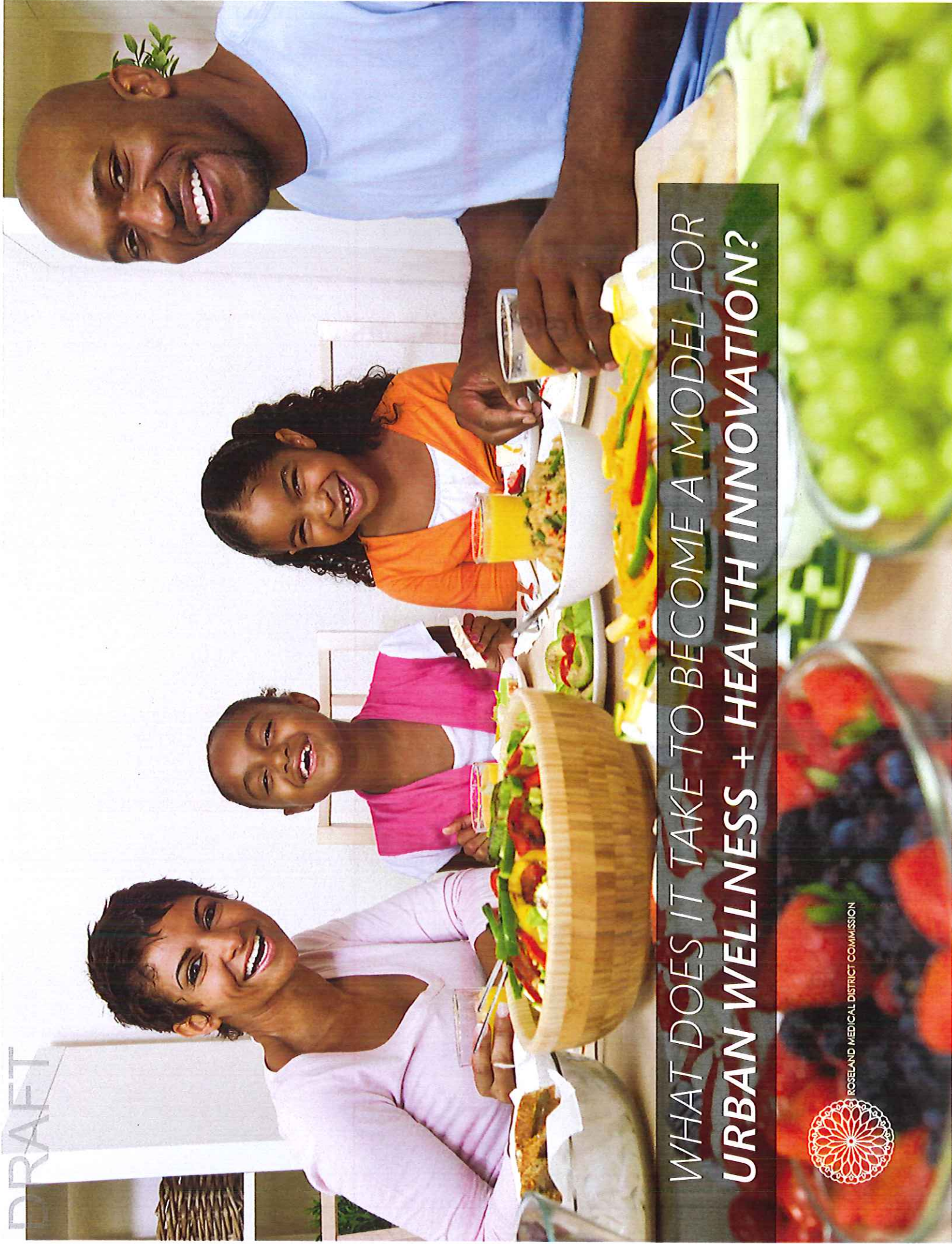
Deliverables: A draft existing conditions report for review.

Step 6: Report adoption

CMAP anticipates that the Far South CDC Board will approve and/or adopt the existing conditions report.

Deliverables: A finalized existing conditions report for acceptance and adoption by the Far South CDC Board.

DRAFT



WHAT DOES IT TAKE TO BECOME A MODEL FOR
URBAN WELLNESS + HEALTH INNOVATION?



ROSELAND MEDICAL DISTRICT COMMISSION

DRAFT

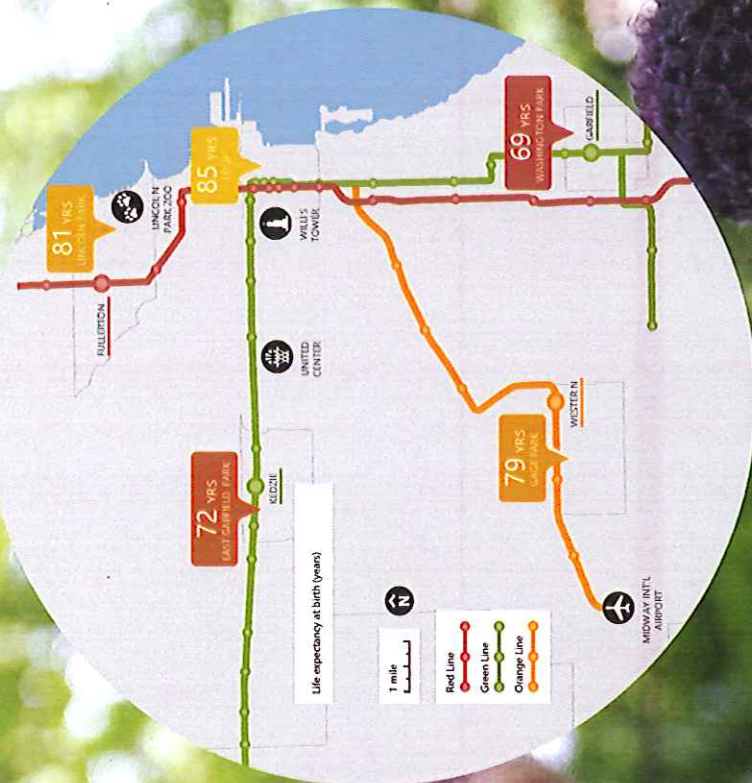
QUALITY OF LIFE

When our *Children* are in good health, Our *Future* is in good health

Where you live matters. In Chicago, there is a 20 year gap in life expectancy between communities – with similar gaps in infant mortality, cancer and a range of other health outcomes. While most communities have experienced some improvement in health in the past few decades, health inequities remain a striking component of the city's sociodemographic landscape. These inequities are produced by the social determinants of health: economic stability, food, neighborhood, education, community context and healthcare. If the focus is on individual behaviors at the expense of community-level factors, the problem will persist. A systematic approach and community engagement is necessary to identify, understand and respond to the community's needs.

Indicators for quality of life include:

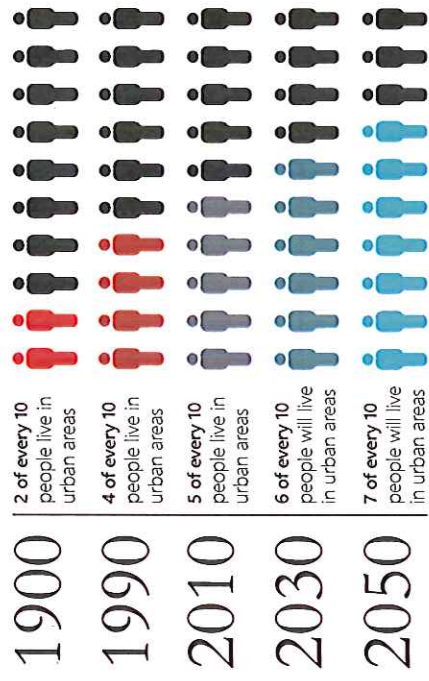
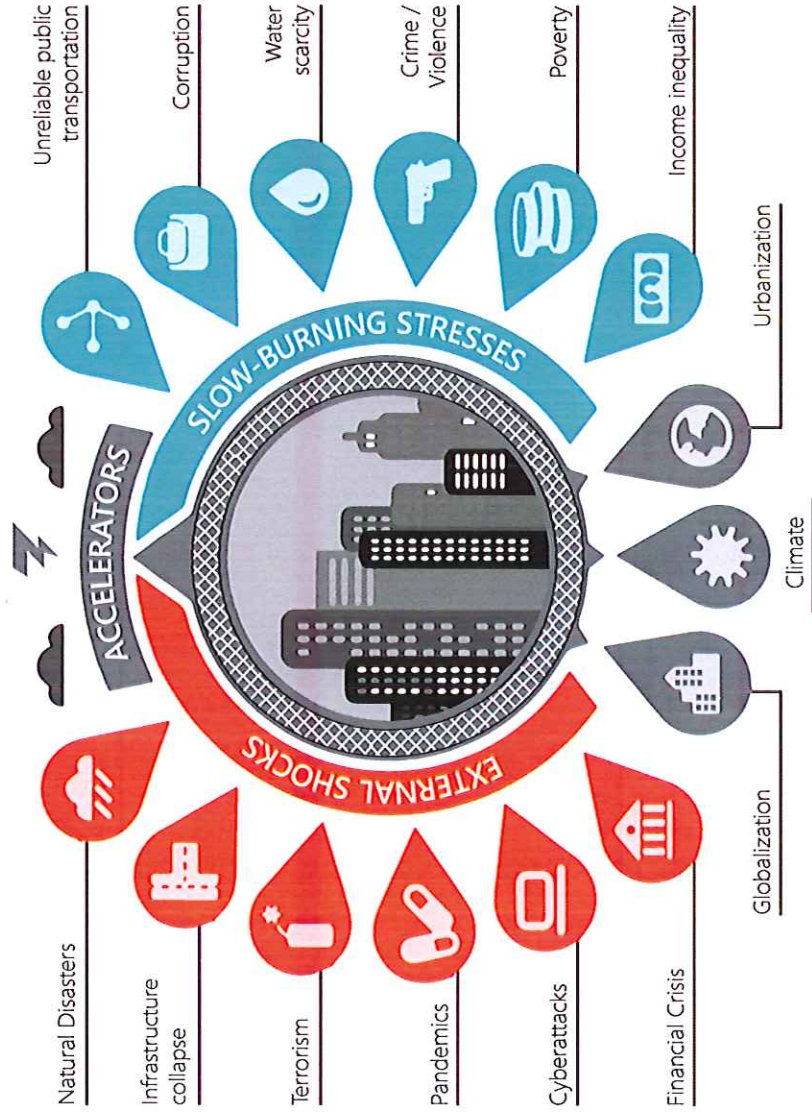
- Safe, livable, walkable neighborhoods
- Access to healthcare
- Healthy food options
- Affordable housing
- Quality education
- Financial security
- Public transportation
- Parks/recreation



RESILIENCY

Today, humanity faces unprecedented risk

Urban populations have never faced so many shocks and stressors. The viability of cities today depends on their ability to respond to these challenges with resilience.



Urban resiliency is the capacity of individuals, communities, institutions, businesses and systems within a city to survive, adapt and grow from shocks and stresses that weaken the city on a cyclical basis. Today, it is imperative that communities operate differently – both financially and socially. They must be able to readily understand the unique challenges; review its ability to address those challenges; and unite people, projects and priorities to collectively take action. A core strategy is to build upon existing activities, projects and processes and not reinvent the wheel. Building on existing work also brings together many different public and private stakeholders across the city, which can lend valuable and technical expertise.

Indicators for resiliency in a community include:

- Health and well being
- Flexible, resourceful community
- Networked community/region
- Employment diversity
- Regional economic vitality
- Robust infrastructure
- Dynamic urban core

DRAFT INNOVATION

By 2022, one in six new jobs will be in healthcare. By 2023, over 19% of the nation's gross domestic product will be in healthcare expenditures. This translates into a big impact on cities and regions: job creation, real estate development and discovery. Innovation thrives in a well-designed and cultivated ecosystem. Bringing together different expertise and perspectives to understand complex problems is just a starting

Opportunities for innovation include:

- Population health
- Life sciences research
- Biomedical development
- Entrepreneurial zone
- Technology hub
- Business incubator

point. True innovation happens organically at intersection of cultivators/drivers, physical assets and networked relationships. This ecosystem affords greater agility in navigating the future. Built upon values-based behavior, this framework enables a dynamic team environment where people are immersed in co-creation.

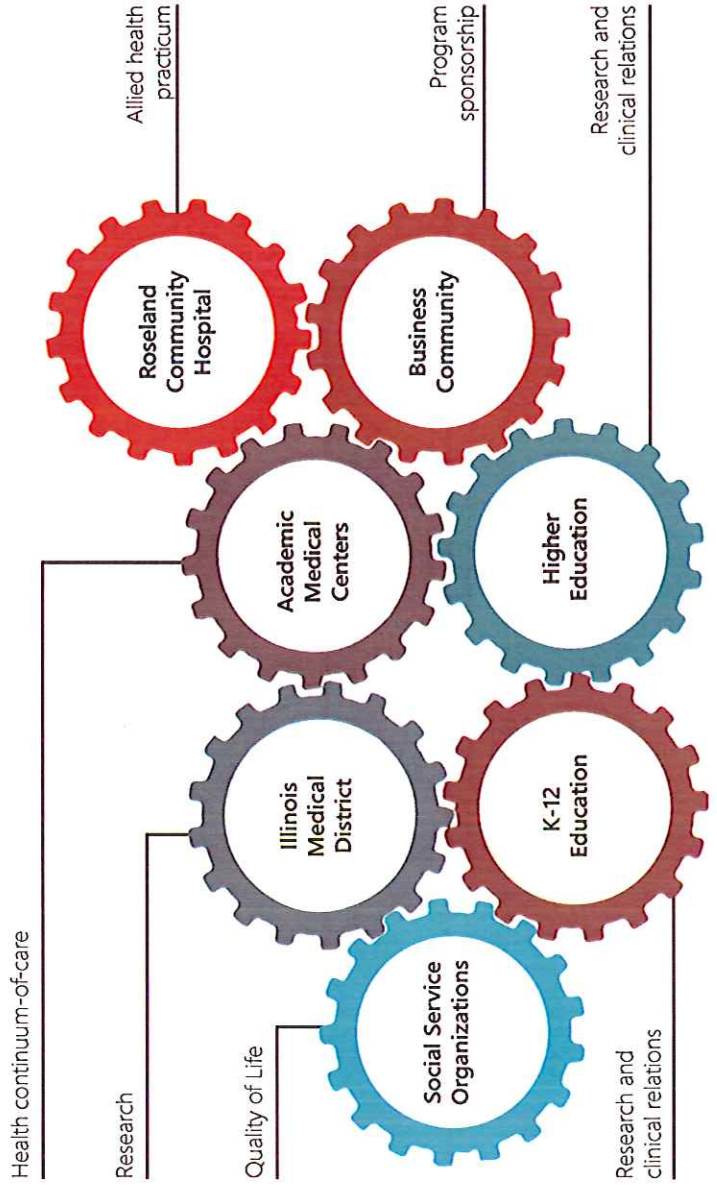


PARTNERSHIPS

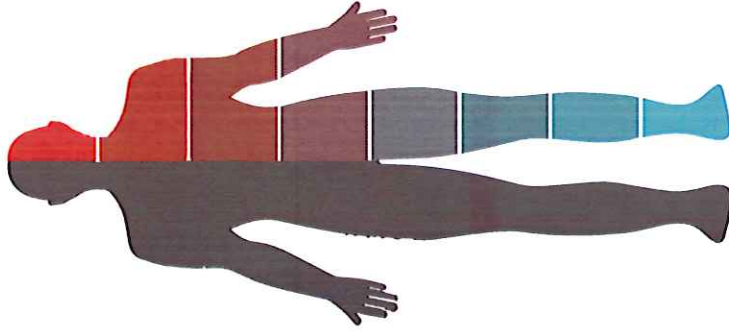
The notion of "partnership" is central to community transformation. Partnerships can serve as strong, unifying forces, gathering the complementary skills and inputs of the public sector, the private sector, and civil society in order to tackle complex social and environmental problems. Partnerships draw diverse resources together and, therefore, are a means to get things done that individual organizations cannot achieve alone. While there are a number of strategic business advantages to partnerships, they do not exist in a one-size-fits-all model. Modern corporate community partnerships span a variety of sectors, geographic areas, and objectives and go beyond the traditional relationships often involved in grant-making or volunteer programming.

Opportunities for partnerships include:

- K-12 education
- Higher education
- Academic medical centers
- Roseland Community Hospital
- Illinois Medical District
- Business community
- Faith-based organizations
- Social service organizations
- Civic leaders



District Priorities



Meaningfully enhance health outcomes throughout the region.



Expand partnerships and community engagement.



Increase economic opportunity, vibrancy, diversity and stability.



Develop a health network to address full continuum-of-care.



Maintain a healthy and safe community for residents to live and age well.



Attract scientific/health research and development companies.



Provide affordable and accessible housing within the community.



Create a hub for health information technology.

Opportunity

The Roseland Community Medical District has tremendous opportunity to be a catalyst for economic growth and community transformation - a model for urban health and wellness. To be viable, a medical district can be described as a highly integrated "health district" from the perspectives of population health, financial growth and long-term community sustainability. A strategic master plan will examine each of these areas in addition to understanding the Medical District's ability to provide services within its capabilities and potential partnerships (care delivery model, housing, education, etc.) to create access to those services it cannot directly provide.

Next Steps

In order to optimize the District's potential, the Commission intends to retain a professional services consultant to complete a Strategic Master Plan. This plan will examine various aspects of the community - from land use and infrastructure systems to demographics and public/healthy/cultural assets. Understanding these components as well as the District's ability to provide services within its capabilities will inform the short-term and long-term goals and strategies.

DRAFT MASTER PLANNING FRAMEWORK

Discovery and Visioning

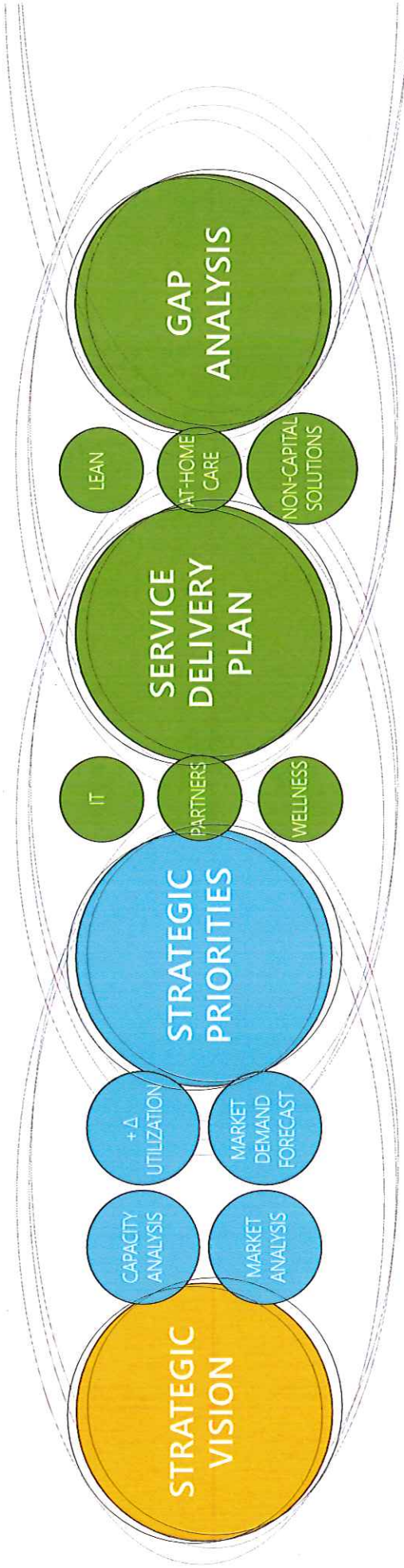
Steps 1 and 2

Analysis

Steps 3 and 4

Synthesis

Steps 5 and 6



Step 1 – Discovery

Review current information and develop clarity around problem definition in conjunction with the Roseland Medical District Commission (RMDC). Establish a clear and documented starting point, free of assumptions. We will summarize the activities and present these for comments and sign-off.

Step 2 – Visioning

Where does leadership see the Roseland Medical District growing? How does the RMDC fulfill its mission? Over the time horizon, what will we do? What will we not do? Why?

Step 3 – Facilities/Services Assessment and Scorecard Development

What are the existing facilities on RMDC? What is the capacity of current infrastructure? Are they functioning properly? Should we reinvest or start over? What else is available within the District?

Step 4 – Market Analysis

What is the population profile of the District? Where are they? Who will they be in the future? Where will they be in the future? Who are your students? Who are your partners? Where are they? Who is the competition? Where are they?

Step 5 – Service Line Analysis

What do we do? How do we do it? How can we improve it? What is the right place to deliver this service? Should we deliver services we are not currently delivering? Where? Does what we do serve our strategy? Are there things we need to do to execute our strategy successfully?

Step 6 – Regional Planning

Do we have enough space? Is it in the right place? Is it suitable for our purposes? Do we have enough capacity? What are we missing?

Step 7 – Scenario Planning, Facility Planning, and Phased Implementation Planning

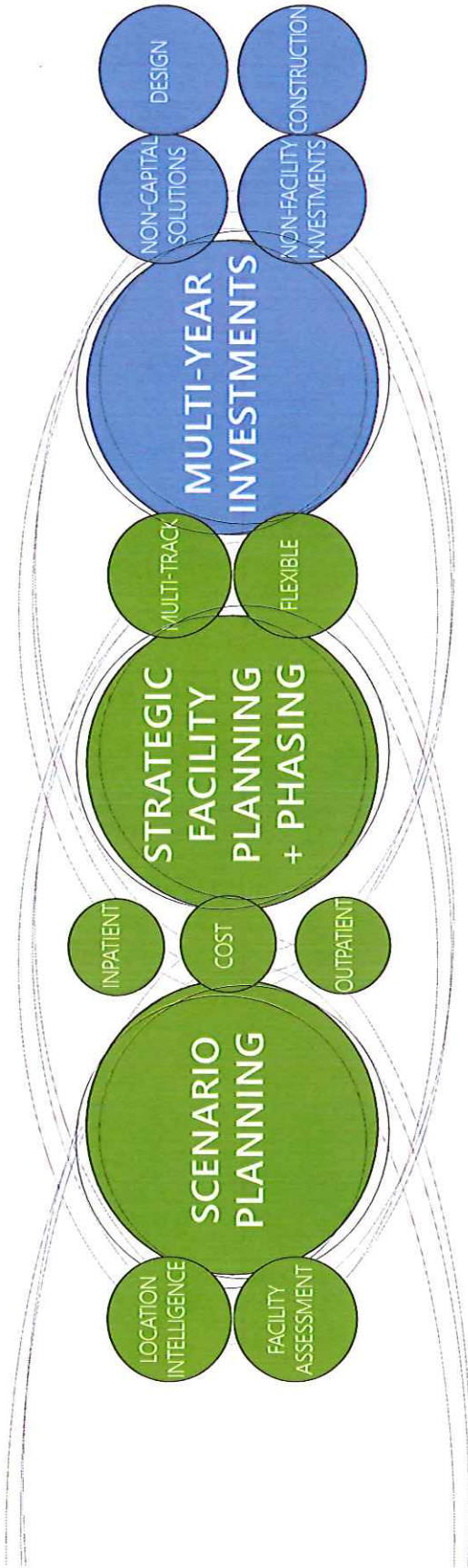
Should we expand? Will the infrastructure support it? Is there flexibility for the future? Do our existing agencies work? How do we improve the patient experience? How much will it cost? How long will it take?

Step 8 – Consensus and Documentation

A final strategic master plan supported by academic, health, community and research requirements will be documented. Based on review and evaluation by the executive committee, the final master plan direction will be determined for review and presentation to the Commission.

Consensus

Steps 7 and 8



Scope of Services

Phase I: Problem Definition + Strategic Direction.

Our core team will work with the Project Leadership to define the problem and set a strategic direction for the Medical District. This phase can be accomplished in approximately 3 months, and include 3 milestone "workshops." Final deliverables will include a vision document, guiding principles and framework plan.

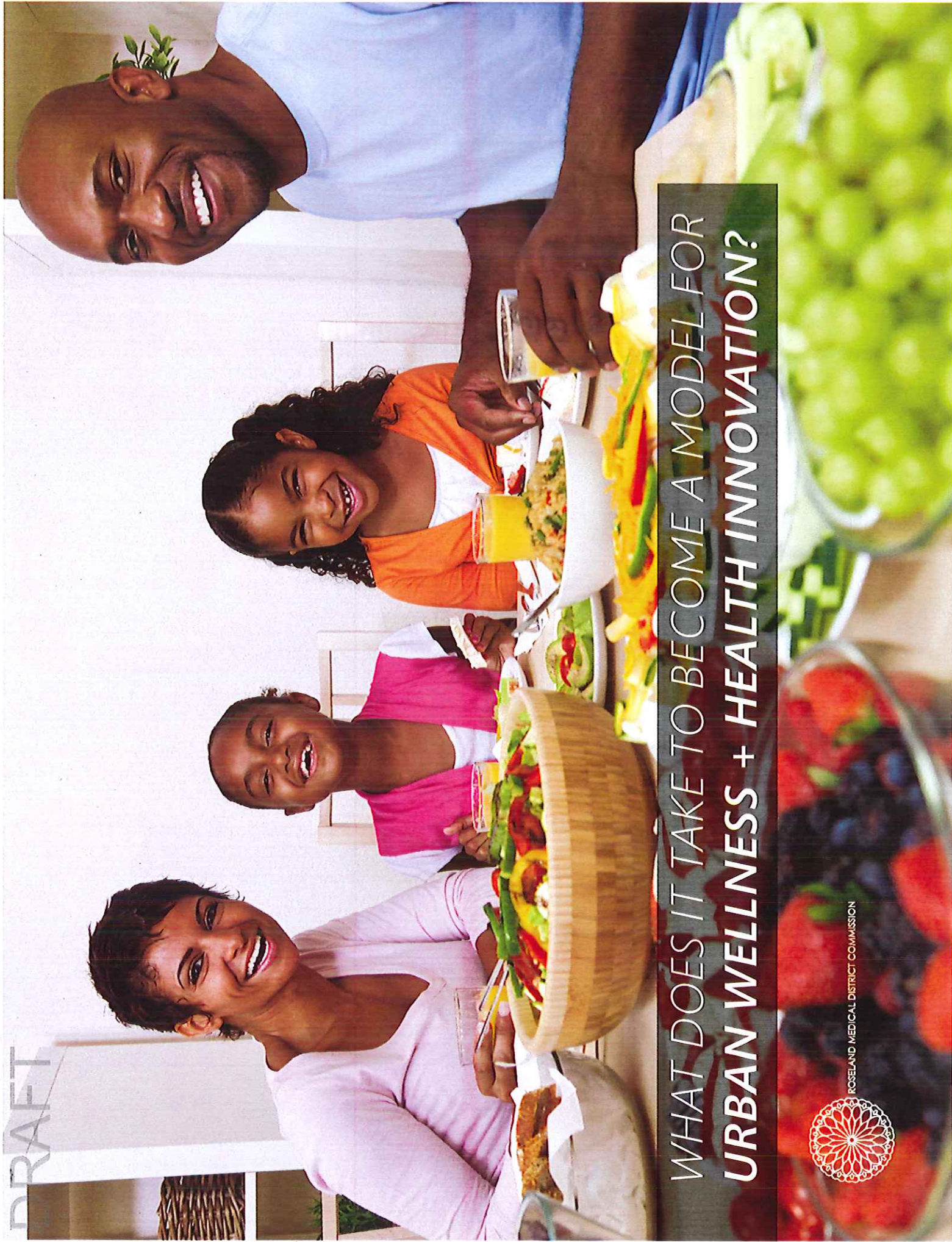
Phase II: Master Plan + Community Outreach.

With a vision and strategic direction in place, Phase II will allow the core team and the Project Leadership to "road test" tactical solutions and ideas with specific constituents, stakeholders and community members. This phase will include extensive community outreach and take approximately 4 months. Final deliverables will include a summary master plan document, renderings, outcomes, goals and objectives.

Phase III: Implementation Strategy.

Phase III builds from the comprehensive master plan and develops specific, actionable strategies to achieve phased and actionable "wins." This phase will take approximately 2 months. The core team will work with the Project Leadership, key stakeholders and others to evaluate priorities, develop order of magnitude costs, engage with potential partners and empower short-, mid- and long-term projects and implementation strategies. Final deliverables include a technical report and "playbook."

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WHAT DOES IT TAKE TO BECOME A MODEL FOR
URBAN WELLNESS + HEALTH INNOVATION?



ROSELAND MEDICAL DISTRICT COMMISSION

DRAFT

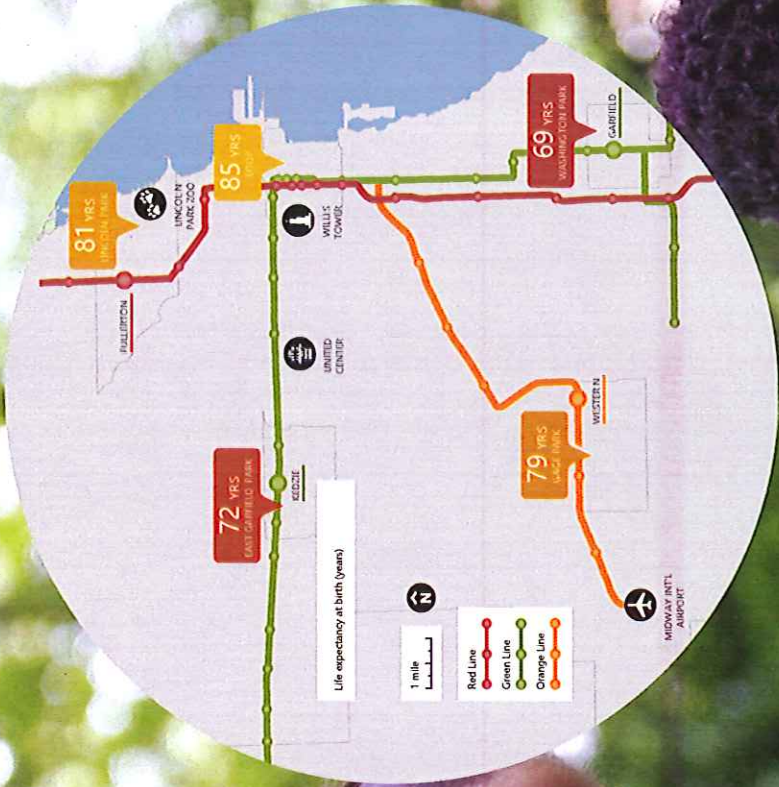
QUALITY OF LIFE

When our *Children* are in good health, Our *Future* is in good health

Where you live matters. In Chicago, there is a 20 year gap in life expectancy between communities – with similar gaps in infant mortality, cancer and a range of other health outcomes. While most communities have experienced some improvement in health in the past few decades, health inequities remain a striking component of the city's sociodemographic landscape. These inequities are produced by the social determinants of health: economic stability, food, neighborhood, education, community context and healthcare. If the focus is on individual behaviors at the expense of community-level factors, the problem will persist. A systematic approach and community engagement is necessary to identify, understand and respond to the community's needs.

Indicators for quality of life include:

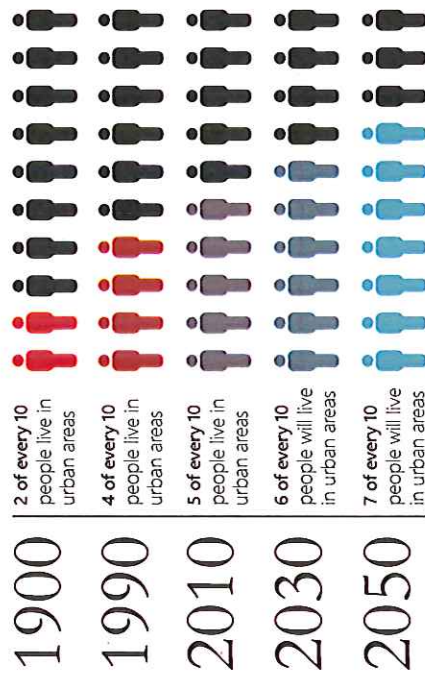
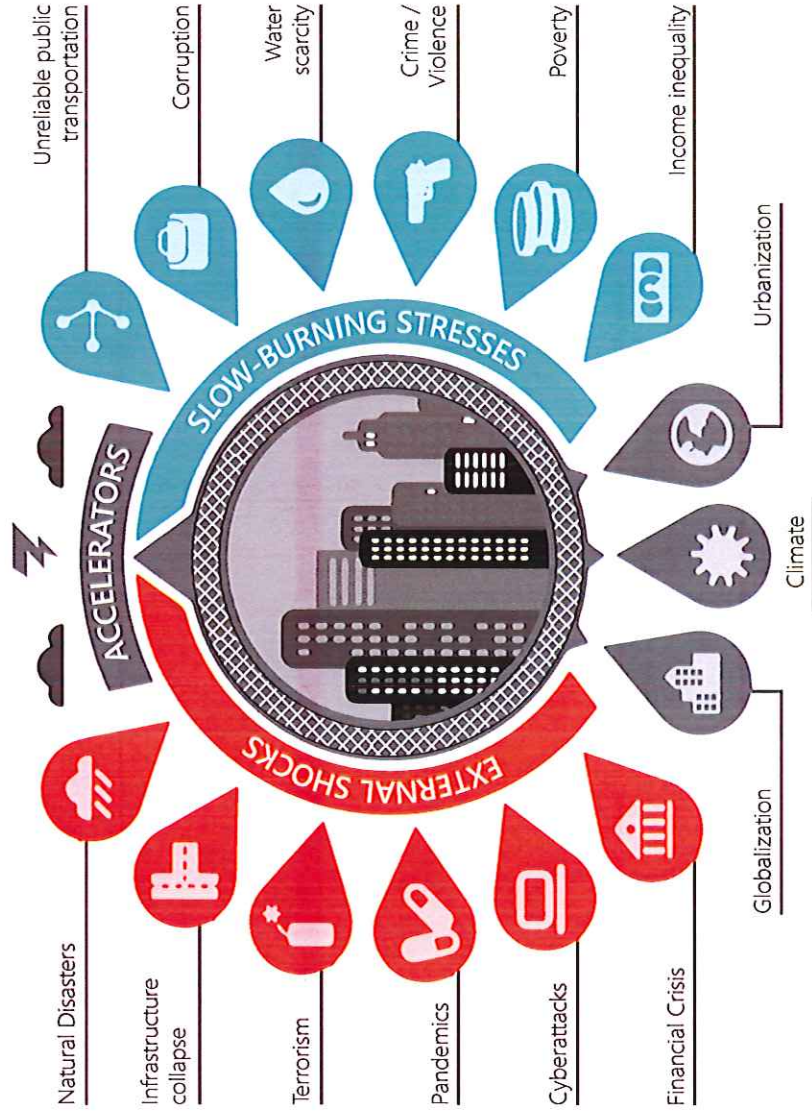
- Safe, livable, walkable neighborhoods
- Access to healthcare
- Healthy food options
- Affordable housing
- Quality education
- Financial security
- Public transportation
- Parks/recreation



RESILIENCY

Today, humanity faces unprecedented risk

Urban populations have never faced so many shocks and stressors. The viability of cities today depends on their ability to respond to these challenges with resilience.



Urban resiliency is the capacity of individuals, communities, institutions, businesses and systems within a city to survive, adapt and grow from shocks and stresses that weaken the city on a cyclical basis. Today, it is imperative that communities operate differently – both financially and socially. They must be able to readily understand the unique challenges; review its ability to address those challenges; and unite people, projects and priorities to collectively take action. A core strategy is to build upon existing activities, projects and processes and not reinvent the wheel. Building on existing work also brings together many different public and private stakeholders across the city, which can lend valuable and technical expertise.

Indicators for resiliency in a community include:

- Health and well being
- Flexible, resourceful community
- Networked community/region
- Employment diversity
- Regional economic vitality
- Robust infrastructure
- Dynamic urban core

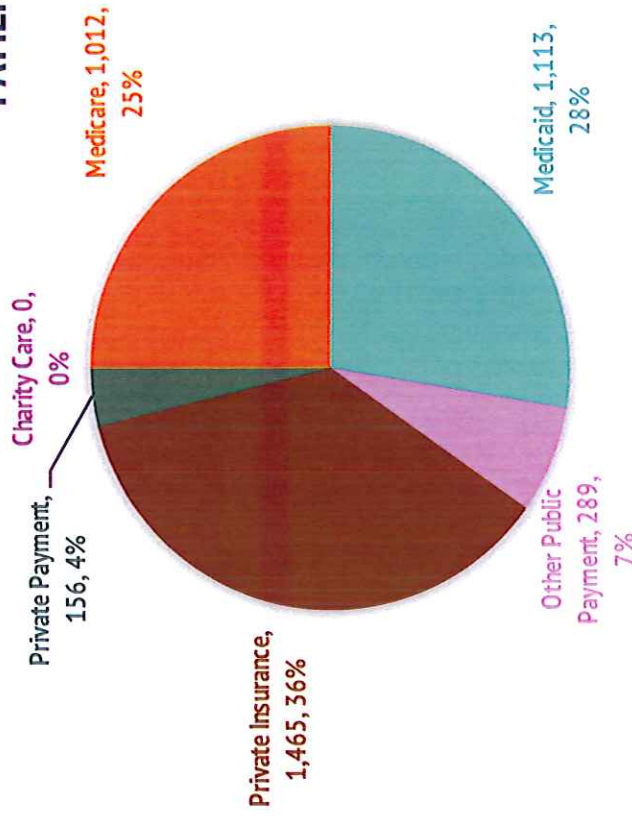
Inpatient patients and revenues by payer (2014)

| Hospital | Medicaid | Medicare | Other Public Payment | Private Insurance | Private Payment | Total | Inpatient Charity Care |
|---------------------|--------------|-------------|----------------------|-------------------|-----------------|--------------|------------------------|
| Inpatient patients | 1,012 | 1,113 | 289 | 1,465 | 156 | 4,035 | 0 |
| | 25.08% | 27.58% | 7.16% | 36.31% | 3.87% | | 0.00% |
| Inpatient Revenues | \$28,529,261 | \$9,412,687 | \$0 | \$1,141,806 | \$136,372 | \$39,220,126 | \$1,198,120 |
| | 72.74% | 24.00% | 0.00% | 2.91% | 0.35% | | |
| Per Patient Revenue | \$28,190.97 | \$8,457.04 | \$0.00 | \$779.39 | \$874.18 | \$9,719.98 | |

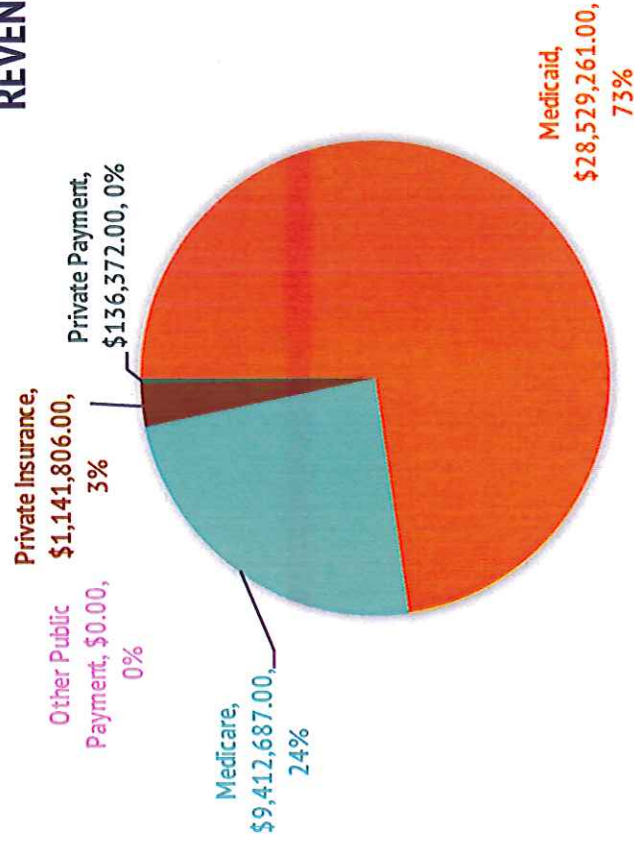
Source: Illinois Department of Public Health Annual Hospital Questionnaire

Inpatient patients and revenues by payer (2014)

PATIENTS



REVENUES



Source: Illinois Department of Public Health Annual Hospital Questionnaire

Roseland Medicare Reimbursement Data

| DRG Definition | Average Covered Charges | Average Medicare Payments | Medicare Charge Ratio |
|---|-------------------------|---------------------------|-----------------------|
| 101 - SEIZURES W/O MCC | \$20,093.40 | \$5,773.93 | 28.74% |
| 190 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | \$34,782.33 | \$8,648.50 | 24.86% |
| 191 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | \$29,252.29 | \$7,391.00 | 25.27% |
| 192 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | \$20,442.46 | \$5,430.69 | 26.57% |
| 193 - SIMPLE PNEUMONIA & PLEURISY W MCC | \$36,454.50 | \$11,615.57 | 31.86% |
| 194 - SIMPLE PNEUMONIA & PLEURISY W CC | \$38,368.82 | \$7,722.00 | 20.13% |
| 195 - SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | \$18,299.09 | \$4,704.45 | 25.71% |
| 208 - RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS | \$62,953.35 | \$20,412.47 | 32.42% |
| 291 - HEART FAILURE & SHOCK W MCC | \$39,149.05 | \$11,948.98 | 30.52% |
| 292 - HEART FAILURE & SHOCK W CC | \$29,136.70 | \$7,701.94 | 26.43% |
| 309 - CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | \$26,471.55 | \$5,935.64 | 22.42% |
| 312 - SYNCOPES & COLLAPSE | \$24,094.73 | \$5,341.73 | 22.17% |
| 313 - CHEST PAIN | \$18,953.94 | \$3,861.13 | 20.37% |
| 392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | \$20,832.20 | \$5,666.15 | 27.20% |

Continued...

Roseland Medicare Reimbursement Data

| DRG Definition | Average Covered Charges | Average Medicare Payments | Medicare Charge Ratio |
|---|-------------------------|---------------------------|-----------------------|
| 638 - DIABETES W CC | \$24,332.82 | \$6,130.55 | 25.19% |
| 640 - MISDISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC | \$21,355.31 | \$9,060.46 | 42.43% |
| 641 - MISDISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC | \$23,393.77 | \$5,130.18 | 21.93% |
| 682 - RENAL FAILURE W MCC | \$37,127.79 | \$12,499.07 | 33.66% |
| 690 - KIDNEY & URINARY TRACT INFECTIONS W/O MCC | \$24,540.28 | \$5,911.67 | 24.09% |
| 812 - RED BLOOD CELL DISORDERS W/O MCC | \$24,010.21 | \$4,655.14 | 19.39% |
| 853 - INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | \$130,399.36 | \$47,322.82 | 36.29% |
| 870 - SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS | \$126,540.82 | \$47,415.36 | 37.47% |
| 871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC | \$63,966.19 | \$15,430.19 | 24.12% |
| 897 - ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | \$9,380.46 | \$5,278.81 | 56.27% |

KEY FINDING:

Average Medicare Charge to Payment ratio is 28.56%, with the maximum of 56.27% and minimum of 19.39%



Land Use

- Residential
- Commercial
- Business
- Planned Development
- Manufacturing
- Current Medical Use Buildings
- Proposed 111th Street Red Line Station
- Proposed CTA Red Line Extension
- Roseland Hospital
- Study Area

Study Area Data

| | |
|----------------------------|----------|
| Total Area | 90 acres |
| Total Number of Structures | 347 |
| Residential Structures | 301 |
| Commercial Structures | 28 |
| Business Structures | 12 |
| Planned Structures | 5 |
| Manufacturing Structures | 1 |

PREPARED FOR:
Far South Side CDC, Inc.



Land Use Map

Southeast Chicago / Roseland Medical District

Chicago, Illinois



Welcome to the Red Line Extension (RLE) Open House

The purpose of this meeting is to:

- Provide information on the RLE Project
- Share findings regarding anticipated project benefits and impacts
- Hear and gather your feedback and suggestions
- Discuss next steps and additional opportunities to be involved

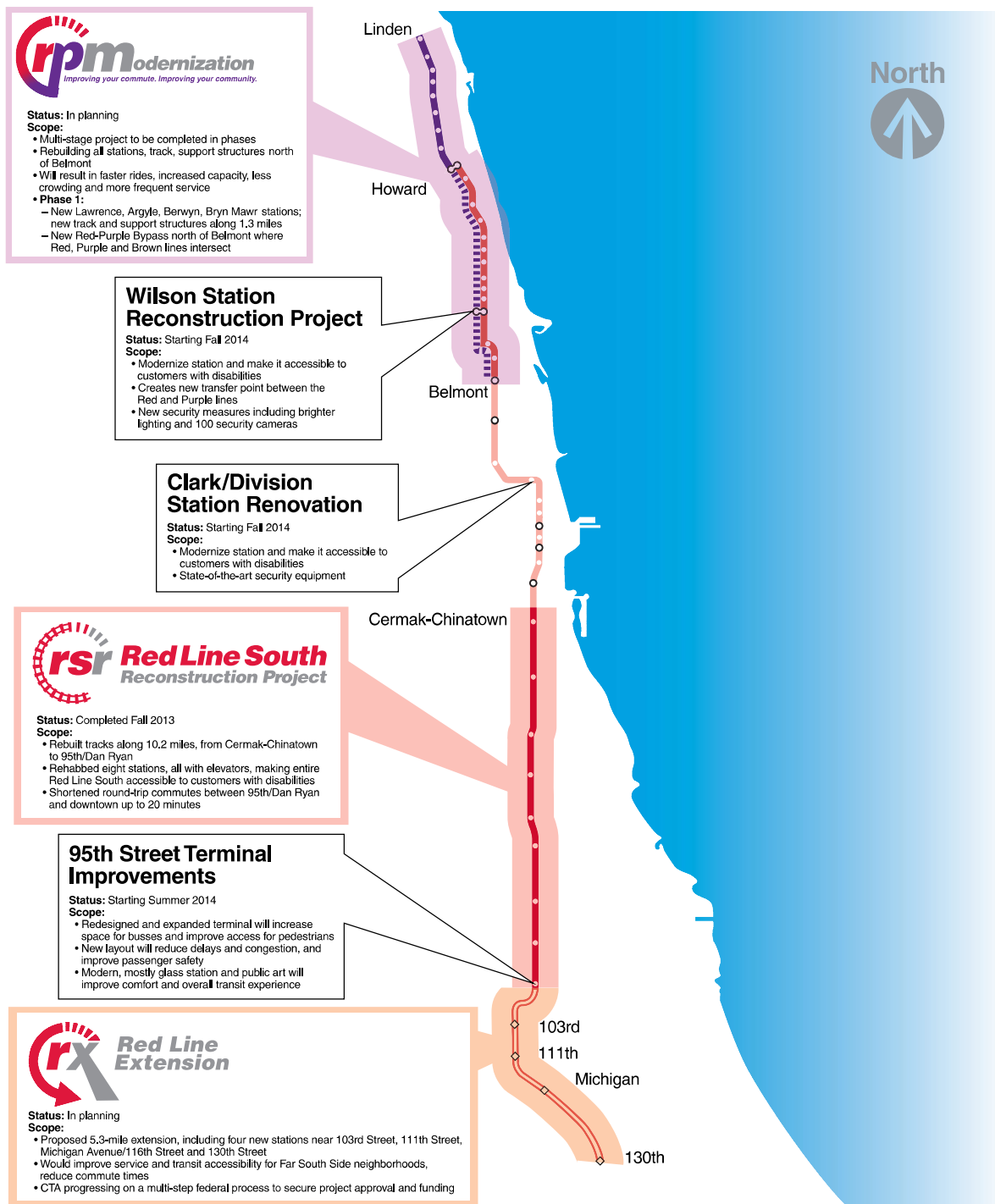
If you have questions, feel free to ask the representatives stationed around the boards.





The Red Ahead Program

Improving the Red Line from End to End



What is the RLE Project?

The end of the line for the CTA's Red Line South is currently the 95th/Dan Ryan Terminal.

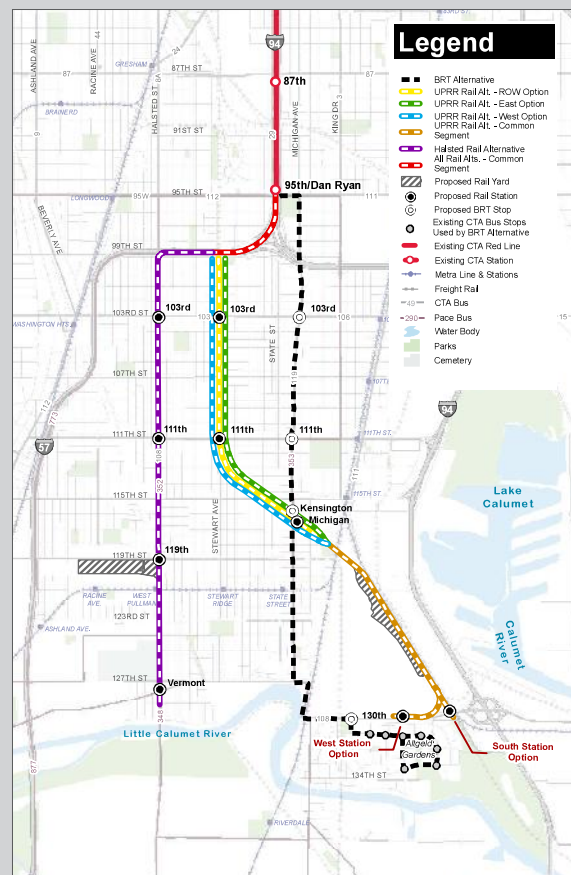
This year, construction will begin on the 95th Street Terminal Improvement Project, which will expand and greatly improve the 95th/Dan Ryan Terminal.

With the estimated \$2.3B Red Line Extension (RLE) Project, CTA is proposing to extend service from south of 95th/Dan Ryan Terminal to the vicinity of 130th Street.

RLE Means a Better Served Far South Side

The Red Line Extension Project would:

- Serve a transit dependent area of the City that does not have direct CTA rail service.
- Provide a faster commute. The RLE would offer a 20-minute time savings by providing one-seat service, as opposed to the current bus-rail trip from 130th Street to downtown.
- Include four new stations, a new rail yard, plus bus and parking facilities at all stations.



Why are we preparing an Environmental Impact Statement (EIS)?

An EIS allows the public to fully understand the potential environmental impacts and provide input before final decisions are made.

Transportation projects seeking Federal funding are required to conduct environmental analysis. An EIS is being prepared for the RLE Project by CTA and Federal Transit Administration (FTA).

Public feedback on the preliminary impacts of the alternatives is necessary to complete the Draft EIS.

The EIS includes:

- A description and comparison of alternatives
- An explanation of the existing environmental setting
- An analysis of potential positive and negative environmental impacts of construction and operation of each alternative
- Proposed mitigation measures to reduce or eliminate potential negative impacts



Project Alternatives: UPRR Rail Alternative

Chicago Transit Board Adopted Alternative

5.3-mile extension along the UPRR tracks

Three options:

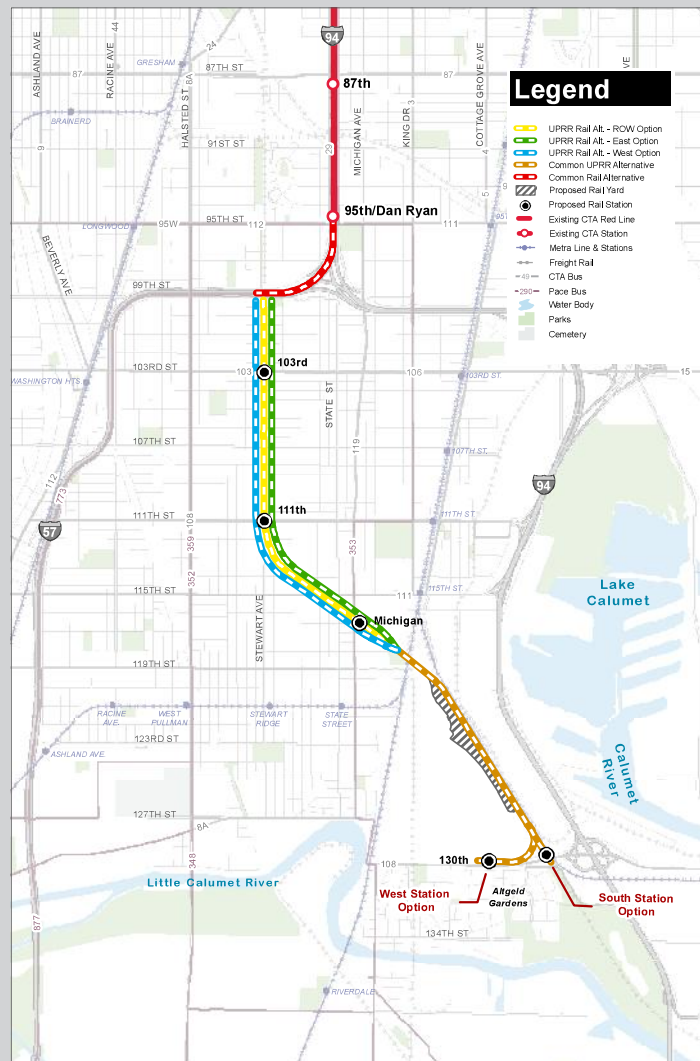
- East Option
- Right-of-Way (ROW) Option (contingent upon the relocation of UPRR, significant cost and delay TBD)
- West Option

Four stations (103rd, 111th, Michigan, 130th)

- Park & ride facilities (up to 3,700 total parking spaces)
- Bus facilities

Elevated structure from 95th Street Terminal to 119th Street, then at-grade (ground level) tracks from 119th Street to 130th Street

120th Street Yard and Shop





Project Alternatives: UPRR Rail Alternative

Visualizations

Existing - 115th Street and UPRR Tracks



ROW Option



East Option



West Option



Note that appearance of project elements (such as parking structures, beams, columns, etc.) in visualizations is intended to show scale of project elements. Actual construction appearance may differ based on design decisions for colors, textures, finishes, and choice of specific design features.



Project Alternatives: UPRR Rail Alternative

Visualizations

East Option - 103rd Street Station
103rd Street and Harvard Avenue



East Option - 111th Street Station
111th Street and UPRR Tracks



East Option - Michigan Avenue Station
115th Street and Michigan Avenue



130th Street Station - South Station Option



Note that appearance of project elements (such as parking structures, beams, columns, etc.) in visualizations is intended to show scale of project elements. Actual construction appearance may differ based on design decisions for colors, textures, finishes, and choice of specific design features.

Project Alternatives: Halsted Rail Alternative

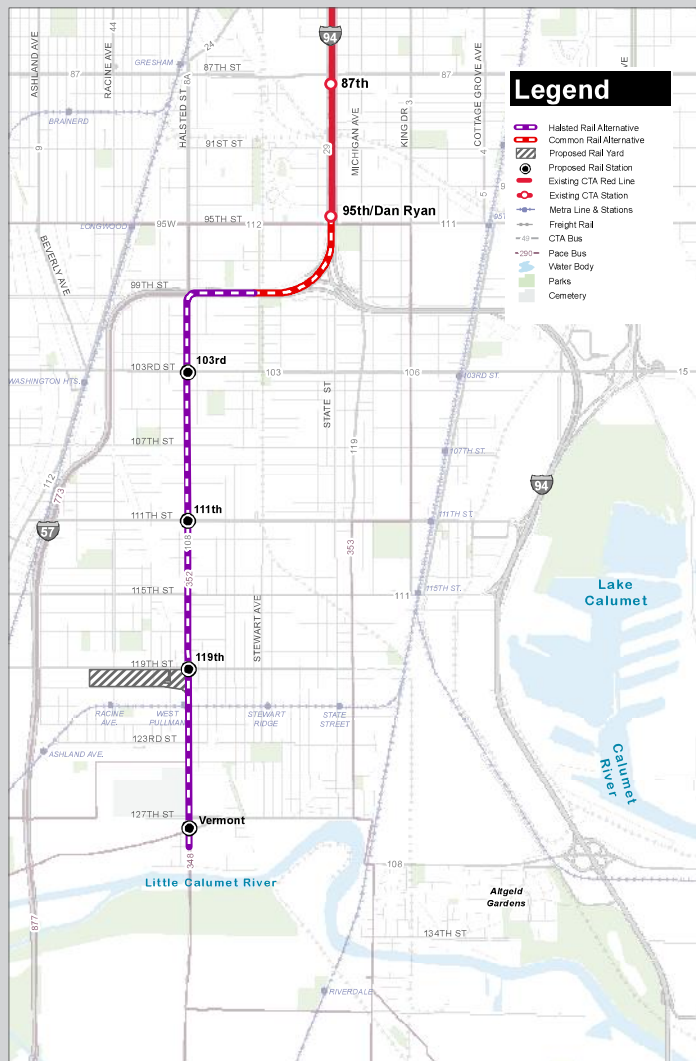
5-mile extension above Halsted Street

Four stations (103rd, 111th, 119th, Vermont)

- Park & ride facilities (up to 3,700 total parking spaces)
- Bus facilities

Elevated structure

119th Street Yard and Shop





Project Alternatives: Halsted Rail Alternative

Visualizations

103rd Street Station
103rd Street and Emerald Avenue



111th Street Station
111th Street and Halsted Street



119th Street Station
118th Street and Halsted Street



Vermont Avenue Station
128th Street and Halsted Street



Note that appearance of project elements (such as parking structures, beams, columns, etc.) in visualizations is intended to show scale of project elements. Actual construction appearance may differ based on design decisions for colors, textures, finishes, and choice of specific design features.

Project Alternatives: BRT Alternative

5.5-mile long Bus Rapid Transit (BRT) Route along Michigan Avenue

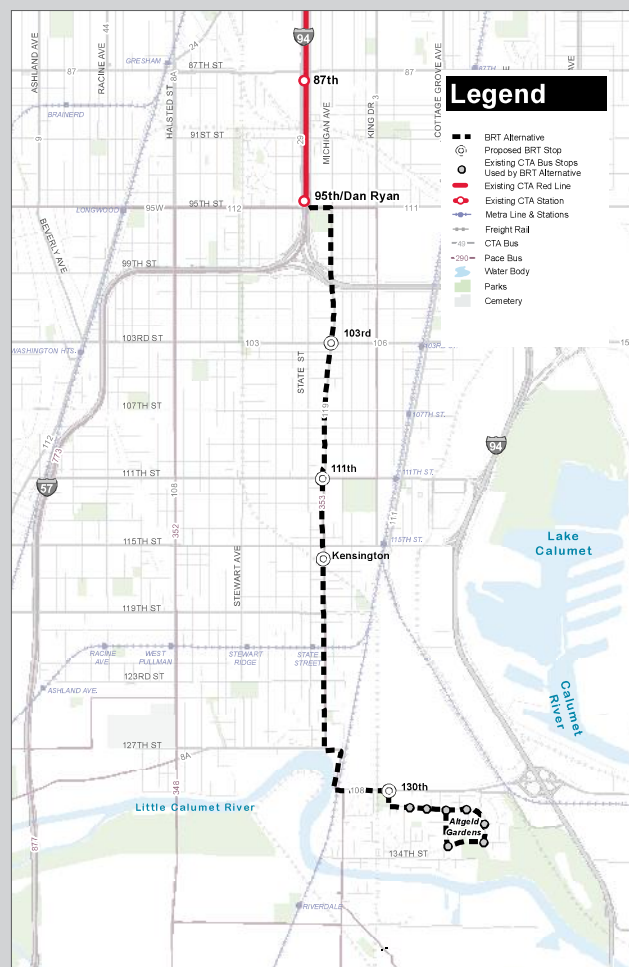
The BRT Alternative is a “low cost” alternative. It would run along Michigan Avenue, which has one of the CTA’s busiest bus routes.

Four BRT stops

- Improved bus shelters (103rd, 111th, Kensington, and 130th)
- Park & ride facilities (up to 2,800 total parking spaces)

Bus route would continue through Altgeld Gardens making existing stops

No dedicated bus lanes; parking lanes would be removed in some locations



No Build Alternative

The No Build Alternative is used to compare the other alternatives to the current state and existing service. No new infrastructure would be built.



Potential Impacts to Parks

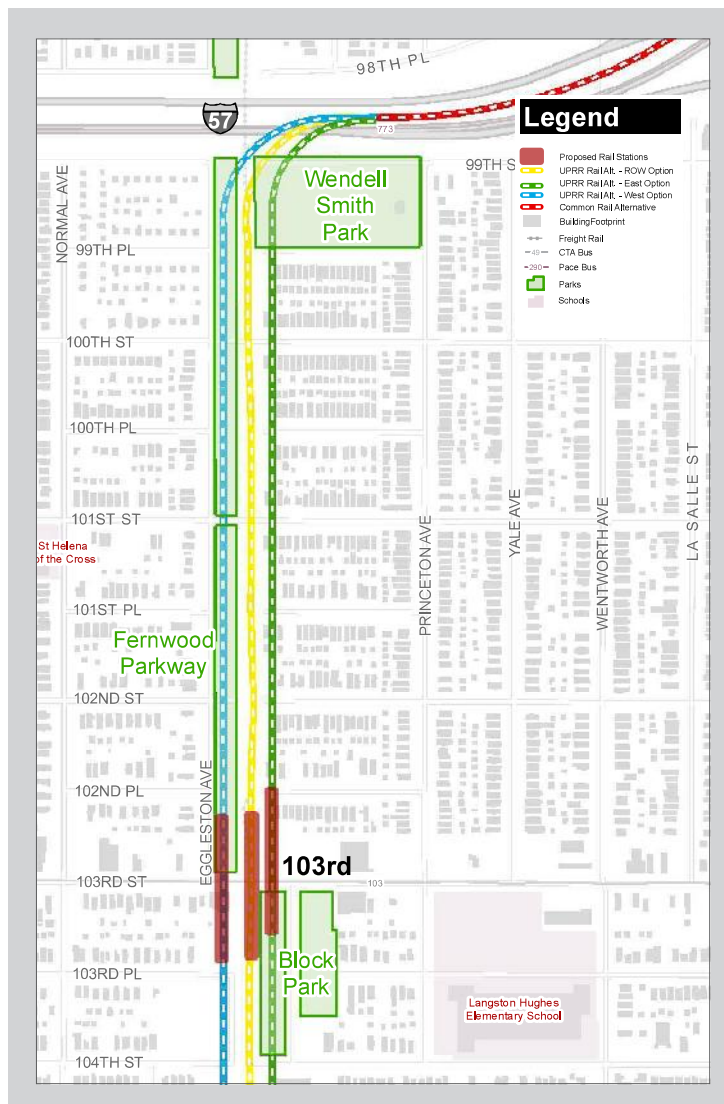
Only the UPRR Rail Alternative would impact parks.

Parklands Affected by UPRR Rail Alternative Options

| Parkland | East Option | ROW Option | West Option |
|--------------------|------------------|------------------|------------------|
| Wendell Smith Park | 0.4 acres | 0.2 acres | 0.2 acres |
| Fernwood Parkway | - | - | 1.9 acres |
| Block Park | 0.8 acres | - | - |
| <i>Total</i> | <i>1.2 acres</i> | <i>0.2 acres</i> | <i>2.1 acres</i> |

Preliminary Mitigation Strategies

Coordination with Chicago Park District is ongoing to identify mitigation including improvements to other parklands or replacement parklands nearby.



Potential Property Displacements

Construction of the project would require the acquisition of property.

Permanent Displacements by Alternative

| | UPRR East Option | UPRR ROW Option | UPRR West Option | Halsted | BRT |
|---|------------------|-----------------|------------------|------------|-----------|
| Affected Parcels without Building Displacements | 149 | 112 | 144 | 72 | 49 |
| Affected Parcels with Building Displacements | 110 | 22 | 51 | 38 | 3 |
| (Residential Building Displacements) | (95) | (17) | (30) | (17) | (1) |
| <i>Total Affected Parcels</i> | <i>259</i> | <i>134</i> | <i>195</i> | <i>110</i> | <i>52</i> |

Impacts presented are:

- Based on Conceptual Engineering and represent maximum impacts on all alternatives
- For the purposes of comparing alternatives and will be confirmed in the Final EIS following more detailed conceptual design of the single NEPA preferred alternative

All major transit construction projects have impacts:

- The Brown Line Expansion had 40 building displacements
- The RPM Program (Phase One) may displace 19 buildings

Preliminary Mitigation Strategies

Property owners would be paid not less than fair market value for their land and buildings, and may be eligible for compensation equal to the original purchase price of the property. They would also be assisted in relocating their businesses or dwellings, per the Federal Uniform Act on relocation assistance and property acquisition.

When a single alternative or option is chosen, CTA will work with the community and property owners to minimize property impacts.

Potential Noise Impacts

Noise Impacts by Alternative

| | UPRR East Option | UPRR ROW Option | UPRR West Option | Halsted | BRT |
|-----------------------------------|------------------|-----------------|------------------|--|--|
| Moderate and Severe Noise Impacts | None | None | None | Moderate impacts would remain after mitigation | Moderate impacts south of 120th Street |
| Vibration Impacts | None | None | None | None | None |

Moderate Noise Impacts: The change in noise would be noticeable but might not be sufficient to cause a strong, adverse community reaction
Severe Noise Impacts: A significant percentage of the population would be highly annoyed by the change in noise

Preliminary Mitigation Strategies

Continuous welded rail

- Fewer joints mean a smoother and quieter ride



Jointed Rail versus Welded Rail

Closed deck structure

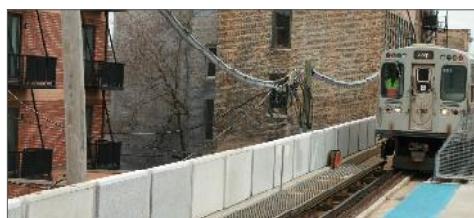
- Limits noise beneath the elevated tracks



Open Deck versus Closed Deck

Noise barriers

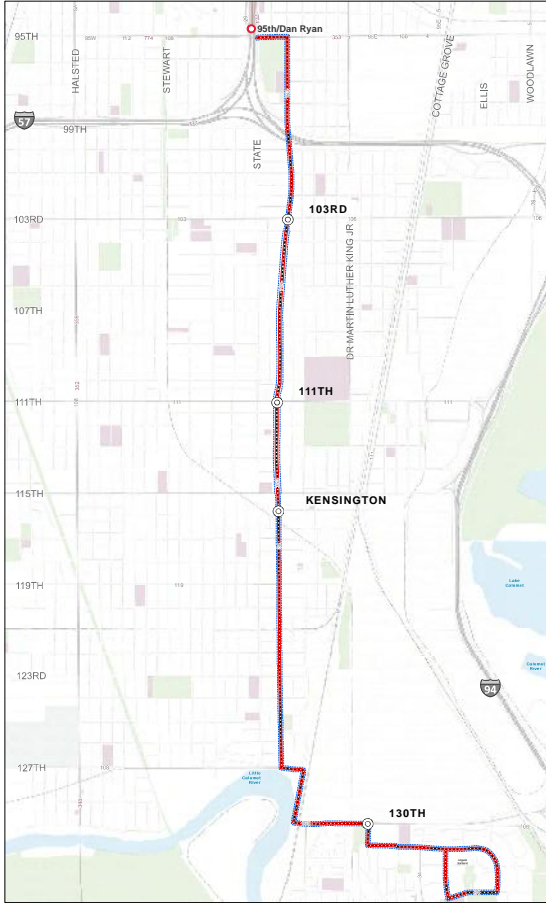
- Absorb railway noise



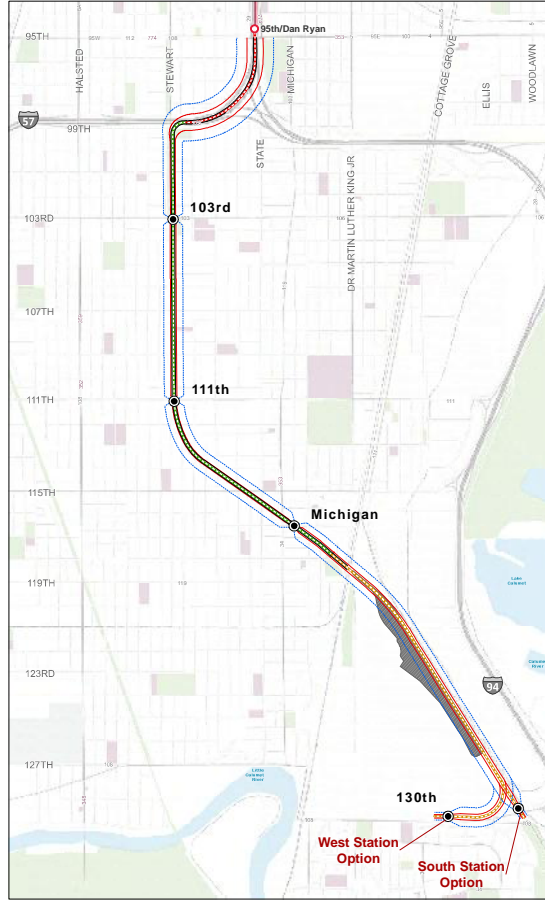
Noise Barriers

Potential Noise Impacts and Mitigations

BRT Alternative



UPRR Rail Alternative East Option

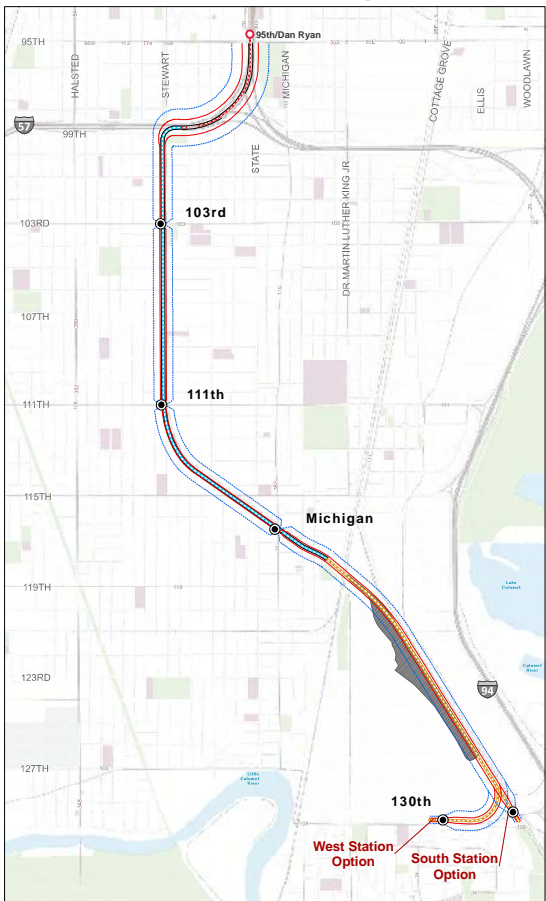


Legend

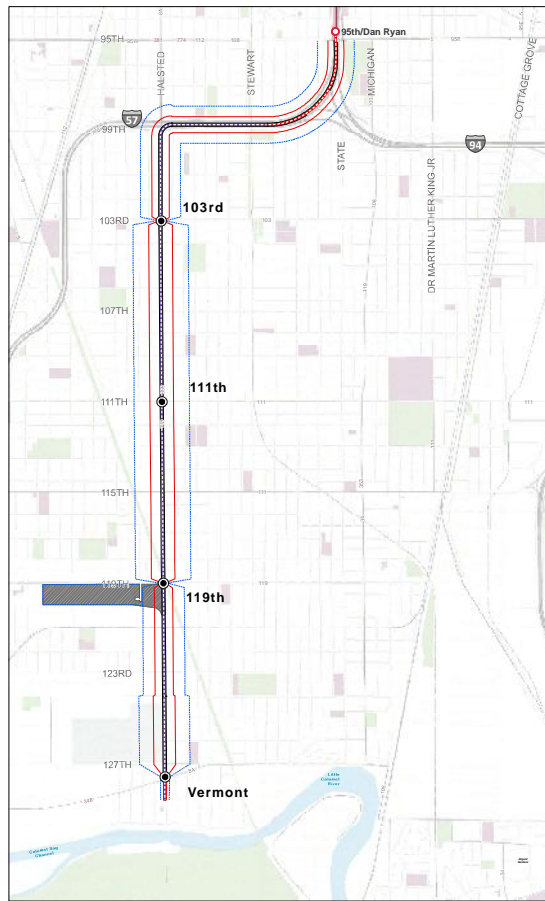
- Mitigation - Noise Barriers
- - - Noise Contours
- - - Moderate Impact
- Severe Impact
- Common Rail Alternative
- Common UPRR Alternative
- UPRR Rail Alt. - ROW
- UPRR Rail Alt. - West Option
- UPRR Rail Alt. - East Option
- Halsted Rail Alternative
- BRT Alternative
- ⊙ Proposed BRT Stop
- Existing CTA Red Line
- Existing CTA Station
- Metra Line & Stations
- Freight Rail
- CTA Bus
- Pace Bus
- Water Body
- Parks
- Cemetery
- Schools

Impacts presented are based on Conceptual Engineering and represent maximum impacts. Impacts and mitigations will be confirmed in the Final EIS following more detailed design of the NEPA preferred alternative.

UPRR Rail Alternative West Option



Halsted Rail Alternative





Potential Visual and Community Impacts

Visualizations

UPRR Rail Alternative

West Option

East Option

Existing



Visualization



102nd Place and Eggleston Avenue

117th Street and Prairie Avenue

Note that appearance of project elements (such as parking structures, beams, columns, etc.) in visualizations is intended to show scale of project elements. Actual construction appearance may differ based on design decisions for colors, textures, finishes, and choice of specific design features.

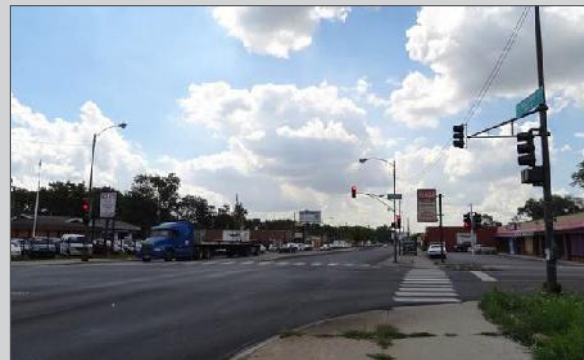


Potential Visual and Community Impacts

Visualizations

Halsted Rail Alternative

Existing



Visualization



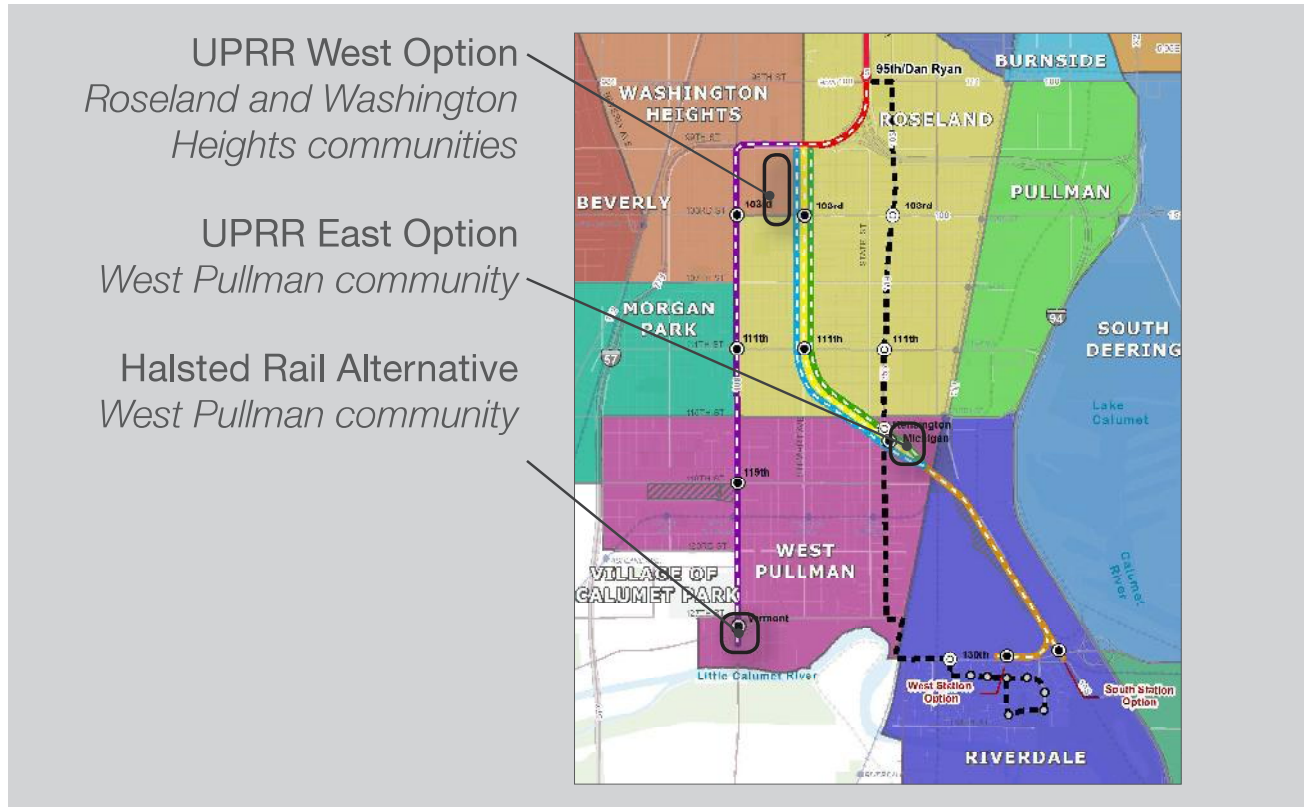
100th and Halsted Streets



Vermont Avenue and Halsted Street

Note that appearance of project elements (such as parking structures, beams, columns, etc.) in visualizations is intended to show scale of project elements. Actual construction appearance may differ based on design decisions for colors, textures, finishes, and choice of specific design features.

Potential Visual and Community Impacts



Preliminary Mitigation Strategies

- Provide new landscaping or other urban design amenities
- New structures would reflect the character of neighborhoods or communities to the extent feasible
- Careful placement of exterior lighting adjacent to residential communities
- Construction best management practices including maintaining vegetation and debris-free construction areas



Potential Effects to Historic Properties

- Historic experts evaluated a sample of 541 properties near the project alternatives
- CTA/FTA invited interested parties to help evaluate potential historic resources
- CTA/FTA identified two historic districts and 13 properties that have been recommended for inclusion on the National Register of Historic Places

Adverse Effects by Alternative

| | UPRR East Option | UPRR ROW Option | UPRR West Option | Halsted | BRT |
|---------------------|------------------|-----------------|------------------|--|-----|
| Effected Properties | 0 | 0 | 0 | 4 adversely effected after mitigation but not demolished | 0 |

Preliminary Mitigation Strategies

Consultation with the State Historic Preservation Office and other interested parties is ongoing to confirm effects and identify mitigation strategies.

An adverse effect occurs when a project alters (directly or indirectly) any of the characteristics of a historic property that qualify it for the National Register, diminishing the integrity of its location, design, setting, materials, workmanship, feeling, or association.



931 W. 120th Street (Fire Department Engine House)



12433 S. Halsted Street (S.S. Peter and Paul Church)



12540 S. Halsted Street (Cedar Park Cemetery)



10227 S. Halsted Street (Former Classic Revival Substation)

These properties will not be demolished but would have potential adverse effects due to potential visual, noise, or construction impacts.



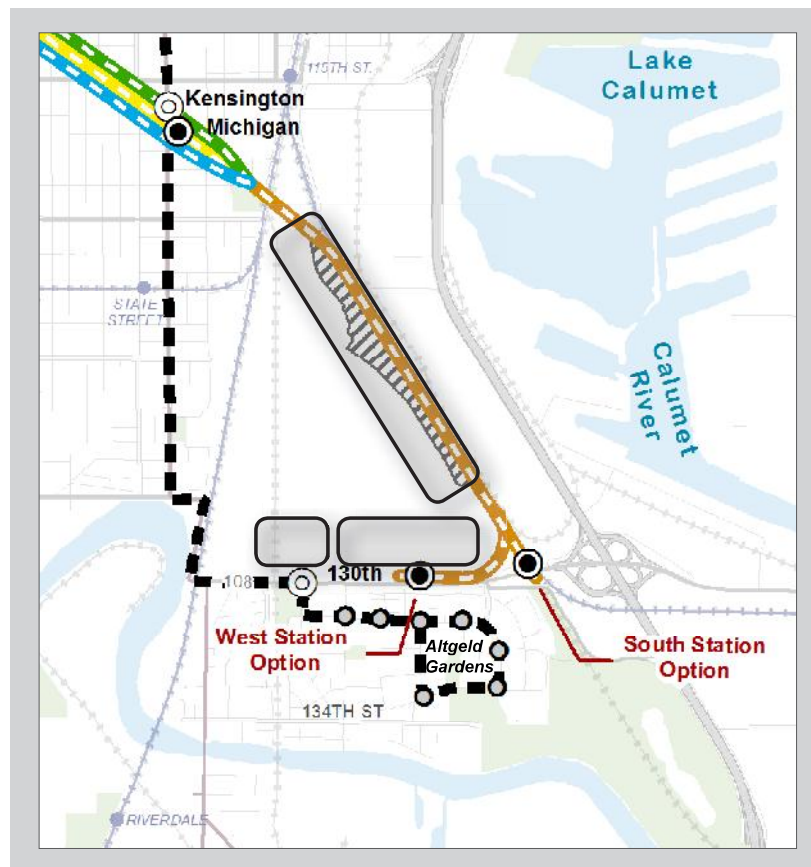


Impacts to Wetlands

Impacts to potential wetlands could occur at the UPRR 120th Street yard and shop, the West Station Option, the South Station Option, and/or the BRT 130th Street park & ride. Impacts to wetlands have not yet been confirmed.

Preliminary Mitigation Strategies

- Replace, restore, enhance, or preserve wetlands



Temporary Construction Impacts

Preliminary Mitigation Strategies

- Notices of noise-generating activities would be posted
- Road closures would be announced
- Special advertising for affected businesses
- Limited idling of construction vehicles
- Alternative parking provisions



Minimal Impact Areas

- Land Use
- Safety & Security
- Environmental Justice
- Energy
- Transportation
- Water Resources
- Biological Resources
- Hazardous Materials
- Air Quality



RLE Project Benefits

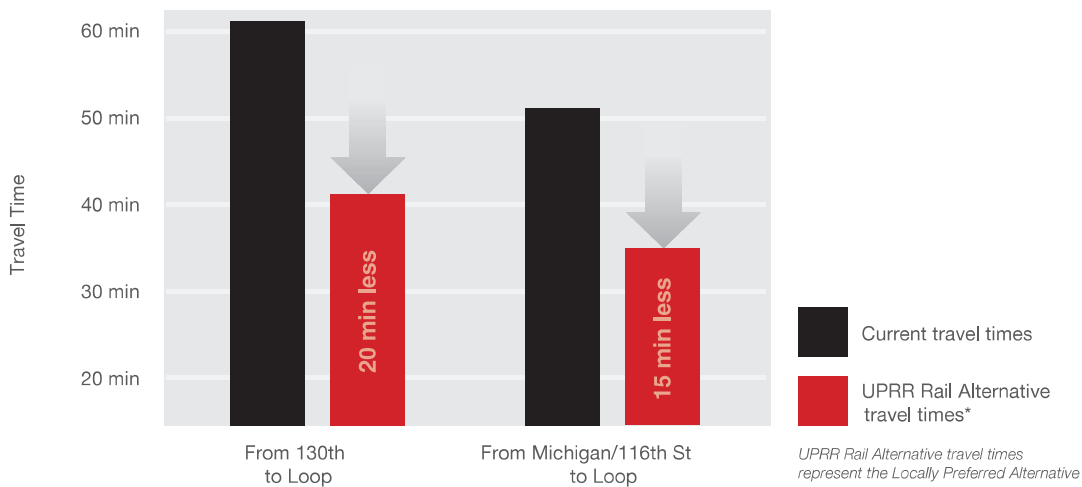
- Increase access to affordable housing, hospitals, schools, and other community facilities
- Encourage community investment and economic development
- Create direct construction jobs
 - Rail alternative estimated to create 2,600 to 4,100 jobs
- Increase access to jobs
 - Newly accessible jobs within an hour commute of the proposed 111th Street station would increase by 56% (CMAP 2012)

Ridership Benefits

| | UPRR (All Options) | Halsted | BRT | No Build |
|-------------------------|--------------------|------------|-----------|----------|
| Estimated Annual Trips* | 13,000,000 | 12,000,000 | 1,000,000 | 0 |

*Rides taken on the RLE (95th Street to 130th Street)

Travel Time Savings





Project Development Process



Environmental Impact Statement Process



RLE added to
CMAP GO TO
2040 Regional
Plan

Next step



**Dependent
on funding and
approvals*

Continuing dialogue with the public





Stay Involved

To provide your input, fill out a questionnaire and place it in the box provided.

Join Contact List: At the sign-in desk



RedExtension@transitchicago.com



transitchicago.com/redeis



facebook.com/thecta



@cta

Mail:

**Chicago Transit Authority
Strategic Planning, 10th Floor
567 W. Lake Street
Chicago, IL 60661-1465**

Whats New

Red Line Extension receives \$1.48M FTA grant

The CTA's proposed Red Line Extension (RLE) project received a \$1.48 million grant through FTA's Pilot Program for Transit-Oriented Development (TOD) Planning for comprehensive local planning efforts. Comprehensive planning funded through the program will examine ways to improve economic development and ridership, foster multimodal connectivity and accessibility, improve transit access for pedestrian and bicycle traffic, engage the private sector, identify infrastructure needs, and enable mixed-use development along the RLE corridor.

- [FTA news release](#)

Red Line Extension Program Manager

Chicago Transit Board approved the award of RLE Program Management Contract to HNTB Corp. The Program Manager will oversee final environmental review and preliminary engineering work necessary to ultimately seek federal funding for the project.

- [CTA news release](#)

Public Open House Scheduled for the Red Line Extension Preferred Alignment

CTA hosted a public open house on Tuesday, February 13, 2018 at Gwendolyn Brooks College Preparatory Academy to provide information on the Preferred Alignment for the RLE Project. The meeting location was ADA compliant and accessible by public transit.

This meeting was conducted in an open house format. CTA welcomed comments and feedback about the Preferred Alignment and potential impacts.

[View the exhibit boards.](#)

CTA Selects a Preferred Alignment for Red Line Extension

In fall 2016, CTA published a Draft Environmental Impact Statement (EIS) and held a public hearing on Tuesday, November 1, 2016 at St. John Missionary Baptist Church to obtain comments on the benefits and impacts of two options that were under consideration for the Red Line Extension (RLE) Project alignment—the East Option and the West Option. Based on public feedback and additional project planning and engineering work conducted over the last year, CTA has selected a Preferred Alignment. The Preferred Alignment is a combination of the previously presented Union Pacific Railroad (UPRR) East and West Options and would run along the west side of the Union Pacific Railroad tracks from I-57 south to approximately 108th Place, then would cross the Union Pacific Railroad tracks and run along the east side of the tracks until crossing the Metra Electric tracks near 119th Street and continuing south to 130th Street. ([See the project map.](#))

This Preferred Alignment would capture the benefits and minimize the impacts of either option and incorporates the public and agency feedback received on the Draft EIS. The Preferred Alignment would have fewer impacts than either the East or West Options. It would affect fewer residences than the East Option, and fewer businesses and jobs than the West Option. Noise and vibration impacts would not be greater than those anticipated under either the East or West Option. ([See news release.](#))

September 2017 Newsletter

- [English PDF](#)
- [PDF en español](#)

Mayor Emanuel and CTA announce \$75 million investment in Red Line extension

On November 27, 2016, Mayor Emanuel and CTA announced that the CTA Board approved an amendment to its FY2016-FY2020 Capital Improvement Plan to include \$75 million in funding for the Red Line Extension (RLE) Project, a plan to extend Red Line rail service to 130th Street from 95th Street that includes four new rail stations on Chicago's Far South Side. ([See the full press release](#))

Draft EIS

CTA and the Federal Transit Administration (FTA) prepared a Draft EIS based on the technical analysis of impacts of the alternatives. The Draft EIS documents the benefits and impacts of the alternatives under consideration, which includes impacts to parks and wetlands.

The Draft EIS is available [here](#).

Draft EIS public hearing and comments



CTA hosted a public hearing on Tuesday, November 1, 2016 at St. John Missionary Baptist Church to provide information about the Draft EIS and solicit comments from the public. The meeting location was ADA compliant and accessible by public transit.

This meeting was conducted in an open house format. The public was invited to provide comments on the Draft EIS either verbally to a court reporter or in writing during the public hearing.

Comments on the Draft EIS were accepted from October 6 to November 30, 2016, and CTA thanks everyone who submitted a comment. The Federal Transit



ROSELAND MEDICAL DISTRICT COMMISSION

William Towns, President
Leon Walker, Vice President
Carl Jenkins, Treasurer
Tiffany Hightower, Secretary

Local Resources

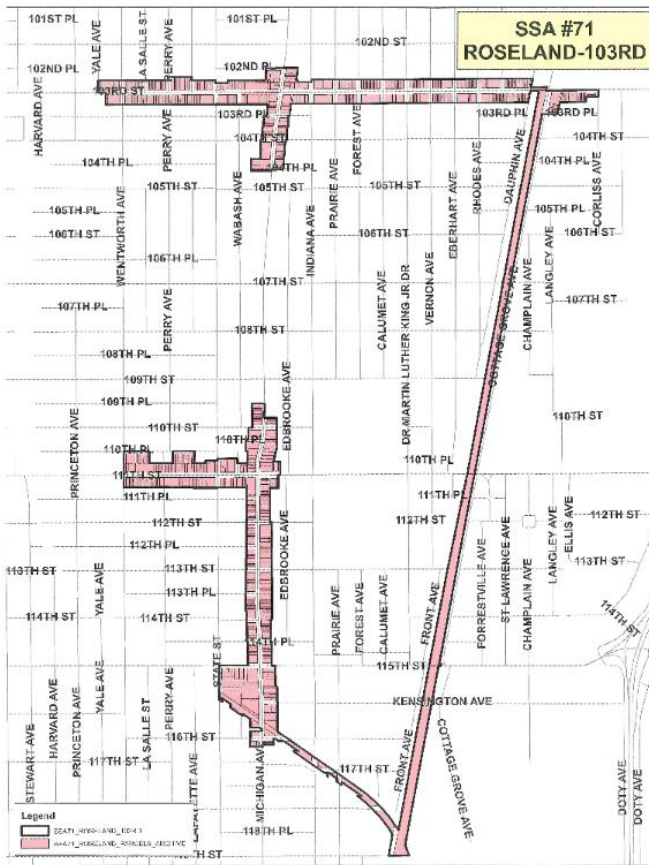


Special Service Area #71 (SSA#71)

Special Service Area 71 (SSA) works to make the Roseland business corridor a neighborhood where people wish to live, linger, and long to return. SSA's are a funding mechanism to raise money for services to a designated mixed-use area through a property tax levy, to supplement City services. The Calumet Area Industrial Commission is the Sole Service Provider for SSA 71, which was established in January 01, 2017. It manages SSA-funded programs under the oversight of the SSA 71 Board of Commissioners. SSA 71 Commission meetings are open to the public. View our 2017 Service Provider Agreement (PDF). For more information about SSA's, please visit the City of Chicago's website here.

SSA 71's services include:

- Maintaining clean and attractive sidewalks
- Enhancing the neighborhood's streets with landscaping
- Facade Improvement Program
- Business recruitment and vacancy tracking
- Holiday decorations
- Community events and programming





107th Street Tax Increment Financing District

The 107th/Halsted district includes 887 acres of commercial and residential properties in portions of the Morgan Park and Roseland communities. The district was established to provide resources for property rehabilitation, to address foreclosure issues in the area, and to support improvements to infrastructure and other public amenities. Other priorities include strengthening the Halsted Street commercial district.





Small Business Development Center (SBDC) & International Trade Center (ITC)

Illinois Small Business Development Centers are located throughout the state and provide information, confidential business guidance, training and other resources to start-up and existing small businesses. In 2017, Far South CDC was designated as an Illinois Small Business Development Center (SBDC) and its business assistance programs are offered in partnership with the SBA and the Illinois Department of Commerce & Economic Opportunity.

Starting 2018, the Illinois SBDC International Trade Center (ITC) at Far South CDC will help hundreds of Illinois companies take advantage of the potential of the international marketplace. The ITC will include specialized assistance to ensure exporters obtain the benefits associated with Free Trade Agreements (FTAs), including NAFTA. We help manufacturing and service companies make the right move at the right time. Services Include:

- + Assessing company readiness to export.
- + Identifying potential export markets
- + Identifying potential foreign buyers
- + Assisting with foreign market entry
- + Financing & International business planning
- + Export document training
- + Trade-lead matching from U.S.
- + Embassies
- + Education and networking

NEIGHBORHOOD OPPORTUNITY FUND

Program Overview

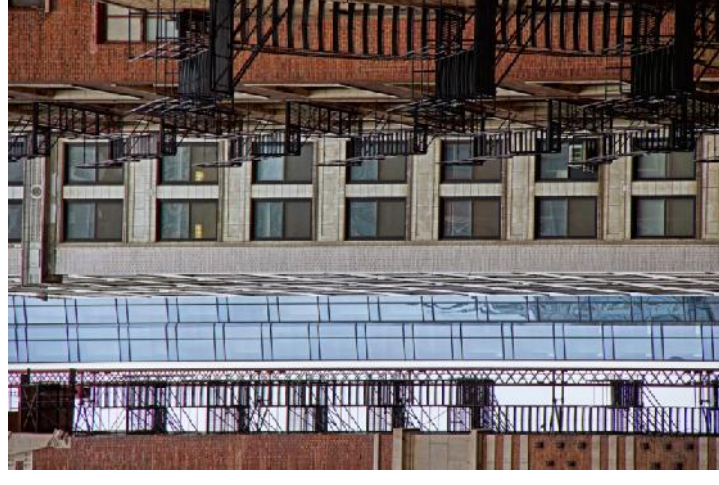


Neighborhood Opportunity Fund



OUTLINE

1. Program Background and Overview
2. NOF Rds 1 and 2 Recap
3. NOF Guidelines & Eligibility
4. NOF Application Guidance



Program Background



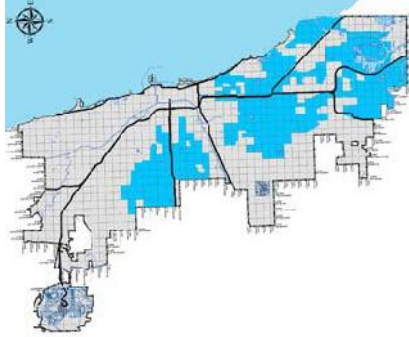
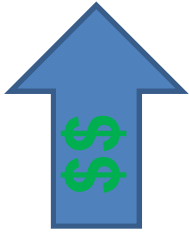
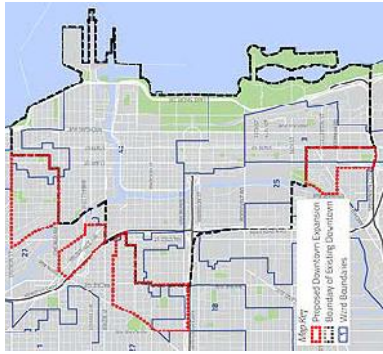
- Mayor Emanuel's NOF program creates new resources to support ongoing neighborhood economic development
- Commercial and cultural amenities enhance quality of life in neighborhoods
- **The Goal:** Create inclusively vibrant commercial corridors and build community wealth on the South, Southwest and West Sides



Program Background



- Modifications to zoning code to redirect density bonus payments to neighborhood commercial development projects
- FAR bonus for developer fee:
 - **80% Neighborhood Opportunity Fund (NOF)**
 - 10% Adopt-A-Landmark Fund
 - 10% Local Impact Fund



FROM DOWNTOWN...

...TO NEIGHBORHOODS



McDonald's new HQ in West Loop



Garifuna Flava Caribbean Restaurant in West Englewood

NOF Rounds 1 and 2 Recap

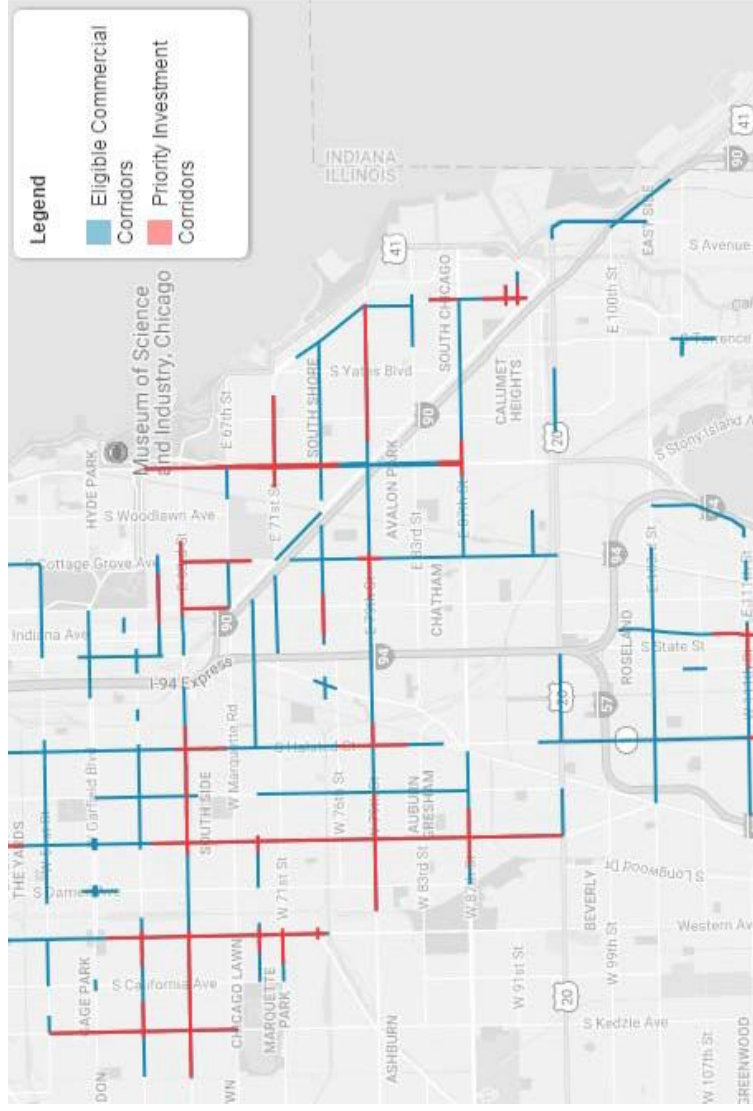
- Over 1,000 applications received
- 90 projects selected amounting to ~\$12M in NOF funding



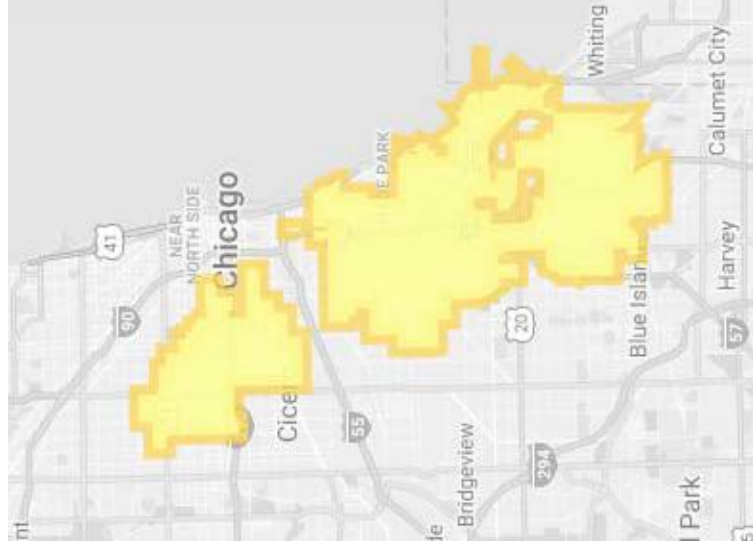
WHERE ARE NOF FUNDS INVESTED?



Projects requesting \$250,000 or less must be located on either **Eligible Commercial Corridors** or **Priority Investment Corridors**



Qualified Investment Area



For more detailed maps, please visit www.neighborhoodopportunityfund.com to see if property is located in an eligible area.

NOF Guidelines & Eligibility (Projects < \$250,000)



Project Requirements:

- Funds can be used to make building improvements that lead to retail or cultural spaces.
- A priority will be placed on supporting projects that...
 - **Fill a gap** in services or goods that are underrepresented in the neighborhood
 - **Build community wealth** and tie benefits to local residents
 - Demonstrate feasibility with a **clear and ready path to implementation**
 - Can clearly **define and measure success**

Eligible Applicants/Projects:

- Business owners, property owners, landlords and non-profits
- Project must be commercial or cultural in nature
- Project must be located on an Eligible Commercial Corridor or Priority Investment Corridor

HOW CAN FUNDS BE USED?



ELIGIBLE EXPENSES

- General rehabilitation of existing buildings
- New construction (up to 30% of total project costs)
- HVAC, Plumbing and Electrical
- Roofing and masonry repairs
- Façade repairs
- Architect, design and engineering fees and other soft costs associated with eligible hard costs
- Property acquisition and assembly
- Environmental remediation
- Demolition
- Security measures
- Minor site improvements (e.g., fencing or planters) as part of a larger, eligible project

INELIGIBLE EXPENSES

- Residential dwelling units or the residential portion of a mixed-use building
- Minor repairs and improvements, such as painting
- Operating or working capital
- Equipment and furniture

NOF Project Highlight



GALLERY GUICHARD
DEVELOP GREAT MIGRATION SCULPTURE GARDEN ADJACENT TO ART GALLERY
450 E. 47TH ST



NOF Project Highlight



IVORY DENTAL & AFRO JOE'S COFFEE SHOP

NEW LOCATION FOR EXISTING DENTAL AND ORTHODONTICS PRACTICE AND BUILDOUT
FOR AN ADJACENT START-UP COFFEE SHOP

8344 – 48 S. HALSTED ST.

BEFORE



DURING



NOF Project Highlight



CARNICERIA LA HACIENDA NO. 4
RENOVATIONS TO EXISTING SMALL GROCER EXPANDING WITH 4TH STORE

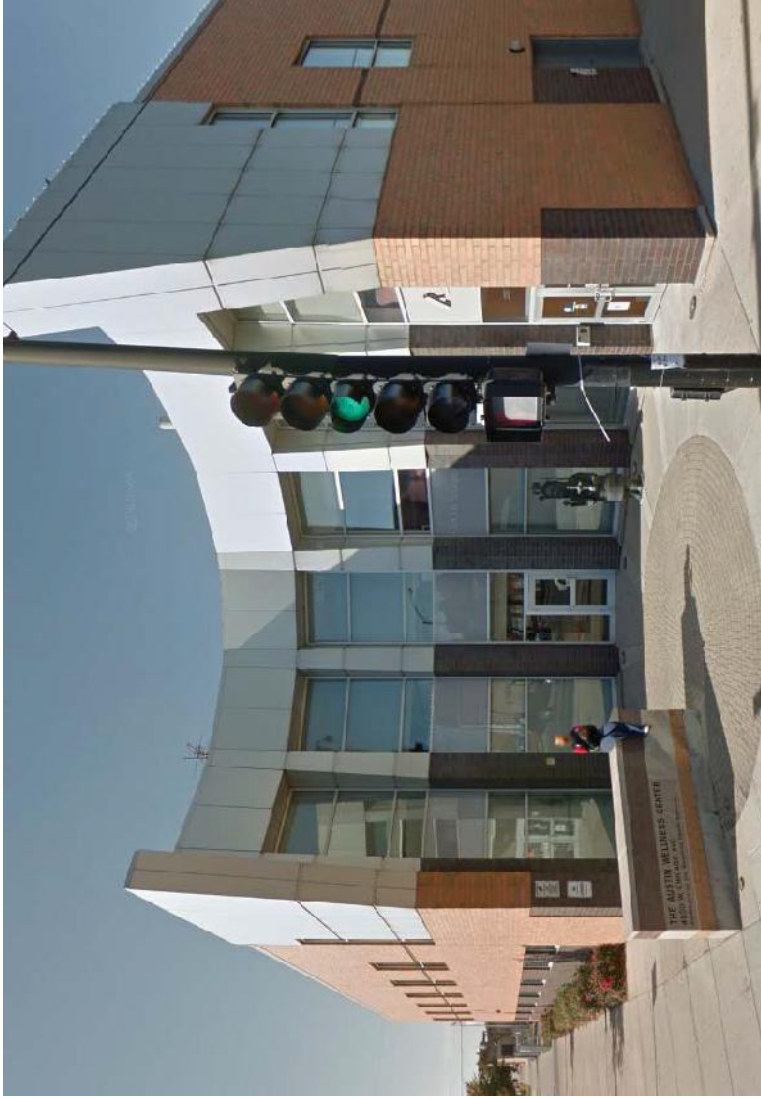
5159 S. KEDZIE



NOF Project Highlight



BROWN SUGAR BAKERY
NEW LOCATION FOR ESTABLISHED CHICAGO BORN BAKERY
4800 W. CHICAGO AVE.



Round 3 Application Form

Overview



Application Structure:

1. **Applicant Background**
2. **The Project Property**
3. **Project Description**
4. **Project Budget and Finances**
5. **Project Implementation Plan**



Round 3 Application Form



Sections I - III:

I. Applicant Background

- High level description of the applicant
- What type of applicant?
- What is the operating history of the applicant, or, what is their plan for operations if a start-up? (Business plan helpful!)

II. The Project Property

- **Site Control** – Tenant or property owner? If the applicant doesn't yet have site control, they are encouraged to demonstrate progress with a LOI, real estate contract or any other documentation that shows effort/progress.
- **Building Condition and Liabilities** – Is the building in good standing in terms of building code requirements, taxes and any liens? If not, it is important to identify any issues and detail a plan to remedy them.

III. Project Description

- Describe the vision and concept of your project.
- What impact will the project have directly on your business and more broadly for the community.

Round 3 Application Form



Section IV. Project Budget and Finances

ESTIMATED PROJECT COSTS

Please complete the following tables to detail the different types of anticipated costs of your project.

Hard costs: Hard costs are direct costs related to renovations or new construction work such as mechanical systems, electrical and plumbing work, façade renovation, storefront installation and roofing (not an exhaustive list).

| Hard Costs | |
|---|----------------------|
| Facade renovation: storefront replacement and masonry repairs | \$ 40,000.00 |
| Plumbing | \$ 25,000.00 |
| Electrical | \$ 25,000.00 |
| HVAC | \$ 20,000.00 |
| Carpentry and framing -- interior buildout | \$ 40,000.00 |
| Roofing | \$ 30,000.00 |
| | |
| | |
| | |
| Total | \$ 180,000.00 |

High level categorical descriptions are fine.

Soft costs directly related to eligible hard costs. Operating costs are not eligible!

Soft Costs: Soft costs are the indirect costs related to project planning services required to execute your project, such as architectural and engineering services (not an exhaustive list).

| Soft Costs | |
|--------------------|---------------------|
| Architectural fees | \$ 15,000.00 |
| Engineering fees | \$ 5,000.00 |
| | |
| | |
| Total | \$ 20,000.00 |

Acquisition Costs: If you are purchasing the Project Property and wish to include those costs as part of your NOF Grant Request, please detail those costs here.

| Acquisition Costs | |
|----------------------------|----------------------|
| Purchase of 601 S. LaSalle | \$ 100,000.00 |
| | |
| | |
| | |
| Total | \$ 100,000.00 |

Round 3 Application Form



Section IV. Project Budget and Finances

| PROJECT SOURCES AND USES TABLE | | | |
|--|----------------------|-----------------------------------|-----------------------------|
| ANTICIPATED PROJECT SOURCES OF FUNDS | | ANTICIPATED PROJECT USES OF FUNDS | |
| Source | Value | Percentage of Budget | Use |
| Equity: | \$ 25,000.00 | 8% | Hard Costs: |
| Debt: | \$ 80,000.00 | 27% | Soft Costs: |
| NOF Grant**: | \$ 150,000.00 | 50% | Acquisition Costs: |
| NOF Build Community Wealth Bonus**: | \$ 45,000.00 | 15% | |
| Total | \$ 300,000.00 | 100% | Total |
| | | | Value |
| | | | \$ 180,000.00 |
| | | | \$ 20,000.00 |
| | | | \$ 100,000.00 |
| | | | Percentage of Budget |
| | | | 60% |
| | | | 7% |
| | | | 33% |

See Exhibit A!

* The **NOF Grant** cannot exceed 50 percent of total costs for renovation projects and cannot exceed 30 percent if the project involves new construction.

** The **Build Community Wealth Bonus** cannot exceed 15 percent of total project costs, and is only applicable if you are applying for the Build Community Wealth Bonus as a Local Business and Property Owner (see Exhibit A for details).

★ Sources and Uses should be equal!

Note: While applicants do not need to have debt sources secured (e.g. loan from a bank of CDFI), they should be able to identify how much equity they will be able to put in and how much debt they will need to take on.

Round 3 Application Form



Exhibit A. Build Community Wealth Bonus

A key goal of NOF is to support locally-based business and property owners and to create employment opportunities in areas in need of new jobs.

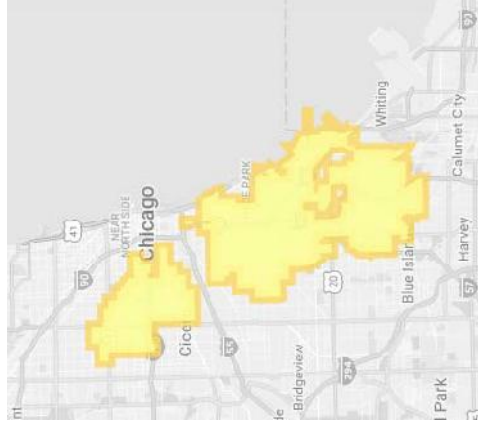
BONUS CAN BE EARNED IN ONE OF TWO WAYS:

Option 1: Local Business and Property Owner

- Applicant(s) reside in NOF program's **Qualified Investment Area**
- The level of NOF assistance for construction **increases from 50% to 65%** of the total project cost

Option 2: Local Hiring

- Applicant hires at least two (2) individuals who reside in NOF program's **Qualified Investment Area**
- Wage and/or employee training expenses can be reimbursed up to an amount equal to 15% of total eligible project costs. These grant funds cannot be used as part of the project budget, like in Option 1. They are paid out **AFTER** project is complete and wage expenses are incurred.
- Family members are not eligible employees.



Round 2 Application Form



Project Finances

| PROJECT SOURCES AND USES TABLE | | | |
|--|----------------------|-----------------------------------|-----------------------------|
| ANTICIPATED PROJECT SOURCES OF FUNDS | | ANTICIPATED PROJECT USES OF FUNDS | |
| Source | Value | Percentage of Budget | Use |
| Equity: | \$ 25,000.00 | 8% | Hard Costs: |
| Debt: | \$ 80,000.00 | 27% | Soft Costs: |
| NOF Grant**: | \$ 150,000.00 | 50% | Acquisition Costs: |
| NOF Build Community Wealth Bonus**: | \$ 45,000.00 | 15% | |
| Total | \$ 300,000.00 | 100% | Total |
| | | | Value |
| | | | \$ 180,000.00 |
| | | | \$ 20,000.00 |
| | | | \$ 100,000.00 |
| | | | Percentage of Budget |
| | | | 60% |
| | | | 7% |
| | | | 33% |

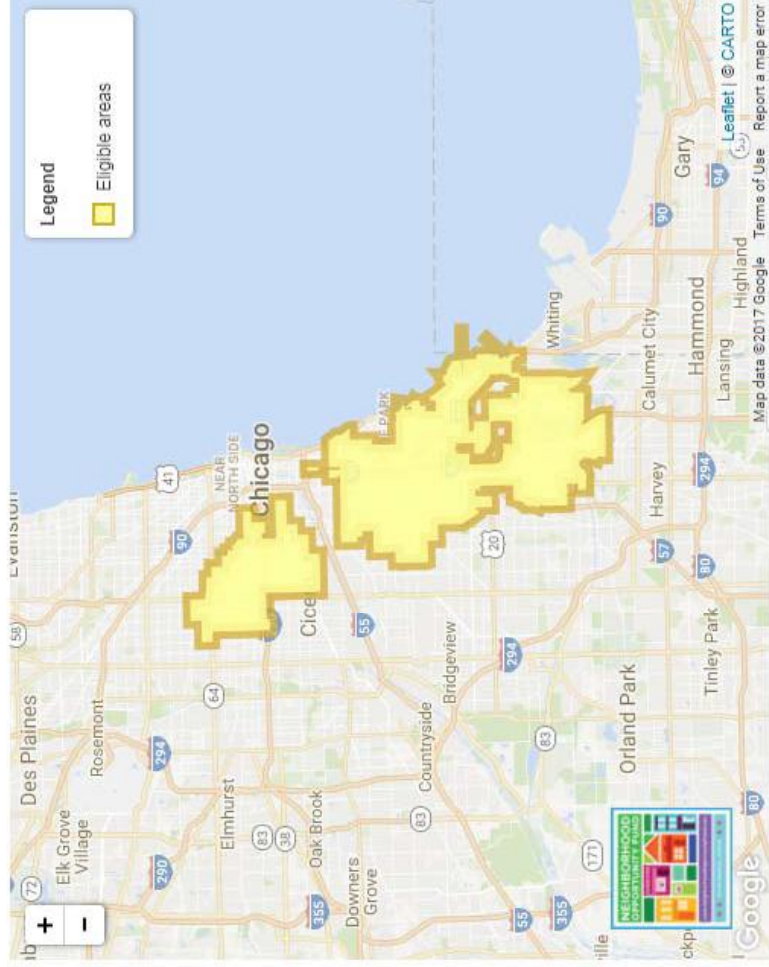
ONLY accurate if you qualify for Option 1 of the Build Community Wealth Bonus.

Map to determine BCWB eligibility



Build Community Wealth Bonus Eligibility Map

Search by address



Option 1
Owner(s) from applicant (business or property owner(s)) must have their primary residence in Qualified Investment Area.

Option 2
Minimum of 2 new hires for business, must work 30+ hours per week; employees must live in Qualified Investment Area.

Round 3 Application Form



Section V: Project Implementation Plan

- **Project Financing**
 - What other sources of funds will you obtain for your project?
 - What progress have you made to secure them?
 - Any progress made should be described; applicants are encouraged to send any supporting documentation to show effort/progress
- **Construction/Development**
 - While you've already laid out and detailed your expected project scope and budget, here is where you can discuss how you will approach doing the work.
 - Do you have contractors who will bid on the work? An architect?
 - What is your timeline for obtaining all bids, applying for permits and completing the project?

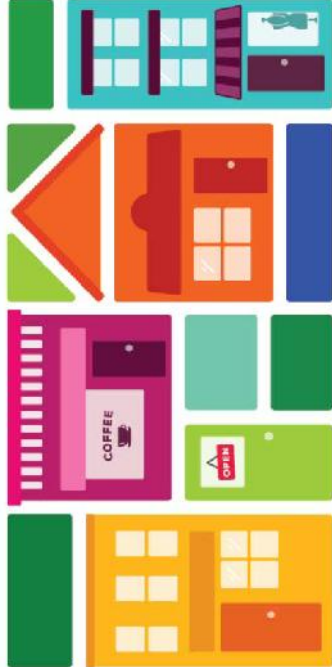
Round 3 Application Form



Application Tips:

- **Submit in one submission** – please avoid submitting multiple versions of the application or a string of supplementary documents.
- **Not first come, first served** – being thorough is more important than being quick.
- **Be honest, clear and don't overpromise.** An implementable and attainable project that provides incremental impact to the commercial corridor is a win.
- **Send what you have.** If you've done the leg work on obtaining site control, developing a business plan, architectural drawings, bid letting, securing financing or other efforts, send it along! These things are not required at the time of application, but it can't hurt to show your work.
- *Take your time, but **don't wait until the final day.*** 😊

NEIGHBORHOOD OPPORTUNITY FUND



www.NeighborhoodOpportunityFund.com

★ ★ RAHM EMANUEL, MAYOR ★ ★