1. CALL TO ORDER

10:15 AM meeting was called to order by Chair Robert L Larsen at 10:15 AM.

2. ROLL CALL

PRESENT: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
ABSENT:

3. PUBLIC COMMENT

A. Veterans Assistance Commission

Steve Fixler, Superintendent of the Veterans Assistance Commission, announced upcoming events.
The Homeless Veterans Task Force seminar will be on Wednesday, May 9 in the auditorium from 9:00 a.m. to 11:00 a.m.

Saturday, May 5 is the DuPage Veterans Foundation Honor Flight Fundraiser at the DuPage Airport in West Chicago from 11:00 a.m. to 3:00 p.m.
The handout is attached hereto and made part of the minutes packet.

Hines Hospital Day will be on Thursday, May 31 in the auditorium. There will be 15 departments contributing with such topics as transportation, eligibility for services, and home health care. Although open to everyone, Mr. Fixler was requesting RSVP’s as they will be serving breakfast and lunch.
The handout is attached hereto and made part of the minutes packet.

Mr. Fixler also conducts a three-hour Military Veteran 101 seminar on sight or he can take offsite to outside organizations. This seminar includes a 115 page booklet and topics include military issues, understanding veterans, how to talk to a veteran, and the differences between a guard and a reserve.

1. DuPage Veterans Foundation Fundraiser
B. DuPage County Health Department - Public Health Update

Karen Ayala, Executive Director of the DuPage County Health Department (DCHD), and Dr. Rashmi Chugh, the Medical Officer at the Health Department, gave a Public Health update. April is annually Sexually Transmitted Disease (STD) month. Along with the Centers for Disease Control and Prevention, the DCHD tries to bring awareness to the community every year, including concerning trend of rising rates, and to provide information on prevention and local treatment. DuPage County enjoys overall high marks on health, including STD’s. Although there is an alarming increase in DuPage County, our numbers are lower than state and national rates. Improved screening and reporting may contribute to the increasing numbers of STD’s in DuPage County, but with timely treatment and prevention efforts, the numbers should decrease over time, which is the County’s collective goal. The presentation demonstrated the increases in Chlamydia, Gonorrhea, and Syphilis, with breakdowns by gender, age, and ethnicities. Ms. Ayala and Ms. Chugh answered questions from staff regarding HIV, AIDS, and HPV, which now has a vaccine, but is not reportable as a condition so was not included in the report.

The presentation handout is attached hereto and made part of the minutes packet.

In an effort to increase awareness, 450 mailings were sent to local medical and school health professionals which includes students in sixth grade and higher. The packet which is attached hereto, and made part of the minutes packet, includes a press release, the data summary sheets, provider focus materials, current guidelines, and information on the STD clinic at the Health Department.

1. Public Health Update - Presentation

RESULT: HAND OUT

2. Public Health Update Mailing

RESULT: HAND OUT
4. **CHAIRMAN'S REPORT - CHAIR LARSEN**

Chairman Larsen stated the recent fund raisers "Celebrity Server Night" for the DuPage Care Center Foundation and the DuPage Human Race were both a success and he thanked all that participated.

Mr. Larsen announced that this will be his last meeting as the Chairman of the Health and Human Services Committee as he will be taking over as Chairman of the Finance Committee, replacing Paul Fichtner, pending a formal vote on Tuesday, May 8, 2018.

5. **APPROVAL OF MINUTES**

Health & Human Services - Regular Meeting - Apr 17, 2018 10:15 AM

<table>
<thead>
<tr>
<th>RESULT:</th>
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<tbody>
<tr>
<td>MOVER:</td>
<td>Elizabeth Chaplin, District 2</td>
</tr>
<tr>
<td>SECONDER:</td>
<td>Amy L Grant, District 4</td>
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<tr>
<td>AYES:</td>
<td>Chaplin, Grant, Hart, Khouri, Larsen, Tornatore</td>
</tr>
</tbody>
</table>

6. **COMMUNITY SERVICES - MARY KEATING**

CS Requests That Also Require Finance And/Or County Board Approval

Change Order -- HHS-P-0385B-17 - Amendment to Resolution HHS-P-0385A-17, issued to Healthy Air Heating and Air, Incorporated, to provide architectural weatherization labor and materials to the PY18 Weatherization Program, to increase the encumbrance in the amount of $190,154.00, resulting in an amended contract total amount of $313,025.00, an increase of 154.76% (Service Contract 2770-0001 SERV).

<table>
<thead>
<tr>
<th>RESULT:</th>
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</thead>
<tbody>
<tr>
<td>MOVER:</td>
<td>Greg Hart, District 3</td>
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<tr>
<td>SECONDER:</td>
<td>Tonia Khouri, District 5</td>
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<tr>
<td>AYES:</td>
<td>Chaplin, Grant, Hart, Khouri, Larsen, Tornatore</td>
</tr>
</tbody>
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7. **DUPAGE CARE CENTER - JANELLE CHADWICK**
A. DuPage Care Center Requests That Also Require Finance And/Or County Board Approval

1. HHS-P-0147-18 Recommendation for the approval of a contract purchase order to Warehouse Direct, Inc., for hand soap, hand sanitizer, lotion, shampoo and body wash, for the DuPage Care Center, for the period May 28, 2018 through May 27, 2020, for a contract amount not to exceed $62,639.92, per lowest responsible bid #18-055-GV.

RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Sam Tornatore, Vice Chair
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

2. HHS-P-0148-18 Recommendation for the approval of a contract purchase order to Prescription Supply, Inc., for secondary pharmaceuticals for In-House Close Shop Pharmacy for the period May 21, 2018 through May 20, 2019, for a total contract not to exceed $170,000.00, per sole responsible bid #18-067-DT.

RESULT: APPROVED [UNANIMOUS]
MOVER: Elizabeth Chaplin, District 2
SECONDER: Amy L Grant, District 4
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

3. HHS-P-0149-18 Recommendation for the approval of a contract purchase order to Sysco Chicago, Inc., for Primary Food Supplies and Chemicals for the DuPage Care Center Dining Services, JTK Administration Building and Judicial Office Facility Building Cafe’s, for the period June 1, 2018 through May 31, 2019, for a contract total not to exceed $1,111,000.00, per sole qualified offeror per proposal #P18-045-GV.

RESULT: APPROVED [UNANIMOUS]
MOVER: Greg Hart, District 3
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

B. DuPage Care Center Requests for Parent Committee Final Approval

Items 7.B.1. through 7.B.3. were combined and approved.
1. 2018-124 Recommendation for the approval of a contract purchase order to Northwestern Medicine - Central DuPage Hospital, for Pass Thru Medicare Part A Costs for Services Rendered to the DuPage Care Center residents, for the period June 1, 2018 through May 31, 2019, for a contract total not to exceed $12,500.00. Per 55 ILCS 5/5-1022 (c) “Competitive Bidding”

2. 2018-125 Recommendation for the approval of a contract purchase order to Medline Industries, Inc., to furnish and deliver various paper and plastic products, covering the period June 1, 2018 through May 31, 2019, for a contract total not to exceed $16,200.00, per lowest responsible bid #15-029-GV, third and final optional to renew.

3. 2018-126 Recommendation for the approval of a contract purchase order EZ Way, Inc., for repair and maintenance of the EZ Way, patient lifters, for the period June 1, 2018 through May 31, 2019, for a contract amount not to exceed $16,800.00, per 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding.

8. TRAVEL REQUESTS - OVERNIGHT - REQUIRE COUNTY BOARD APPROVAL

Items 8.A. through 8.G. were combined and approved.

---

RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Sam Tornatore, Vice Chair
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
D. Authorization for Overnight Travel -- Community Services Information and Referral Coordinator to attend the Department of Commerce and Economic Opportunity (DCEO) Community Service Block Grant (CSBG) mandatory 2019 grant training in Springfield, Illinois from June 5, 2018 through June 7, 2018. Expenses to include lodging and per diem for approximate total of $300.00. CSBG grant funded.

E. Authorization for Overnight Travel -- Community Services Administrator to attend the Department of Commerce and Economic Opportunity (DCEO) Community Service Block Grant (CSBG) mandatory 2019 grant training in Springfield, Illinois from June 5, 2018 through June 7, 2018. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diem for approximate total of $525.00. CSBG grant funded.

F. Authorization for Overnight Travel -- Assistant Financial Services Administrator to attend the Department of Commerce and Economic Opportunity (DCEO) Community Service Block Grant (CSBG) mandatory 2019 grant training in Springfield, Illinois from June 5, 2018 through June 7, 2018. Expenses to include lodging, and per diem for approximate total of $300.00. CSBG grant funded.

G. Authorization for Overnight Travel -- Community Services Administrator to take a certification exam for the Certified Community Action Professional (CCAP) in Springfield, Illinois from June 19, 2018 through June 20, 2018. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of $375.00. CSBG grant funded.

9. CONSENT ITEMS

Items 9.A. and 9.B. were combined and approved.

RESULT: APPROVED [UNANIMOUS]
MOVER: Sam Tornatore, Vice Chair
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

A. Consent Item -- Decrease Contract 2772-0001 SERV issued to Appliance, Carpet, Parts LLC, D/B/A Custom Appliance & Custom Carpet Wholesalers, in the amount of $24,377.00, for the less than expected need to provide appliances for the PY18 Weatherization Program

B. Consent Item -- Decrease Contract 2771-0001 SERV issued to Healthy Air Heating and Air, Incorporated, in the amount of $165,777.00, for the less than expected need to provide mechanical (HVAC) weatherization labor and materials for the PY18 Weatherization Program

10. RESIDENCY WAIVERS - JANELLE CHADWICK

11. COMMUNITY SERVICES UPDATE - MARY KEATING
Mary Keating, Director of Community Services, stated with the new federal budget, the Community Development Block Grant (CDBG) program will receive a ten percent increase, which should translate to about $300,000.00 and will benefit low and moderate income people and neighborhoods. Likewise, the Home Affordable Partnership Funds (HOME) received a thirty percent increase which will also translate to about $300,000.00, and will support affordable housing projects. The 2018 action plan was based on an assumption of level funding so the additional funding will be applied to the “B” list of projects, which are additional projects set aside for allocations of additional funds.

The fifth annual Adult Protective Services (APS) conference will be held on July 18, 2018, at the Holiday Inn in Carol Stream. One of the few such conferences throughout the state, attendees include social workers, police departments, and senior living facilities from all over the state. The conference provides a combination of education of APS issues and supports for people working in the field. Ms. Keating encouraged all to attend to learn more about what the APS unit does.

12. **DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK**

13. **OLD BUSINESS**

14. **NEW BUSINESS**

15. **INFORMATIONAL ITEMS**

Grant Proposal Notifications -- GPN #021-18 - Low Income Home Energy Assistance Program (LIHEAP) Energy Assistance State Supplemental Grant #19-254028 - Illinois Department of Commerce and Economic Opportunity - Community Services - $2,856,548.00

Chairman Larsen requested a motion to accept and place on file. Member Tornatore so moved, Member Chaplin seconded, motion carried, all ayes.

<table>
<thead>
<tr>
<th>RESULT:</th>
<th>ACCEPTED AND PLACED ON FILE</th>
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</thead>
</table>

16. **ADJOURNMENT**

There being no further business, the meeting was adjourned at 10:53 a.m.
DUPAGE VETERANS FOUNDATION
2018 Fundraiser

Please join us to honor our WWII and Korean War Era Veterans

MAY 5, 2018 ★ 11AM - 3PM

THE DUPAGE AIRPORT
2700 International Dr., West Chicago, IL
Calamos Investments Hangar

FEATURED EVENTS ★ Period Military Vehicles ★ Aircraft
★ Patriotic Program ★ Lunch ★ Bagpipers ★ Vintage
Military Uniforms ★ Other Memorabilia ★ Silent Auction ★

LIVE MUSIC
Period Music

WWII & Korean War Era Veterans
FREE ADMISSION

$30 in Advance ★ $40 At The Door ★ $20 Child

A benefit for Honor Flight Chicago.
HERE IS HOW YOU CAN HELP

TO PURCHASE TICKETS
The ticket price includes lunch, entertainment, featured events and most importantly an opportunity to thank our WWII and Korean War Era veterans in person.
Visit our website: dupageveteransfoundation.org
By mail: P.O. Box 299, Wheaton, IL 60187
Checks payable to: DuPage Veterans Foundation
(Please indicate how many adult/child tickets you wish to purchase, your address and your phone number)

This is how your company can help support our cause. All sponsorships and donations will be recognized on our website as well as in printed materials.

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</tr>
<tr>
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<td>10</td>
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<td>1/4 Page</td>
</tr>
</tbody>
</table>

Sponsor A Veteran $550

Donation Auction Items
If you would like to donate an auction item, please call us at (630) 688-2500 or email us at info@dupageveteransfoundation.org

Sponsorship
If you would like to be recognized as a sponsor for this important cause, you may refer to our website: dupageveteransfoundation.org for levels of charitable giving, or feel free to call us at (630) 688-2500. Sponsors will be posted on our website and in our event’s printed materials.

Monetary Donations
If you are unable to attend our event but still would like to make a charitable contribution, simply go to our website: dupageveteransfoundation.org and click “Donate” to pay by credit card. For a donation via check, please make your check payable to: DuPage Veterans Foundation and mail to:
P.O. Box 299, Wheaton, Illinois 60187

The mission of the DuPage Veterans Foundation is to raise enough money for one HONOR FLIGHT CHICAGO flight for our WWII and Korean War Era Heroes to fly to Washington D.C. for a day of honor and thanks.
DuPage Veterans Foundation is a 501(c)(3) non-profit organization, EIN 13-4683681

DuPageVeteransFoundation.org ★ (630) 688-2500 ★ P.O. Box 299, Wheaton, IL 60187
Veterans Assistance Commission of DuPage County

HINES HOSPITAL DAY

Who: Hines VA Hospital

What: Hines Resource Event

When: Thursday, May 31, 2018, 9am – 3pm

Where: DuPage County Building, 421 N. County Farm Rd., Wheaton, IL 60187

Why: So Veterans will have an opportunity to talk to the different departments in Hines and for Hines to provide information to Veterans and their families. Hines Hospital will have over 15 different departments such as: Eligibility, Billing, Transportation, Disease Prevention, Home Health Care, plus more.

Each department will give a short presentation and will have a table there, so you can go to the different departments to get more information.

A free light breakfast and full lunch will be provided, so if you plan on attending this event, please RSVP by calling the VAC office at, 630-407-5655 or e-mailing us at, dupagevac@dupageco.org, because seating is limited and we need a headcount for the meals.

This is your time to talk directly to the different departments of Hines Hospital, so please take advantage of this opportunity.

For more information call, 630-407-5655

Military/Veteran 101 Seminar

Military/Veteran 101 consists of learning about the different branches of military service, rank structure, military awards, differences between officers and non-commissioned officers, differences between active duty, National Guard and Reserves, VA information, plus more.

The intent is for the attendees to understand a little about the military and Veterans and get knowledge on how to talk with a Veteran to gain a better rapport with the Veteran.

Each attendee will receive a 115 page packet, plus additional Veteran information.

The seminar is around 3 hours long and intended to be for a morning or afternoon.

A certificate of completion will be awarded to each attendee with CEU hours on it.

The seminar can be offered at the DuPage County 421 building or at your location.

For more information, contact Steve Fixler, 630-407-5655, steven.fixler@dupageco.org
April 16, 2018
FOR IMMEDIATE RELEASE

Don’t Wait ‘til It Hurts.
April is STD Awareness Month – Get Tested.

DUPAGE COUNTY—Cases of reported sexually transmitted diseases (STDs) syphilis, chlamydia, and gonorrhea have risen dramatically in DuPage County since 2000. April is STD Awareness Month, and the DuPage County Health Department (DCHD) is joining CDC and partners in reaching out to healthcare providers and patients alike with this very important message: Treat Me Right.

What does that mean? For providers, this involves many aspects of patient care – from fostering a trusting patient-provider relationship to ensuring that patients are correctly diagnosed and treated – and everything in between.

For patients, this means knowing what they can do to stay safe and healthy and how to directly ask their provider for the care that they need and deserve. DCHD recommends that all sexually active people protect themselves from getting STDs.

The following statistics represent a dramatic increase in the number of cases from 2000 to 2016 in DuPage County:

- Early syphilis – 59, up 638 percent
- Gonorrhea – 390, up 91 percent
- Chlamydia – 2,417, up 231 percent

-More-
-More-
Chlamydia is the most common notifiable disease in the U.S. as well as in Illinois and DuPage County. Young persons aged 15-24 years represented 63 percent of reported chlamydia cases in 2016. The chlamydia case rate for DuPage County females was more than twice the rate for males in 2016 (354.6 cases per 100,000 population vs. 168.7 per 100,000).

Testing for STDs is important because most STDs do not produce signs or symptoms initially. Prompt treatment is essential to reduce the chance of spreading the disease and eliminate the health consequences that may occur.

Prevention is also critical. In addition to screening of sexually active persons and their partners, the most reliable way to avoid transmission of STDs is to abstain from sexual contact (i.e., oral, vaginal, or anal sex) or to be in a long-term, mutually monogamous relationship with an uninfected partner. Condoms, when used consistently and correctly, can reduce the risk of transmission of STDs. For information on “Talking with Your Teens about Sex: Going Beyond ‘the Talk,’” see: [www.cdc.gov/healthyouth/protective/pdf/talking_teens.pdf](http://www.cdc.gov/healthyouth/protective/pdf/talking_teens.pdf).

Individuals who are sexually active should talk with their physician to see what testing is right for them. The Health Department’s STD Clinic also offers confidential testing, diagnosis, treatment and prevention counseling for syphilis, chlamydia and gonorrhea. The clinic also provides testing and treatment referrals for HIV and Hepatitis C, and evaluation and treatment for human papillomavirus (HPV)-related conditions. STD testing is confidential. For persons under 18 years, testing is free. DCHD STD services are available by appointment, with walk-ins welcome, at these locations:

**Central Public Health Center**
111 North County Farm Road
Wheaton, IL 60187
Mondays from 2:00 p.m. – 7:00 p.m.
Occasional Wednesdays, 4:00-6:00 p.m. (please call first to check availability)

**Southeast Public Health Center**
422 North Cass Avenue
Westmont, IL 60559
Third and Fourth Tuesday of each month, 1:00 p.m. – 4:30 p.m.

For more information, see [https://www.cdc.gov/std/](http://www.cdc.gov/std/) and [http://www.dph.illinois.gov/topics-services/diseases-and-conditions/STDs](http://www.dph.illinois.gov/topics-services/diseases-and-conditions/STDs). For questions, concerns or to schedule an appointment in STD Clinic, call the DuPage County Health Department at (630) 682-7400.

###
Talking with Your Teens about Sex: Going Beyond “the Talk”

Parenting a teen is not always easy. Youth need adults who are there for them—especially parents who will connect with them, communicate with them, spend time with them, and show a genuine interest in them. Talking with teens about sex-related topics, including healthy relationships and the prevention of HIV, other sexually transmitted diseases (STDs), and pregnancy, is a positive parenting practice that has been widely researched. A number of programs in a variety of settings (e.g., schools, parents' worksites) have been shown to increase the amount and quality of communication between parents and their teens.

This fact sheet offers practical actions for parents to help strengthen their efforts to engage positively with their teens and to have meaningful discussions with them about sex. This information complements other available parent resources (see selected list on page 3) by emphasizing the importance of talking with teens about sex and healthy relationships.

* In this fact sheet, “parent” refers to the adult primary caregiver(s) of an adolescent’s basic needs. These caregivers could include biological parents, other biological relatives, or non-biological parents.

Does talking with teens about sex make a difference?

- According to teens, the answer is “yes.” In national surveys conducted by The National Campaign to Prevent Teen and Unplanned Pregnancy, teens report that their parents have the greatest influence over their decisions about sex—more than friends, siblings, or the media. Most teens also say they share their parents' values about sex, and making decisions about delaying sex would be easier if they could talk openly and honestly with their parents.

- According to many researchers, the answer is “yes.” Studies have shown that teens who report talking with their parents about sex are more likely to delay having sex and to use condoms when they do have sex. Parents should be aware that the following important aspects of communication can have an impact on teen sexual behavior:
  - what is said
  - how it is said
  - how often it is said
  - how much teens feel cared for, and understood by, their parents
What can parents do?

When parents communicate honestly and openly with their teenage son or daughter about sex, relationships, and the prevention of HIV, STDs, and pregnancy, they can help promote their teen's health and reduce the chances that their teen will engage in behaviors that place them at risk. Following are some actions and approaches parents might take to improve communication with their teen about these challenging, hard-to-discuss health concerns.

- **Stay informed about**—
  - Where your teen is getting information
  - What health messages your teen is learning
  - What health messages are factual and medically accurate

Your teen may be getting messages about sex, relationships, and the prevention of HIV, STDs, and pregnancy from a variety of sources, including teachers, friends, health care providers, television, and social media. Some of these messages may be more accurate than others. Don’t assume that your teen’s health education class includes the information you want your child to know—school-based curricula vary from state to state.

- **Identify unique opportunities to have conversations with your teen, such as**
  - In the car. The car is a private space where your teen doesn’t have to look at you but can hear what you have to say.
  - Immediately following a relevant TV show/movie. Characters on TV shows and movies model many behaviors, and certain storylines may provide the opportunity to reinforce positive behavior or discuss the consequences of risky behavior.
  - Through text messaging, which may provide an easy, acceptable way to reinforce messages discussed in-person.

- **Have frequent conversations.**
  Although you may know that having “the talk” with your teen about sex and HIV, STD, and pregnancy prevention is important, having a series of discussions that begin early, happen often, and continue over time can make more of a difference than a single conversation.

- **Be relaxed and open.**
  Talking about sex, relationships, and the prevention of HIV, STDs, and pregnancy may not always be comfortable or easy, but you can encourage your teen to ask you questions and be prepared to give fair and honest answers. This will keep the door open for both of you to bring up the topic. It’s OK to say you’re feeling uncomfortable or that you don’t have all the answers.

- **Avoid overreacting.**
  When your teen shares personal information with you, keep in mind that he or she may be asking for your input or wants to know how you feel. Let your teen know that you value his or her opinion, even if it is different from yours.

- **Provide opportunities for conversations between your teen and health care professionals.**
  By taking your teen to regular, preventive care appointments and allowing time alone with the provider, you create opportunities for your teen to talk confidentially with doctors or nurses about health issues that may be of concern, including HIV, STDs, and pregnancy. Be prepared to suggest that you step out of the room for a moment to allow for this special time, as not all health care providers will feel comfortable asking you to leave the room.
What topics should parents discuss with their teens?

It’s important that your conversations with your teen not focus just on the consequences of risky sexual behaviors. Many teens receive these messages in health education class or elsewhere. As a parent, you have the opportunity to have discussions with your teen about other related topics. You can

- Talk about healthy, respectful relationships.
- Communicate your own expectations for your teen about relationships and sex.
- Provide factual information about ways to prevent HIV, STDs, and pregnancy (e.g., abstinence, condoms and contraception, and HIV/STD testing).
- Focus on the benefits of protecting oneself from HIV, STDs, and pregnancy.
- Provide information about where your teen can speak with a provider and receive sexual health services, such as HIV/STD testing.

How can parents improve their communication skills?

Various organizations have developed programs to help build parents’ skills and improve parent-adolescent communication. These skill-building programs may be implemented in schools, health clinics, community-based settings, and even places where parents work (see Table 1 for selected examples). Parents, educators, health care providers, community-based staff, and employers can work together to promote positive communication between parents and adolescents about sex.

Where can parents get more information?

- Centers for Disease Control and Prevention. Positive Parenting Practices
  www.cdc.gov/healthyyouth/protective/positiveparenting/index.htm
- Centers for Disease Control and Prevention. Teen Pregnancy: Parent and Guardian Resources
  www.cdc.gov/teenpregnancy/parents.htm
- Office of Adolescent Health. Talking with Teens. Teens and Parents Talking
  www.hhs.gov/ash/oah/resources-and-publications/info/parents/get-started/quiz.html
- Advocates for Youth. Parent-child communication: Promoting sexually healthy youth
  www.advocatesforyouth.org/the-facts-parent-child-communication
- The National Campaign to Prevent Teen and Unplanned Pregnancy. Parent-adolescent communication about sex in Latino families: a guide for practitioners
- U.S. Department of Health and Human Services. Healthfinder.gov. Talk to Your Kids about Sex
  www.healthfinder.gov/HealthTopics/Category/parenting/healthy-communication-and-relationships/talk-to-your-kids-about-sex
Table 1. Selected Programs for Parents to Improve Parent-Adolescent Communication about Sex

<table>
<thead>
<tr>
<th>What is the program called?</th>
<th>Which parenting practices are addressed?</th>
<th>Who has participated?</th>
<th>Where has the program been implemented?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents Matter ( <a href="http://npin.cdc.gov/parentsmatter/">http://npin.cdc.gov/parentsmatter/</a> )</td>
<td>• General parent-teen communication</td>
<td>• African American parents and/or guardians of pre-teens 9- to 12-years-old (4th and 5th graders)</td>
<td>• Community-based organizations</td>
</tr>
<tr>
<td>Families Talking Together (Linking Lives) ( <a href="http://www.childtrends.org/?programs=talking-parents-healthy-teens">www.childtrends.org/?programs=talking-parents-healthy-teens</a> )</td>
<td>• General parent-teen communication • Parent-teen communication about sex • Parental monitoring (^b)</td>
<td>• Parents and/or guardians of African American or Latino youth</td>
<td>• Pediatric clinics • Schools</td>
</tr>
<tr>
<td>Talking Parents, Healthy Teens ( <a href="http://www.childtrends.org/?programs=talking-parents-healthy-teens">www.childtrends.org/?programs=talking-parents-healthy-teens</a> )</td>
<td>• Communication (general and about sex) • Parental monitoring</td>
<td>• Parents and/or guardians of 6th to 10th graders</td>
<td>• Work sites</td>
</tr>
</tbody>
</table>

\(^a\) These programs have been evaluated and shown to improve parent-adolescent communication about sex. \(^b\) Parental monitoring occurs when parents make a habit of knowing about their teens (e.g., what they are doing, whom they are with, and where they are), setting clear expectations for behavior, and regularly checking in with their teens to be sure these expectations are being met.

References

Chlamydia in DuPage County

Reported Cases of Chlamydia in DuPage County by Year, 2000-2016 (n=25,350)

What This Means:

- Our 2016 case count of chlamydia is 2,417, a 1.5% increase from 2015 and a 231% increase from 2000.

- The chlamydia case rate for DuPage County females is more than twice the rate for males (354.6 cases per 100,000 population v. 168.7 per 100,000).

- Persons who identify as non-Hispanic and black/African-American account for 19% of reported chlamydia cases, but only 5% of the DuPage County population.

- Young persons aged 15-24 years represent 63% of reported chlamydia cases.

Source: Illinois data are from the Illinois Department of Public Health Sexually Transmitted Diseases Section. U.S. data are from the 2016 Centers for Disease Control and Prevention Surveillance Report. Population data for rate calculations are based upon the 2010 U.S. Census.

4/23/18
The chlamydia case rate in DuPage is 263.6 per 100,000 and in Illinois is 562.7 per 100,000. The U.S. rate is 517.7 per 100,000.

There has been a 51% increase in the number of reported chlamydia cases in DuPage County from 2011 (1,599 cases) to 2016 (2,417 cases).

Although DuPage County rates are lower than Illinois and U.S. rates, there has been a concerning rise in recent years. While improved sexually-transmitted disease (STD) screening and reporting may contribute to rate increases, timely treatment and prevention should result in a reduction of disease burden—this is our collective goal.
Gonorrhea in DuPage County

Reported Cases of Gonorrhea in DuPage County by Year, 2000 - 2016 (n=4,134)

What This Means:
- Our 2016 case count of gonorrhea is 390, a 27% increase from 2015 and a 91% increase from 2000.
- The gonorrhea case rate for DuPage County males is 39% higher than the rate for females (49.6 cases per 100,000 population v. 35.7 per 100,000).
- Persons who identify as non-Hispanic and black/African-American account for 32% of reported gonorrhea cases, but only 5% of the DuPage County population.
- Young persons aged 15-24 years represent 57% of reported gonorrhea cases.

Source: DuPage data are from the Illinois Department of Public Health Sexually Transmitted Diseases Section. U.S. and Illinois data are from the 2016 Centers for Disease Control and Prevention Surveillance Report. Population data for rate calculations are based upon the 2010 U.S. Census.
The gonorrhea case rate in DuPage is **42.5** per 100,000 and in Illinois is **165.2** per 100,000. The U.S. rate is **151.7** per 100,000.

There has been a **62% increase** in the number of reported gonorrhea cases in DuPage County from **2011** (241 cases) to **2016** (390 cases).

Although DuPage County rates are lower than Illinois and U.S. rates, there has been a concerning rise in recent years. While improved sexually-transmitted disease (STD) screening and reporting may contribute to rate increases, **timely treatment and prevention** should result in a reduction of disease burden—this is our collective goal.
Early Syphilis* in DuPage County

What This Means:

- Our 2016 case count of early syphilis is 59, a 40% increase from 2015 and a 638% increase from 2000.

- The number of reported cases of early syphilis was more than seven times higher in 2016 than in 2000.

- Among DuPage County early syphilis cases reported in 2016, non-Hispanic white persons accounted for 46%, and 42% of reported cases were 40 years or older.

- Cases in 2016 occurred primarily in men with a reported risk of being MSM (men who have sex with men; includes ‘MSM’ or ‘Both’).

- Nearly half of the cases have co-infection with HIV.

Source: Illinois data are from the Illinois Department of Public Health Sexually Transmitted Diseases Section. U.S. data are from the 2016 Centers for Disease Control and Prevention Surveillance Report. Population data for rate calculations are based upon the 2010 U.S. Census.

*Early syphilis includes primary, secondary, and early non-primary non-secondary syphilis; less than one year’s duration of infection.

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The early syphilis case rate in DuPage is 6.4 per 100,000 and in Illinois is 18.7 per 100,000. The U.S. rate is 18.4 per 100,000.

There has been a 146% increase in the number of reported early syphilis cases in DuPage County from 2011 (24 cases) to 2016 (59 cases).

Although DuPage County rates are lower than Illinois and U.S. rates, there has been a concerning rise in recent years. While improved sexually-transmitted disease (STD) screening and reporting may contribute to rate increases, timely treatment and prevention should result in a reduction of disease burden—this is our collective goal.
April 27, 2018

Dear DuPage County Clinicians and School Health Professionals:

Given the concerning, continued rise in DuPage County cases of chlamydia, gonorrhea, and syphilis, the DuPage County Health Department (DCHD) is sharing sexually transmitted disease (STD) prevention and control updates and resources with the medical community.

Included in this mailing are:

1. DCHD press release: "Don't Wait 'til It Hurts. April is STD Awareness Month – Get Tested."
2. DuPage County data and maps of chlamydia, gonorrhea, and syphilis
3. Sexually Transmitted Diseases: Summary of 2015 CDC Treatment Guidelines
4. IDPH Memo: New CDC MMWR report on antibiotic-resistant gonorrhea includes concerning findings for azithromycin
5. CD Review issue on syphilis
6. Expedited Partner Therapy (EPT) fact sheet
7. IDPH letter on HIV PrEP (Pre-Exposure Prophylaxis)
8. DCHD STD Clinic pocket cards (in English and Spanish)
9. DCHD STD Clinic flyers (also available at www.dupagehealth.org/disease-control/STDProgram)

We hope these materials help inform and support your ongoing efforts in early recognition and detection with prompt intervention, toward assessing STD risks and providing risk-reduction counseling as well as preventing complications and further transmission of STDs in DuPage County.

For questions, to report a case, or to request additional copies of any materials, please call the DuPage County Health Department’s Communicable Disease and Epidemiology Program at 630-221-7553. Patients may be referred for STD screening, diagnosis, treatment, and counseling to the DuPage County Health Department STD Clinic (for an appointment, please call 630-682-7400).

Thank you for your time and cooperation.

Sincerely,

Rashmi Chugh, M.D., M.P.H.
Medical Officer

Karen Ayala, M.P.H.
Executive Director
April 16, 2018

FOR IMMEDIATE RELEASE

Don’t Wait ‘til It Hurts.
April is STD Awareness Month – Get Tested.

DUPAGE COUNTY—Cases of reported sexually transmitted diseases (STDs) syphilis, chlamydia, and gonorrhea have risen dramatically in DuPage County since 2000. April is STD Awareness Month, and the DuPage County Health Department (DCHD) is joining CDC and partners in reaching out to healthcare providers and patients alike with this very important message: Treat Me Right.

What does that mean? For providers, this involves many aspects of patient care – from fostering a trusting patient-provider relationship to ensuring that patients are correctly diagnosed and treated – and everything in between.

For patients, this means knowing what they can do to stay safe and healthy and how to directly ask their provider for the care that they need and deserve. DCHD recommends that all sexually active people protect themselves from getting STDs.

The following statistics represent a dramatic increase in the number of cases from 2000 to 2016 in DuPage County:

- Early syphilis – 59, up 638 percent
- Gonorrhea – 390, up 91 percent
- Chlamydia – 2,417, up 231 percent

-More-
Reported Cases of Chlamydia in DuPage County by Year, 2000-2016 (n=25,350)

Source: Illinois Department of Public Health, STD Section

Reported Cases of Chlamydia in DuPage County by Age Group, 2016 (n=2,417)

Source: Illinois Department of Public Health, STD Section

- More -
Chlamydia is the most common notifiable disease in the U.S. as well as in Illinois and DuPage County. Young persons aged 15-24 years represented 63 percent of reported chlamydia cases in 2016. The chlamydia case rate for DuPage County females was more than twice the rate for males in 2016 (354.6 cases per 100,000 population vs. 168.7 per 100,000).

Testing for STDs is important because most STDs do not produce signs or symptoms initially. Prompt treatment is essential to reduce the chance of spreading the disease and eliminate the health consequences that may occur.

Prevention is also critical. In addition to screening of sexually active persons and their partners, the most reliable way to avoid transmission of STDs is to abstain from sexual contact (i.e., oral, vaginal, or anal sex) or to be in a long-term, mutually monogamous relationship with an uninfected partner. Condoms, when used consistently and correctly, can reduce the risk of transmission of STDs. For information on “Talking with Your Teens about Sex: Going Beyond ‘the Talk,’” see: [www.cdc.gov/healthyyouth/protective/pdf/talking_teens.pdf](http://www.cdc.gov/healthyyouth/protective/pdf/talking_teens.pdf).

Individuals who are sexually active should talk with their physician to see what testing is right for them. The Health Department’s STD Clinic also offers confidential testing, diagnosis, treatment and prevention counseling for syphilis, chlamydia and gonorrhea. The clinic also provides testing and treatment referrals for HIV and Hepatitis C, and evaluation and treatment for human papillomavirus (HPV)-related conditions. STD testing is confidential. For persons under 18 years, testing is free. DCHD STD services are available by appointment, with walk-ins welcome, at these locations:

**Central Public Health Center**
111 North County Farm Road
Wheaton, IL 60187
Mondays from 2:00 p.m. – 7:00 p.m.
Occasional Wednesdays, 4:00-6:00 p.m. (please call first to check availability)

**Southeast Public Health Center**
422 North Cass Avenue
Westmont, IL 60559
Third and Fourth Tuesday of each month, 1:00 p.m. – 4:30 p.m.

For more information, see [https://www.cdc.gov/std/](https://www.cdc.gov/std/) and [http://www.dph.illinois.gov/topics-services/diseases-and-conditions/STDs](http://www.dph.illinois.gov/topics-services/diseases-and-conditions/STDs). For questions, concerns or to schedule an appointment in STD Clinic, call the DuPage County Health Department at (630) 682-7400.
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<th>DISEASE</th>
<th>RECOMMENDED RX</th>
<th>DOSE/ROUTE</th>
<th>ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BACTERIAL VAGINOSIS</strong></td>
<td>nitrofurazone oral OR metronidazole gel OR clindamycin cream OR metronidazole oral OR metronidazole gel OR clindamycin cream</td>
<td>500 mg orally 2x/day for 7 days OR 500 mg orally 2x/day for 7 days OR 2% vaginal gel 1x/night for 5 days OR 2% vaginal gel 1x/day for 7 days OR 2% vaginal gel 1x/night for 7 days</td>
<td>clindamycin 600 mg orally 2x/day for 7 days OR clindamycin 1200 mg orally 2x/day for 7 days OR clindamycin cream 1x/night for 7 days OR clindamycin cream 1x/day for 7 days OR metronidazole 1000 mg orally 2x/day for 7 days OR metronidazole 1000 mg orally 2x/day for 7 days</td>
</tr>
<tr>
<td><strong>PREGNANCY</strong></td>
<td>azithromycin OR doxycycline</td>
<td>1 g orally in a single dose OR 100 mg orally 2x/day for 7 days</td>
<td>clindamycin 300 mg orally 2x/day for 7 days OR clindamycin 600 mg orally 2x/day for 7 days</td>
</tr>
<tr>
<td><strong>CHLAMYDIA (CT) Uncomplicated genital/rectal/pharyngeal infection</strong></td>
<td>azithromycin OR doxycycline</td>
<td>1 g orally in a single dose OR 100 mg orally 2x/day for 7 days</td>
<td>erythromycin base 500 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR doxycycline 100 mg orally 2x/day for 7 days OR ofloxacin 300 mg orally 2x/day for 7 days OR amoxicillin 500 mg orally 3x/day for 7 days OR erythromycin base 500 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate 400 mg orally 4x/day for 7 days</td>
</tr>
<tr>
<td><strong>EPIDIDYMIS</strong></td>
<td>ceftriaxone PLUS doxycycline</td>
<td>250 mg IM in a single dose OR 100 mg orally 2x/day for 10 days</td>
<td>erythromycin base 500 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR doxycycline 100 mg orally 2x/day for 7 days OR ofloxacin 300 mg orally 2x/day for 7 days OR amoxicillin 500 mg orally 3x/day for 7 days OR erythromycin base 500 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate 800 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate 400 mg orally 4x/day for 7 days</td>
</tr>
<tr>
<td><strong>GENITAL HERPES</strong></td>
<td>acyclovir OR valacyclovir OR famciclovir</td>
<td>400 mg orally 3x/day for 7-10 days OR 500 mg orally 3x/day for 7-10 days OR 1 g orally 2 x/day for 7-10 days OR 250 mg orally 3x/day for 7-10 days</td>
<td>acyclovir 400 mg orally 5x/day for 7 days OR acyclovir 800 mg orally 5x/day for 7 days OR acyclovir 1 g orally 1x/day for 7 days OR famciclovir 125 mg orally 2x/day for 5 days OR famciclovir 125 mg orally 2x/day for 5 days OR famciclovir 1 g orally 1x/day OR famciclovir 500 mg orally once, followed by 250 mg 2x/day for 2 days</td>
</tr>
<tr>
<td><strong>SYPHILIS</strong></td>
<td>benzathine penicillin G or azithromycin</td>
<td>See complete CDC guidelines.</td>
<td>See complete CDC guidelines.</td>
</tr>
<tr>
<td><strong>GONORRHEA (GC)</strong></td>
<td>dual therapy with ceftriaxone PLUS azithromycin</td>
<td>250 mg IM in a single dose OR 1 g orally in a single dose</td>
<td>dual therapy with ceftriaxone 400 mg orally PLUS azithromycin 1 g orally</td>
</tr>
<tr>
<td><strong>PHARYNGEAL</strong></td>
<td>dual therapy with ceftriaxone PLUS azithromycin</td>
<td>250 mg IM in a single dose OR 1 g orally in a single dose</td>
<td>dual therapy with ceftriaxone 400 mg orally PLUS azithromycin 1 g orally</td>
</tr>
<tr>
<td><strong>PREGNANCY</strong></td>
<td>dual therapy with ceftriaxone PLUS azithromycin</td>
<td>250 mg IM in a single dose OR 1 g orally in a single dose</td>
<td>dual therapy with ceftriaxone 400 mg orally PLUS azithromycin 1 g orally</td>
</tr>
</tbody>
</table>

**SEXUALLY TRANSMITTED DISEASES:**

**SUMMARY OF 2015 CDC TREATMENT GUIDELINES**

PREPARED BY THE NNPTC, NCSD, AND ASTO. WITH SUPPORT FROM THE CDC DIVISION OF STD PREVENTION.

COMPLETE GUIDELINES CAN BE ORDERED AT WWW.CDC.GOV/STD/TREATMENT.

**National Network of STD Clinical Prevention Training Centers**

STD CLINICAL CONSULTATION IS AVAILABLE IN 1-5 BUSINESS DAYS BY VISITING WWW.STDCCN.ORG

**American Sexually Transmitted Diseases Association**

Communication: Public Health Update Mailing (DuPage County Health Department - Public Health Update)
<table>
<thead>
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<tbody>
<tr>
<td>LYMPHOGRANULOMA VENEREUM</td>
<td>doxycycline(^1)</td>
<td>160 mg orally in 2x/day for 21 days</td>
<td>erythromycin base 300 mg orally 4x/day for 21 days</td>
</tr>
<tr>
<td>NONGONOCOCAL URETHRITIS (NGU)(^{2,3})</td>
<td>azithromycin OR doxycycline</td>
<td>1 g orally in a single dose 100 mg orally 2x/day for 7 days</td>
<td>erythromycin base(^1) 300 mg orally 4x/day for 7 days OR erythromycin ethylsuccinate(^1) 800 mg orally 4x/day for 7 days</td>
</tr>
<tr>
<td>PEDICULOSIS PUBIS</td>
<td>permethrin 1% cream rinse OR pyrethrins with piperonyl butoxide</td>
<td>Apply to affected area, wash off after 10 minutes OR apply to affected area, wash off after 10 minutes</td>
<td>permethrin 300 mg 2x/day for 7 days</td>
</tr>
</tbody>
</table>
| PELVIC INFLAMMATORY DISEASE\(^2,3\) Non-pregnant patients | Parenteral Regimens  
- OR ethylsuccinate 1.8 g IV daily for 4 days  
- Oxacillin 1.8 g IV daily for 4 days  
- Penicillin 2.4 million units IM in 3 doses each at 1 week intervals (7.2 million units total)  
- 10-24 million units per day, administered as 3-4 million units IV every 4 hours or continuous infusion, for 10-14 days  
- 2.4 million units IM in a single dose  
- 2.4 million units IM in 3 doses each at 1 week interval (7.2 million units total)  
- Same as above under neurosyphilis | Parenteral Regimens  
- ampicillin/sulbactam 3.6 g IV every 6 hours  
- Pneumococcal meningitis 240 mg orally 4x/day for 7 days | ampicillin/sulbactam 3.6 g IV every 6 hours PLUS doxycycline 100 mg orally 4x/day for 7 days |
| SCABIES                             | permethrin 5% cream OR permethrin | Apply to all areas of body from neck down, wash off after 8-14 hours 200 mg/kg orally, repeated in 2 weeks | Indomethacin 30-60 mg orally 2x/day for 7 days |
| SYPHILIS Primary, secondary, or early latent <1 year | benzathine penicillin G | 2.4 million units IM in a single dose | doxycycline\(^1\) 100 mg orally 2x/day for 14 days OR tetracycline\(^1\) 500 mg orally 4x/day for 14 days |
| Latent >1 year, latent of unknown duration | benzathine penicillin G | 2.4 million units IM in 3 doses each at 1 week intervals (7.2 million units total) | doxycycline\(^1\) 100 mg orally 2x/day for 14 days OR tetracycline\(^1\) 500 mg orally 4x/day for 14 days |
| Neurosyphilis and ocular syphilis | aqueous crystalline penicillin G | 10-16 million units IM in 3 doses each at 1 week intervals (7.2 million units total) | doxycycline\(^1\) 100 mg orally 2x/day for 14 days OR tetracycline\(^1\) 500 mg orally 4x/day for 14 days |
| Pregnancy Primary, secondary, or early latent <1 year | benzathine penicillin G | 2.4 million units IM in a single dose | Doxycycline\(^1\) 100 mg orally 2x/day for 28 days OR tetracycline\(^1\) 500 mg orally 4x/day for 28 days |
| Pregnancy Latent >1 year, latent of unknown duration | benzathine penicillin G | 2.4 million units IM in 3 doses each at 1 week interval (7.2 million units total) | Doxycycline\(^1\) 100 mg orally 2x/day for 28 days OR tetracycline\(^1\) 500 mg orally 4x/day for 28 days |
| Pregnancy Neurosyphilis and ocular syphilis | aqueous crystalline penicillin G | Same as above under neurosyphilis | None\(^{38}\) |
| TRICHOMONIASIS Persistent or recurrent trichomoniase | metronidazole\(^{35}\) OR tinidazole\(^{39}\) | 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose | None\(^{38}\) |
| Persistent or recurrent trichomoniase | metronidazole\(^{35}\) OR tinidazole\(^{39}\) | 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose | None\(^{38}\) |
| | If this regime fails: metronidazole\(^{35}\) OR tinidazole\(^{39}\) | 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose | None\(^{38}\) |
| | If this regime fails, susceptibility testing is recommended. | 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose 2 g orally in a single dose | None\(^{38}\) |

1. The recommended regimens are equally efficacious.
2. These creams are oil-based and may weaken latex condoms and diaphragms. Refer to product labeling for further information.
3. Should not be administered during pregnancy, lactation, or to children <8 years of age.
4. If patient lives in community with high GC prevalence, or has risk factors e.g., age >25 years, new partner, partner with concurrent sex partners, or sex partner with a STD, consider empiric treatment for GC.
5. If patient cannot tolerate high-dose erythromycin base schedules, change to 250 mg 4x/day for 14 days.
6. If patient cannot tolerate high-dose erythromycin ethylsuccinate schedules, change to 400 mg 4x/day for 14 days.
7. Contraindicated for pregnant or lactating women.
8. Erythromycin estolate is contraindicated during pregnancy.
9. Patients who do not respond to therapy within 72 hours should be re-evaluated.
10. For patients with suspected sexual transmitted epididymitis, close follow-up is essential.
11. No definitive information available on preterm exposure.
12. Treatment may be extended if healing is incomplete after 10 days of therapy.
13. Consider discontinuation of treatment after one year to assess frequency of recurrences.
14. Vaginal, cervical, urethral, anal, and oral warts may require referral to a appropriate specialist.
15. CDC recommends that treatment for uncomplicated gonococcal infections of the cervix, anorectum, and/or urethra should include dual therapy, i.e., both ceftriaxone plus azithromycin.
16. CDC recommends that ceftriaxone in combination with azithromycin or doxycycline be used as an alternative when ceftriaxone is not available. Or cephalosporins give lower and less-lasting bactericidal levels than ceftriaxone 250 mg; limited efficacy for treating pharyngeal GC.
17. If ceftriaxone is recommended for the treatment of pharyngeal infection. Providers should inquire about oral sexual exposure.
18. Dual therapy with levofloxacin 320 mg po or plus azithromycin 2 g po or gentamicin 240 mg IM plus azithromycin 2 g po are potential alternatives. ID specialist consult may be prudent. Azithromycin monotherapy is no longer recommended due to resistance concerns and treatment failure reports.

3. Every effort should be made to use a recommended regimen. Test-of-cure follow-up (preferably by NI 3-4 weeks after completion of therapy is recommended in pregnancy. In case of allergy to both alternative and recommended regimens, consult with the STD Clinical Consultation Network at www.stcc.org.
4. M. genitalis is the most common cause of recurrent/porous NGU. Men who initially treated ceftriaxone should be treated with azithromycin 1g orally. Men who fail a regimen of azithromycin should be treated with metronidazole 400mg orally daily for 7 days (effective against M. genitalis).
5. In areas of high trichomoniasis prevalence, men who have sex with women should also be treated with metronidazole OR tinidazole 2 g orally in a single dose. MSM are unlikely to benefit from the addition of tinidazole.
6. Testing for gonorrhea and chlamydia is recommended because a specific diagnosis may improve compliance and partner management because these infections are reportable by state law.
7. Evaluate for bacterial vaginosis and trichomoniasis. Even if bacterial vaginosis is present or cannot be excluded, treatment with parenteral therapy for the first 24 hours followed by 14 days of therapy is sufficient as described above. If trichomoniasis is also present, treat as per above guidelines.
8. Contraindicated for pregnancy or lactating women, or children <10 years of age.
9. Do not use after a bath; should not be used by persons who have extensive dermatitis.
10. Some specialties recommend 2.4 million units of benzathine penicillin G once weekly for up to 3 weeks after completion of metronidazole treatment. If ceftriaxone is used, treatment should be extended to 14 days.
11. Randomized controlled trials comparing single 2 g doses of metronidazole and tinidazole suggest that tinidazole is equivalent to, or superior to, metronidazole in achieving parasitologic cure and resolution of symptoms.
12. Pregnant patients can be treated with 2 g single dose.
13. Indicates update from the 2010 CDC Guidelines for the Treatment of Sexually Transmitted Diseases.

Download the STD Treatment Guidelines App in iTunes or Google Play
MEMORANDUM

TO: Physicians, Health Care Providers, and Local Health Departments

FROM: Sexually Transmitted Disease (STD) Program

DATE: July 15, 2016

SUBJECT: New CDC MMWR report on antibiotic-resistant gonorrhea includes concerning findings for azithromycin – one of two drugs in the only recommended treatment regimen

On July 14, 2016, the Centers for Disease Control and Prevention (CDC) MMWR report titled *Neisseria gonorrhoeae Antimicrobial Susceptibility Surveillance - The Gonococcal Isolate Surveillance Project, 27 Sites, United States, 2014* which presented the first report to present comprehensive surveillance data from the CDC’s sentinel surveillance system to monitor trends in antimicrobial susceptibilities of *N. gonorrhoeae*, the *Gonococcal Isolate Surveillance Project* (GISP), and summarized gonorrhea resistance trends over time. This report outlines a concerning trend: resistance levels of gonorrhea to azithromycin, one of the two drugs in the recommended dual therapy treatment for gonorrhea, increased from 0.6 percent in 2013 to 2.5 percent in 2014 (317 percent increase). This is concerning now that this threat is emerging at a time when gonorrhea rates continue to rise while resources to fight this common infection continue to fall.

ISSUE

Gonorrhea is the second most commonly reported notifiable disease in the United States. The CDC estimates that approximately 80,000 new gonorrhea infections occur in the U.S. each year. Gonorrhea infections are a major cause of pelvic inflammatory disease in women, which can lead to serious reproductive complications including tubal infertility, ectopic pregnancy, and chronic pelvic pain. Prevention of sequelae and of transmission to sexual partners relies largely on prompt detection and effective antimicrobial treatment. However, the emergence of cephalosporin-resistant gonorrhea significantly complicated the ability of providers to treat gonorrhea successfully.

TREATMENT RECOMMENDATIONS

Since 2012, the CDC has recommended dual therapy with a single dose of 250 mg of intramuscular ceftriaxone in combination with 1 gram of oral azithromycin. This recommendation was made to preserve the last highly effective class of antibiotics left to treat gonorrhea (i.e., cephalosporins) for as long as possible after laboratory data suggested that the oral cephalosporin, cefixime, was becoming less effective. According to GISP data, isolates with reduced azithromycin susceptibility were highly susceptible to ceftriaxone, and isolates with reduced ceftriaxone susceptibility were highly susceptible to azithromycin, suggesting that cases resistant to one drug would be cured by the second. This demonstrates the strength and importance of dual treatment and today, this combination therapy is now the only recommended treatment option available for gonorrhea.
With the increasing resistance to azithromycin, whether this may be an indication of future trends at this point in time, is still concerning. The GISP data shows the fact that gonorrhea can rapidly develop resistance across the country, which has serious implications for treatment of this infection and control of the gonorrhea epidemic. Azithromycin is not only a part of the CDC recommended gonorrhea treatment, but is also included in every alternative treatment to gonorrhea.

According to the CDC Clinician Outreach and Communication Activity (COCA), Clinicians should not treat gonorrhea with only azithromycin. As the GISP data suggests that azithromycin resistance might be emerging, the data suggests the use of azithromycin as a monotherapy to treat gonorrhea might promote the emergence of azithromycin-resistant gonorrhea. Clinicians should follow gonorrhea dual therapy recommendations and can find the most up-to-date gonorrhea treatment guidance within CDC’s STD Treatment Guidelines.

REPORTING
Clinicians should report apparent treatment failures to CDC recommended therapies to their local health department’s (LHD) STD program. Health departments should report to IDPH and are encouraged to notify CDC of such cases by contacting Robert D. Kirkcaldy, MD, MPH (rkirkcaldy@cdc.gov; 404-639-8659). Additional resources and references for antibiotic-resistant gonorrhea are available online.

PREVENTION AND SCREENING
The complications and spread of gonorrhea can also be prevented through screening. Key screening recommendations are as follows:

- Screen all sexually active women younger than 25 years, as well as older women with risk factors such as new or multiple sex partners or a sex partner who has a sexually transmitted infection.
- Screen sexually active MSM at anatomic sites of possible exposure at least annually.

Clinicians should also:

- Notify and treat sexual partners to prevent reinfection and help halt the spread of gonorrhea.
- Consider Expedited Partner Therapy (EPT) for heterosexual partners unable or unwilling to access care. In Illinois, as of 2010, all health care professionals prescribing or providing EPT are protected from civil or professional liability, except for willful and wanton misconduct (Control of Sexually Transmissible Infections Code, 77 Ill. Adm. Code 693.150).

For further inquiries, please contact your local health department or the IDPH STD Program at (217) 782-2747.
The purpose of this two-page surveillance update is to promote the control and prevention of communicable disease (CD) by providing clinically relevant information and resources to healthcare professionals in DuPage County.

**Under the Microscope**

**Syphilis**

Syphilis, a genital ulcerative disease caused by the bacterium *Treponema pallidum*, is associated with significant complications if left untreated and can facilitate the transmission and acquisition of HIV infection. As observed locally and nationally, men account for the most cases of syphilis, with the vast majority of those cases occurring among men who have sex with men (MSM).

Additionally, historical data demonstrate that untreated early syphilis in pregnant women, if acquired during the four years before delivery, can lead to infection of the fetus in up to 80% of cases and may result in stillbirth or death of the infant in up to 40% of cases. Due to an increase in the national rate of primary and secondary syphilis among women, the 2014 congenital syphilis rate in the U.S. is higher than seen in over a decade.

After being on the verge of elimination in 2000 in the U.S., syphilis cases have rebounded. Rates of early syphilis have continued to rise overall in recent years, nationally and locally. DuPage County has been experiencing a sustained increase in reported syphilis cases since 2013.

**Epidemiology:** The DuPage County 2017 provisional case count of early syphilis (includes primary, secondary, and early non-primary non-secondary syphilis; less than one year’s duration of infection) is 48, compared to 59 cases reported in 2016. Over half (59%) of reported cases were 30 years of age or older (unlike the younger age distribution of chlamydia and gonorrhea cases). Consistent with previous years, 2017 cases have occurred primarily in men, with a reported risk of being MSM (men who have sex with men; includes MSM only or bisexual). Over two in five (41%) of all cases reported in 2017 have co-infection with HIV.

**Recommendations:** The DuPage County Health Department (DCHD) is requesting the assistance of clinicians to counteract this ongoing increase in early syphilis cases. To assist in rapid identification and prompt intervention, the Illinois Department of Public Health (IDPH) recommends the following:

- **Perform syphilis serologic testing for anyone with signs or symptoms of syphilis (gentialinal ulceration or a generalized rash, often involving both the palms and soles).**
- **Perform syphilis serologic testing and empirically treat, without waiting for test results, any patient who presents with classic features of primary or secondary syphilis OR who has had a sexual exposure to an early syphilis case in the past 90 days.**
- **Perform syphilis serologic screening for all MSM and HIV-positive patients at least once annually, and every three months for individuals with ongoing high-risk behaviors. High-risk behaviors include having multiple or anonymous sexual partners, engaging in unprotected intercourse, or having sex in conjunction with illicit drug use.**
- **Illinois Administrative Code requires syphilis serologic screening to be performed on all pregnant women at the first prenatal visit and during the third trimester of pregnancy (410 ILCS 320/ Prenatal Syphilis Act).**
- **Assess for signs of ocular or other neurologic involvement in ALL patients with a syphilis diagnosis as neurologic involvement may occur during any stage of syphilis.**
- **Perform HIV serologic screening for ALL patients with a new syphilis diagnosis unless they are already known to be HIV-positive.**
- **Encourage all patients with early syphilis to notify their sexual partners of the need to seek testing and treatment. Partner Services is a very important strategy to stop the spread of early syphilis.**
- **As syphilis is a reportable disease, the health department will confidentially contact all cases to provide disease counseling and to elicit partner information.**
- **Counseling skills, characterized by respect, compassion, and non-judgment, are essential to obtaining a thorough sexual history and to delivering prevention messages effectively. Suggested resource: CDC's A Guide to Talking a Sexual Health History at www.cdc.gov/std/treatment/sexuallyhistory.pdf.**
- **Offer Pre-exposure prophylaxis (PrEP), a PrEP referral, or PrEP educational materials to patients who are NOT currently infected with HIV but have a syphilis infection. Illinois PreP resource page: http://prep.illinois.gov.**

**Prevention:** In addition to screening, timely diagnosis and treatment, with appropriate partner notification and management, the most reliable way to avoid transmission of sexually transmitted diseases (STDs) is to abstain from sex (i.e., oral, vaginal, or anal sex) or to be in a long-term, mutually monogamous relationship with an uninfected partner. Latex male condoms, when used consistently and correctly, can reduce the risk of transmission of syphilis and other STDs.

**References:**

1. www.cdc.gov/std/stats16/syphilis.htm
2. www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a3.htm
3. www.cdc.gov/mmwr/preview/mmwrhtml/mm6318a4.htm
5. www.cdc.gov/std/tg/2015/syphilis.htm

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For questions to or report a suspect or known case of syphilis, please call the DuPage County Health Department at (630) 221-7555. Patients may be referred for STD screening, diagnosis, treatment, and counseling to the DCHD STD Clinic (for an appointment, please call 630-682-7400).
### DUPAGE COUNTY HEALTH DEPARTMENT

**CASES OF REPORTABLE DISEASES**

*Last updated by the Illinois Department of Public Health in April 2016*

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#### 3.B.2

**Communication:** Public Health Update Mailing (DuPage County Health Department - Public Health Update)

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**CD REVIEW**

**Volume 14, No. 2**

February 2018

DuPage County healthcare providers and hospitals must report any suspected or confirmed case of these diseases to the local health authorities within the number of hours or days indicated.

#### REPORTING NUMBERS:

**Communicable Diseases**

(630) 221-7553

24 hours: (630) 682-7400

**Tuberculosis**

(630) 221-7522

**STDs**

(630) 221-7553

**HIV/AIDS:**

(630) 221-7553

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**Packet Pg. 42**

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**Notes:**

1. Provisional cases, based on data of onset

2. Listed in CD Rules and Regulations under "Tickborne Disease"

3. Listed in CD Rules and Regulations under "Avascular Infections"

4. O157:H7, STEC, EIEC, ETEC, EPEC

5. Listed in CD Rules and Regulations under "Streptococcal infections, group A invasive disease sequelae"

6. Two or more laboratory-confirmed cases of community onset MRSA infection during a 14 day period

7. Includes streptococcal toxic shock syndrome and necrotizing fasciitis

8. Due to Staphylococcus aureus

9. HIV/AIDS data are provided quarterly by IDPH and are provisional, based on date of diagnosis.

10. HIV counts reflect all newly diagnosed HIV cases regardless of stage of disease at diagnosis.

11. Cases are provisional, based on test date per local health department investigation.

NR = Not reported

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**Websites**

CDC: [www.cdc.gov](http://www.cdc.gov)

IDPH: [www.dph.illinois.gov](http://www.dph.illinois.gov)

DuPage: [www.dupagehealth.org](http://www.dupagehealth.org)

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**Archived issues of CD Review are available at:**
[www.dupagehealth.org/publications](http://www.dupagehealth.org/publications)
Expedited Partner Therapy (EPT) for Chlamydia and Gonorrhea Fact Sheet for Health Care Providers

What’s EPT?

EPT is the clinical practice of providing prescriptions or medications to the sex partners of patients diagnosed with chlamydia or gonorrhea without the health care provider first examining the partner. EPT is an effective treatment option and increases the likelihood that sex partners will get treatment, thus reducing re-infection rates and overall sexually transmitted disease (STD) rates in a community.

EPT has been Legal in Illinois since January 1, 2010

EPT is ideal for partners who are unlikely or unable to present for comprehensive medical care. Health care providers should provide patient counseling as well as written materials, available for download on the Illinois Department of Public Health.

EPT is legal in 41 states as of July 2017

EPT has the support of professional organizations

- American Medical Association
- American Bar Association
- Society for Adolescent Health and Medicine (Co-signed by the American Academy of Pediatrics)
- National Association of City and County Health Officials
- American Congress of Obstetricians and Gynecologists (ACOG) Committee Opinion (click here for opinion link)
- National Coalition of STD Directors testimony

Illinois Reported Use of EPT

Reported use of EPT increased 151% from 2010 to 2016 (508 doses among 60 different counties to 1,275 doses among 90 different counties).

Liability

EPT law protects prescribing clinicians from civil and professional liability, except for willful and wanton misconduct. Health care professionals (defined as physicians, physician assistants, advanced practice nurses) who make a clinical diagnosis of chlamydia (CT) or gonorrhea (GC) may prescribe, dispense, furnish, or otherwise provide antibiotics to the infected person's partner(s) without physical examination of the partner(s). See EPT Law for full details: Control of Sexually Transmissible Infections Code, 77 Ill. Adm. Code 693.150 (EPT)
Why use EPT? It works!

- It is considered the standard of care and is endorsed by Center for Disease Control and prevention (CDC) and other professional organizations (listed above).
- It is proven to reduce re-infection rates and possible health complications due to untreated STDs.
- It is an effective tool to combat the rising STD rates.
- It is a useful option to facilitate partner treatment.
- It is an effective option for partners who are unlikely to seek treatment, however clinical evaluation is still preferred.
- It allows the patient to deliver either a prescription or medications along with an informational fact sheet to their partner(s).

Who is Eligible?

Eligible partners include sex partners (of patients diagnosed with gonorrhea and/or chlamydia) exposed within the previous 60 days and unlikely or unable to seek medical care.

Due to gonorrhea resistance concerns every effort should be made to ensure that a patient's sex partners from the past 60 days are evaluated and treated with the recommended regimen (ceftriaxone 250 mg IM plus a single dose of azithromycin 1 g orally). However, because that is not always possible, providers should still consider EPT for heterosexual partners of patients diagnosed with gonorrhea that are unlikely to access timely evaluation and treatment. A comprehensive clinical evaluation rather than EPT is always the first choice for pregnant women and men who have sex with men (MSM).

EPT facts for Patients

- Patients and partners should not engage in sexual activity for seven days following EPT.
- Allergic reactions, although quite rare, may occur.
- Encourage patients to have partners seen by a medical professional.
- Provide informational fact sheets to be given to the partner by the patient.
- It is recommended that any patient diagnosed with chlamydia and/or gonorrhea infection be re-tested in three months to evaluate for possible re-infection.

Recommended EPT Medications given to sex partners

<table>
<thead>
<tr>
<th>Index Patient</th>
<th>Recommended EPT Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia Infection</td>
<td>Azithromycin (Zithromax) tablets 1g orally (500mg tables x2)</td>
</tr>
<tr>
<td>Gonorrhea Infection OR</td>
<td>DUAL THERAPY</td>
</tr>
<tr>
<td>Gonorrhea and Chlamydia Co-Infection</td>
<td>Cefixime (Suprax) 400mg orally once PLUS</td>
</tr>
<tr>
<td></td>
<td>Azithromycin (Zithromax) tablets 1g orally (500mg tables x2)</td>
</tr>
</tbody>
</table>
WHY IS EPT IMPORTANT?
STDs RISE AT AN ALARMING RATE

According to the Centers for Disease Control and Prevention (CDC) 2015 STD Surveillance Report, more cases of chlamydia, gonorrhea, and syphilis combined were reported than ever before. In Illinois during 2016, there were 72,201 (4% increase) chlamydia (CT) cases and 21,199 (24% increase) gonorrhea (GC) cases reported.

In Illinois from 2007-2016:
- Chlamydia cases had a 30% increase
- Gonorrhea cases had a 2% increase

Sources and Additional Resources (hyperlinks):
- Illinois Control of Sexually Transmissible Infections Code, 77 Ill. Adm. Code 693
- Illinois Department of Public Health EPT Treatment Fact Sheets for Sex Partners (found under “EPT facts for Patients”)
- CDC STD Treatment Guidelines
- CDC EPT and Legal Status of EPT
- SCDC 2015 STD Surveillance
- Expedited Partner Therapy in the Management of Sexually Transmitted Diseases, Review and Guidance CDC, 2006
- IDPH Division of Infectious Disease Website
- CDC Gonorrhea Fact Sheet
- CDC Chlamydia Fact Sheet

The Illinois Department of Public Health STD Section appreciates your commitment to maintaining and promoting the health of all Illinoisans. For any questions or assistance please contact the IDPH STD Section at 217-782-2747.
November 14, 2017

Dear Health Care Provider,

In 2012, the U.S. Food and Drug Administration (FDA) approved the use of Truvada® (a fixed dose combination of emtricitabine/tenofovir disoproxil fumarate) as a pre-exposure prophylaxis for HIV negative individuals.

In March of 2015, the Illinois Department of Public Health (IDPH) shared with health care providers across the state the Centers for Disease Control and Prevention’s (CDC) and the U.S. Public Health Service’s clinical guidelines recommending health care providers consider prescribing pre-exposure prophylaxis (PrEP) for patients at significant risk for acquiring HIV. IDPH continues to support the provision of PrEP as an evidence-based biomedical intervention to prevent HIV infections and hopes to expand both the provider base and usage of PrEP for Illinois residents.

When taken every day, PrEP is safe and highly effective in preventing HIV infection. This strategy of providing daily oral antiretroviral drugs continuously to people who are HIV negative and who are at elevated risk for acquiring HIV from sex or injection drug use has proven to be extremely effective in reducing HIV acquisition. In several studies of PrEP, the risk of getting HIV infection was lower—more than 90% lower for sexual exposure and 70% lower for injection drug use exposure—for participants who took the medicines consistently than for those who didn’t take the medicines. NOTE: PrEP’s effectiveness depends on patient adherence; PrEP does not work nearly as well if it is not taken daily.

The CDC PrEP guidelines acknowledge that providers play a central role in increasing awareness and uptake of PrEP. Providers can:

- Prescribe PrEP to those patients with indications for its use – condomless sex with multiple sex partners of unknown HIV status and/or sharing equipment to inject drugs.
- Use the guidelines and providers’ supplement to get information about counseling patients who use PrEP about adherence and other HIV risk reduction methods, including condom use.
- Regularly monitor HIV infection status, side effects, adherence, and encourage patients to use PrEP with other proven prevention strategies including the use of condoms, lubrication, sterile syringes or other risk reduction strategies.
As a clinician, you play a critical role in helping to realize the promise of PrEP for HIV prevention in the Illinois. Starting today, you can take several key steps to help expand uptake of PrEP and help address some of the practical issues for its effective delivery. These include:

- Prescribing PrEP to those patients with indications for its use
- Offer education to increasing awareness of this safe and effective HIV prevention intervention
- Creating an open dialogue with patients to screen for behaviors that may result in HIV acquisition, communicate prevention messages and reinforce safer behaviors
- Communicating to patients in HIV-discordant relationships that PrEP is an available option for the HIV-negative partner

The guidelines, *Pre-Exposure Prophylaxis for the Prevention of HIV in the United States: A Clinical Practice Guideline* (May 2014) and the companion Clinical Provider’s Supplement (May 2014) are available for download at [PrEP Clinical Guidelines](#) and [PrEP Provider Supplement](#). We trust that the guidelines will give you the information and confidence you need to prescribe and support PrEP use for eligible patients for whom this intervention will prove beneficial.

If you are a prescribing clinician and would like to be added to our referral database for PrEP, please submit your contact information to the Illinois Department of Public Health at: [DPH.PrEP4Illinois@illinois.gov](mailto:DPH.PrEP4Illinois@illinois.gov)

In addition, IDPH has created a website [www.PrEP4Illinois.com](http://www.PrEP4Illinois.com) to assist with any questions that you may have concerning PrEP. While PrEP is covered by both public and private insurance, the website also covers options for paying for PrEP for patients without insurance or if co-pays and deductibles present a barrier accessing PrEP.

Sincerely,

Jen Layden, MD PhD

Chief Medical Officer and State Epidemiologist
Illinois Department of Public Health
[jennifer.layden@illinois.gov](mailto:jennifer.layden@illinois.gov)

Eduardo A. Alvarado, MPH, MPAP
Chief, HIV/AIDS Section
Illinois Department of Public Health
[eduardo.alvarado@illinois.gov](mailto:eduardo.alvarado@illinois.gov)

**PrEP**

**ONE PILL.**
**ONCE A DAY.**
Protect against HIV.
DuPage County Health Department

STD CLINIC

Services Provided:
- Confidential examination and testing
- Diagnosis, treatment and prevention counseling for syphilis, chlamydia and gonorrhea current with CDC guidelines
- HIV and Hepatitis C testing and treatment referrals
- Treatment for human papillomavirus (HPV) related conditions
- HIV PrEP (Pre-exposure Prophylaxis)
- Expedited Partner Therapy (EPT)
- Free condoms

What to Know:
- Each clinic has a doctor and/or nurse practitioner
- Services are provided to any person 12 years of age and older, regardless of county of residence

To Make an Appointment call (630) 682-7400:
Services are available by appointment, with walk-ins welcome, at these locations:

Central Public Health Center
111 North County Farm Road, Wheaton, IL 60187

Southeast Public Health Center
422 North Cass Avenue, Westmont, IL 60559

Clinic Cost:
- Clients under 18: free
- Clients 18 and over: $80.00 service fee applies
- Cash, check, Visa or Mastercard are accepted
DuPage County Health Department

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111 North County Farm Road
Wheaton, IL 60187
www.dupagehealth.org
1. CALL TO ORDER

10:15 AM meeting was called to order by Chair Robert L Larsen at 10:15 AM.

2. ROLL CALL

PRESENT: Chaplin, Hart, Khouri (10:18 AM), Larsen, Tornatore
ABSENT: Grant

3. PUBLIC COMMENT

4. CHAIRMAN'S REPORT - CHAIR LARSEN

Chairman Larsen reminded the committee of the DuPage Care Center Foundation Bartender fund raiser on April 24 from 5:00 p.m to 9:00 p.m at Ellyn's Tap and Grill at 940 Roosevelt Road in Glen Ellyn.

5. APPROVAL OF MINUTES

Health & Human Services - Regular Meeting - Apr 3, 2018 10:15 AM

RESULT: ACCEPTED [UNANIMOUS]
MOVER: Sam Tornatore, Vice Chair
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Hart, Larsen, Tornatore
ABSENT: Grant, Khouri

6. COMMUNITY SERVICES - MARY KEATING

CS Requests That Also Require Finance And/Or County Board Approval

FI-R-0145-18 RESOLUTION -- Acceptance of a Change in Grant Term of the Illinois Home Weatherization Assistance Program State Grant FY18 Company 5000- Accounting Unit 1490
RESULT:  APPROVED [UNANIMOUS]
MOVER:  Elizabeth Chaplin, District 2
SECONDER:  Sam Tornatore, Vice Chair
AYES:  Chaplin, Hart, Larsen, Tornatore
ABSENT:  Grant, Khouri

7.  COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

Member Khouri entered at 10:18 a.m.

CDC Requests That Also Require Finance And/Or County Board Approval

HHS-R-0146-18 RESOLUTION -- Recommendation for Approval of a 5th Modification to a Neighborhood Stabilization Program (NSP) Agreement for Project NSP08-02a – Habitat for Humanity Acquisition, Rehabilitation, and Resale, to Increase the Maximum Allowable Median Family Income From 50% to 80%.

RESULT:  APPROVED [UNANIMOUS]
MOVER:  Tonia Khouri, District 5
SECONDER:  Greg Hart, District 3
AYES:  Chaplin, Hart, Khouri, Larsen, Tornatore
ABSENT:  Grant

8.  DUPAGE CARE CENTER - JANELLE CHADWICK

A.  DuPage Care Center Requests That Also Require Finance And/Or County Board Approval

1.  HHS-P-0123-18 Recommendation for the approval of a contract purchase order to CareVoyant, Inc., for one (1) year of software maintenance for the CareVoyant software system and first databank annual usage fee, for the DuPage Care Center, for the period May 1, 2018 through April 30, 2019, for a contract not to exceed $77,817.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids.
RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Hart, Khouri, Larsen, Tornatore
ABSENT: Grant

2. HHS-CO-0006-18 Amendment to Contract 2486-0001 SERV Issued to Great Lakes Coca-cola Distribution, LLC for canned and bottled beverages to be sold in three (3) County Cafe’s, to extend contract through June 30, 2018 and increase in the amount of $5,400.00 for the Care Center, resulting in an amended contract total amount of $29,800.00, an increase of 22.13%

RESULT: APPROVED [UNANIMOUS]
MOVER: Elizabeth Chaplin, District 2
SECONDER: Greg Hart, District 3
AYES: Chaplin, Hart, Khouri, Larsen, Tornatore
ABSENT: Grant

B. DuPage Care Center Requests for Parent Committee Final Approval

Items 8.B.1. through 8.B.3. were combined and approved.

RESULT: APPROVED [UNANIMOUS]
MOVER: Greg Hart, District 3
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Hart, Khouri, Larsen, Tornatore
ABSENT: Grant

1. Recommendation for the approval of a contract purchase order to Smith Medical Partners, for flu vaccines for the DuPage Care Center, for the period April 18, 2018 through November 30, 2018, for a contract amount not to exceed $8,452.80, per quotes obtained by our Pharmacist, Dr. Dale Wagener, member of Managed Healthcare Association.

2. 2018-114 Recommendation for the approval of a contract purchase order to QS/1 Data Systems, for software and software maintenance for the QS/1Data System in the Pharmacy Department, for the DuPage Care Center, for the period May 1, 2018 through April 30, 2019, for a contract total not to exceed $20,000.00, per 55 ILCS 5/5-1022 ‘Competitive Bids’ (c) not suitable for competitive bidding.
3. Change Order -- Amendment to Contract 2510-0001 SERV Issued to Bottling Group, LLC for canned and bottled beverages to be sold in the three (3) County Cafe's to extend contract through June 30, 2018 and increase in the amount of $3,600.00, resulting in an amended contract total amount of $23,600.00, an increase of 18.00%.

9. TRAVEL REQUESTS - OVERNIGHT - REQUIRE COUNTY BOARD APPROVAL

Authorization for Overnight Travel -- Community Services - Community Development Administrator to attend the Illinois Association of Community Action Agencies (IACAA) Conference in Springfield, Illinois from May 7, 2018 through May 8, 2018. Expenses to include registration, transportation, lodging, and per diems for approximate total of $830.00. Weatherization grant funded 5000-1430

RESULT: APPROVED [UNANIMOUS]
MOVER: Elizabeth Chaplin, District 2
SECONDER: Sam Tornatore, Vice Chair
AYES: Chaplin, Hart, Khouri, Larsen, Tornatore
ABSENT: Grant

10. RESIDENCY WAIVERS - JANELLE CHADWICK

11. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating, Director of Community Services, reminded the committee of the 7th Annual DuPage Human Race on Saturday, April 28. Ms. Keating urged the committee members to attend to see the 57 nonprofit agencies that will be represented at the event which has over 1100 registered runners. Chairman Larsen added that if the event follows last year, there may be a chance for a County Board member to speak on ABC News on behalf of the County.

Ms. Keating thanked all who attended the Chili Cook-Off on Tuesday, April 10. The event raised over $3200.00 for the DuPage Social Services Association (DSSA), which is a small charitable fund which helps Community Services’ clients with small amounts of financial assistance that can’t be funded elsewhere. Proceeds for DSSA are raised from payroll deductions and fund raisers such as the Chili Cook-Off.

Ms. Keating mentioned the Dispensary of Hope signs in front of the DuPage Care Center and explained the Dispensary of Hope is a nonprofit agency based out of Tennessee. The dispensary collects pharmaceutical samples or overruns from manufacturers and makes the medicines available to nonprofit pharmacies to assist low income residents with prescriptions that have no other means of assistance. The DuPage Health Coalition has united with the DuPage Care Center pharmacy to become a Dispensary of Hope location. Residents that are income eligible and have no other forms of insurance can receive their prescriptions for free. This partnership will save Access DuPage tens of thousands of dollars; providing prescriptions has been their biggest budget line item. The DuPage Health Coalition will also provide funding to the Care Center to provide this service.
12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

13. OLD BUSINESS

14. NEW BUSINESS

15. INFORMATIONAL ITEMS
   
   A. Grant Proposal Notifications -- GPN & Report - Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS) Grant PY19
   $154,556

   B. Grant Proposal Notifications -- Supportive Housing Program PY19 - Illinois Department of Human Services - Community Services - $131,567

   C. Grant Proposal Notifications -- Homeless Prevention Program PY19 - Illinois Department of Human Services - Community Services - $77,110.00

16. ADJOURNMENT

   There being no further business, the meeting was adjourned at 10:25 AM.
WHEREAS, Resolution HHS-P-0385-17 was approved and adopted by the County Board on September 26, 2017; and

WHEREAS, Resolution HHS-P-0385A-17 was approved and adopted by County Board on January 23, 2018 increasing the encumbrance $50,371; and

WHEREAS, the Health and Human Services Committee recommends changes as stated in the Change Order Notice to increase contract 2770-0001 in the amount of $190,154 for Community Services, under the FY18 Weatherization Program Grants.

NOW, THEREFORE, BE IT RESOLVED that DuPage County Board adopts Change Order Notice to Contract 2770-0001 SERV, issued to Healthy Air Heating & Air, Inc., for Community Services, under the FY18 Weatherization Program Grants, for a change order to increase contract in the amount of $190,154, for a new contract total amount of $313,025, for Community Services, under the FY18 Weatherization Program Grants.

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK

RESULT: APPROVED [UNANIMOUS]
MOVER: Greg Hart, District 3
SECONDER: Tonia Khouri, District 5
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
IN ACCORDANCE WITH 720 ILCS 5/33E-9

☐ (A) Were not reasonably foreseeable at the time the contract was signed.
☐ (B) The change is germane to the original contract as signed.
☐ (C) Is in the best interest for the County of DuPage and authorized by law.

| A | Starting contract value | $72,500.00 |
| B | Net $ change for previous Change Orders | $50,371.00 |
| C | Current contract amount (A + B) | $122,871.00 |
| D | Amount of this Change Order | $190,154.00 |
| E | New contract amount (C + D) | $313,025.00 |
| F | Percent of current contract value this Change Order represents (D / C) | 154.76% |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | 331.76% |

DECISION MEMO NOT REQUIRED

☐ Cancel entire order
☐ Close Contract
☐ Contract Extension (29 days)
☐ Consent Only

☐ Increase budget code from: ____________________________ to: ____________________________
☐ Increase/Decrease quantity from: ____________________________ to: ____________________________
☐ Price shows: ____________________________ should be: ____________________________

☐ Decrease remaining encumbrance and close contract
☐ Increase encumbrance and close contract
☐ Decrease encumbrance
☐ Increase encumbrance

REVIEWS BY (Initials Only)

Buyer: ____________________________ Date: 4/23/18

Procurement Officer: ____________________________ Date: 4/23/18

Chief Financial Officer (Decision Memos Over $25,000): ____________________________ Date: 4/25/18

Chairman’s Office (Decision Memos Over $25,000): ____________________________ Date: 4/25/18
**Decision Memo**

**Procurement Services Division**

This form is required for all Professional Service Contracts over $25,000 and as otherwise required by the Procurement Review Checklist.

<table>
<thead>
<tr>
<th>Requesting Department: Community Services - Weatherization</th>
<th>Department Contact: Jennifer Chan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email: <a href="mailto:Jennifer.Chan@dupageco.org">Jennifer.Chan@dupageco.org</a></td>
<td>Contact Phone: 630-407-6459</td>
</tr>
<tr>
<td>Vendor Name: Healthy Air Heating and Air, Inc.</td>
<td>Vendor #: 14166</td>
</tr>
</tbody>
</table>

**Action Requested** - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.

Approval of increase in contract due to greater than anticipated need for architectural services for the 2018 Weatherization Program. Contracts for mechanical services and appliances will be decreased to cover the offset.

**Summary Explanation/Background** - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.

Original contract to furnish and install architectural labor and materials for the Weatherization Program. Increase in contract value required in order to meet projected production demand through the end of the Weatherization HHS, State & DOE grant term.

**Strategic Impact**

<table>
<thead>
<tr>
<th>Customer Service</th>
<th>Select one of the five strategic imperatives in the County's Strategic Plan this action will most impact and provide a brief explanation.</th>
</tr>
</thead>
</table>

Acceptance of the increase in contract will enable us to assist additional low-income households in lowering their utility bills with architectural energy improvements.

**Source Selection/Vetting Information** - Describe method used to select source.

Healthy Air Heating and Air, Inc. is a properly procured vendor for this program.

**Recommendations/Alternatives** - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

Accept the increase in contract and assist additional low-income households in DuPage County that need architectural measures to lower their utility bills. There is no reason not to allow eligible households to receive energy improvement assistance when we are offsetting the costs from the mechanical and appliance contracts to solve this issue.

**Fiscal Impact/Cost Summary** - Include projected cost for each fiscal year, approved budget amount and account number, source of funds, and any future funding requirements along with any narrative.

No impact to County General Fund. These are Weatherization grant funds that are being moved among architectural services, mechanical services, and appliances.
Required Vendor Ethics Disclosure Statement

Failure to complete and return this form may result in delay or cancellation of the County's Contractual Obligation.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>HEALTHY AIR HEATING AND AIR INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone</td>
<td>630-927-2211</td>
</tr>
<tr>
<td>Contact Email</td>
<td><a href="mailto:HEALTHYAIRING@sbcglobal.net">HEALTHYAIRING@sbcglobal.net</a></td>
</tr>
</tbody>
</table>

The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, vendor, or vendor that is seeking or has previously obtained a contract change order to any (i) or more contacts, or two (2) or more individual contracts with the county resulting in an aggregate amount of or in excess of $25,000, shall provide to Procurement Services a written disclosure of all political campaign contributions made by such contractor, vendor, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will affect. The contractor, union, or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters, counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees in which the contracting person has made contributions.

2. All contractors and vendors who have obtained or are seeking contracts with the county shall disclose the names and contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county officials or employees in relation to the contractor bid and shall update such disclosure with any changes that may occur.

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Donor</th>
<th>Description</th>
<th>Amount/Value</th>
<th>Date Made</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future county contracts.

I, the contractor or vendor, agree to update this disclosure form as follows:
- If information changes, within five (5) days of change or prior to county action, whichever is sooner
- 50 days prior to the potential removal of any contract
- Annual disclosure for multi-year contracts on the anniversary of said contract
- With any request for change order except those issued by the county for administrative adjustments

The full text for the county's ethics and procurement policies and ordinances are available at:
http://www.dupagegov.org/County/Policies

Hereby acknowledge that I have received, have read, and understand these requirements.

Authorized Signature

Signature on File

Printed Name

PIOTR BLASZCZYK

Title

PRESIDENT

Date

7/24/2017

Attach additional sheets if necessary. Sign each sheet and number each page. Page N/A of N/A (total number of pages)
WHEREAS, bids have been taken and processed in accordance with County Board policy; and

WHEREAS, the Health and Human Services Committee recommends County Board approval for the issuance of a contract purchase order to Warehouse Direct, Incorporated, for hand soap, hand sanitizer, lotion, shampoo and body wash, for the DuPage Care Center for the period May 28, 2018 through May 27, 2020.

NOW, THEREFORE BE IT RESOLVED, that said contract for hand soap, hand sanitizer, lotion, shampoo and body wash for the DuPage Care Center for the period May 28, 2018 through May 27, 2020, be and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Warehouse Direct, Incorporated, 2001 South, Mount Prospect Road, Des Plaines, Illinois for a contract total amount of $62,639.92, per lowest responsible bid #18-055-GV.

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

________________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK

RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Sam Tornatore, Vice Chair
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
# PROCUREMENT REVIEW CHECKLIST

## REQUISITION

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 17, 2018</td>
<td>$62,639.92</td>
<td>MAY 28, 2018 - MAY 27, 2020</td>
<td>DUPAGE CARE CENTER</td>
</tr>
</tbody>
</table>

## SOLICITATION METHOD FOR SOURCE SELECTION

**No Decision Memo Required**  Lowest Responsible Bidder - See attached tabulation

<table>
<thead>
<tr>
<th>Name</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Graczyk</td>
<td>04/17/2018 3:15 PM</td>
</tr>
<tr>
<td>Janelle Chadwick</td>
<td>04/20/2018 9:50 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>04/20/2018 5:26 PM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>04/23/2018 11:25 AM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>04/25/2018 9:37 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>04/26/2018 1:02 PM</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>05/01/2018 10:15 AM</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>05/08/2018 8:00 AM</td>
</tr>
<tr>
<td>County Board</td>
<td>05/08/2018 10:00 AM</td>
</tr>
</tbody>
</table>
### Procurement Review Checklist

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: DuPage Care Center</td>
<td>Contact: Vinit Patel</td>
<td>Phone: 630-784-4273</td>
<td>Assigned Committee: Health and Human Services</td>
</tr>
</tbody>
</table>

**Description of Procurement/Scope of Work/Background:**

Hand soap, hand sanitizer, lotion, shampoo and body wash for the DuPage Care Center, for the period May 28, 2018 through May 27, 2020, per lowest responsible bidder, per bid 18-055-GV.

**Reason for Procurement:**

The above products are necessary supplies in providing cleanliness and stopping the spreading of germs for the DuPage Care Center.

---

**FUNDING SOURCE**

- [x] Procurement budgeted for (FY and budget code(s)): 1200-2035-52280
- [ ] Budget Transfer (Date) ____________________  Add'l Information

---

**DECISION MEMO NOT REQUIRED**

- [x] LOWEST RESPONSIBLE QUOTE # or BID # 18-055-GV  (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)
- [ ] RENEWAL, Enter Bid # __________________________  Intergovernmental Agreement
- [ ] SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00  Public Utility
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

---

**DECISION MEMO REQUIRED**

- [ ] Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS525)
- [ ] EXPLANATION OF REQUEST FOR PROPOSAL RFP # __________________________ (Include Evaluation Summary if applicable)
- [ ] RENEWAL OF RFP # __________________________
- [ ] PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)
- [ ] OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)
- [ ] REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)
- [ ] OTHER THAN LOWEST RESPONSIBLE, BID # __________________________

---

**PREPARED BY AND APPROVAL(S) (Initials Only)**

<table>
<thead>
<tr>
<th>cdk</th>
<th>Apr 17, 2018</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>IT Approval, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared By</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>4/23/18</th>
<th>Procurement Officer</th>
<th>4-23-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Financial Officer</th>
<th>4-25-18</th>
<th>Chairman's Office</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Decision Memos Over $25,000)</td>
<td></td>
<td>(Decision Memos Over $25,000)</td>
<td></td>
</tr>
</tbody>
</table>
# Purchase Requisition

**Procurement Services Division**

## Send Purchase Order To:
- **Vendor:** Warehouse Direct, Inc.
- **Vendor #:**
- **Dept:** Convalescent Center
- **Division:** Environmental Services

**Attn:** Steve Hyde  
**Email:** stevehyde@warehousedirect.com

**Address:** 2001 S. Mt. Prospect Road  
**City:** Des Plaines  
**State:** IL  
**Zip:** 60018  
**Phone:** 847-631-7193  
**Fax:** 847-631-0791

## Send Invoices To:
- **Dept:** Convalescent Center  
- **Division:** Environmental Services

**Attn:** Vinit Patel  
**Email:** vinit.patel@dupageco.org

**Address:** 400 N. County Farm Road  
**City:** Wheaton  
**State:** IL  
**Zip:** 60187  
**Phone:** 630-784-4273  
**Fax:** 

## Send Payments To:
- **Vendor:** Warehouse Direct, Inc.
- **Vendor #:**
- **Dept:** Convalescent Center  
- **Division:** Environmental Services

**Attn:** Steve Hyde  
**Email:** stevehyde@warehousedirect.com

**Address:** 2001 S. Mt. Prospect Road  
**City:** Des Plaines  
**State:** IL  
**Zip:** 60018  
**Phone:** 847-631-7193  
**Fax:** 847-631-0791

## Ship To:
- **Dept:** Convalescent Center  
- **Division:** Environmental Services

**Attn:** Vinit Patel  
**Email:** vinit.patel@dupageco.org

**Address:** 400 N. County Farm Road  
**City:** Wheaton  
**State:** IL  
**Zip:** 60187  
**Phone:** 630-784-4273  
**Fax:**

**Payment Terms:** F.O.B.  
**PO 20 Delivery Date:** Requisitioner  
**Destination:** Requisitioner  
**Contract Administrator:** Christine Kliebhan  
**Contract Start Date:** May 28, 2018  
**Contract End Date:** May 27, 2020

**Use for PO25 only:** Christine Kliebhan

<table>
<thead>
<tr>
<th>LN</th>
<th>Qty</th>
<th>UOM</th>
<th>Item Detail (Product #)</th>
<th>Description</th>
<th>FY</th>
<th>Dept #</th>
<th>Acctg Unit</th>
<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
<th>Unit Price</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Hand soap, hand sanitizer, lotion, shampoo and body wash</td>
<td>Hand soap, hand sanitizer, lotion, shampoo and body wash</td>
<td>1200</td>
<td>2035</td>
<td>52280</td>
<td></td>
<td></td>
<td>62,639.92</td>
<td>62,635</td>
</tr>
</tbody>
</table>

**Requisition Total:** $62,635

**Header Comments** (these comments will appear on the PO20 and PO25 Purchase Order):

Hand soap, hand sanitizer, lotion, shampoo and body wash for the DuPage Care Center for the period May 28, 2018 through May 27, 2020, per lowest responsible bidder per bid #18-055-GV.

**Special Instructions/Comments to Buyer or Approver** (these comments will NOT appear on the Purchase Order):

**User Department Internal Notes** (these comments will NOT appear on the Purchase Order):

May 1, 2018 HHS  
May 8, 2018 County Board
Required Vendor Ethics Disclosure Statement

Failure to complete and return this form may result in delay or cancellation of the County's Contractual Obligation.

Company Name: WAREHOUSE DIRECT
Contact Phone: 847-631-7193

The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract or change order to one (1) or more contracts, or one (1) or more individual contracts with the county resulting in an aggregate amount of $25,000 or more, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, “contractor or vendor” includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

2. All contractors and vendors who have obtained or are seeking contacts with the county shall disclose the names and contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county officers or employees in relation to the contractor bid and shall update such disclosure with any changes that may occur.

A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future county contracts.

Continuing disclosure is required, and I agree to update this disclosure form as follows:
- If information changes, within five (5) days of change, or prior to county action, whichever is sooner
- 30 days prior to the optional renewal of any contract
- Annual disclosure for multi-year contracts on the anniversary of said contract
- With any request for change order except those issued by the county for administrative adjustments

The full text for the county’s ethics and procurement policies and ordinances are available at:
http://www.dupageco.org/CountyBoardPolicies/

I hereby acknowledge that I have received, have read, and understand these requirements.

Authorized Signature

Printed Name
SHEA, KEVIN

Title
Sales Rep

Date
4/6/18

Packet Pg. 72
COUNTY OF DU PAGE, ILLINOIS

BID FORM
PROCUREMENT SERVICES DIVISION
BID #18-055-GV

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

<table>
<thead>
<tr>
<th>Full Name of Bidder</th>
<th>Warehouse Direct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Business Address</td>
<td>2001 S. Mt. Prospect Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Des Plaines  IL  60018</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>847-631-7193</td>
</tr>
<tr>
<td>Fax Number</td>
<td>847-631-0791</td>
</tr>
<tr>
<td>Bid Contact Person</td>
<td>Steve Hyde</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:steve.hyde@warehousedirect.com">steve.hyde@warehousedirect.com</a></td>
</tr>
</tbody>
</table>

TO: The DuPage County Procurement Services Division

The undersigned certifies that he is:

☐ the Owner/Sole Proprietor
☐ a Member of the Partnership
☒ an Officer of the Corporation
☐ a Member of the Joint Venture

herein after called the Bidder and that the members of the Partnership or Officers of the Corporation, are as follows:

__________________________  __________________________
(President or Partner)      (Vice-President or Partner)

__________________________  __________________________
(Secretary or Partner)      (Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Manager, DuPage Center, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. ______, ________, and _________ issued thereto;

Further, the undersigned proposes and agrees, if this bid is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed.

Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Bidder and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Bidder and is true and accurate.

Further, the undersigned certifies that the Bidder is not barred from bidding on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, bid rigging or bid-rotating or as a result of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.
COUNTY OF DU PAGE, ILLINOIS

The undersigned certifies that he has examined and carefully prepared this bid and has checked the same in detail before submitting this bid, and that the statements contained herein are true and correct.

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Bidder may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

Further, the bidder certifies that he has provided equipment, supplies or services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the Bidder, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the bidding schedule (subject to unit quantity adjustments based upon actual usage).

BID AWARD CRITERIA:
This bid will be awarded to the lowest responsive, responsible bidder meeting specifications based upon the total bid amount. Where unit prices are requested, the quantities stated are approximate only but will be used to determine bid award (see PREPARATION OF BIDS section).

TOTAL BID AMOUNT: $ 62,639.92

(Sixty Two Thousand Six Hundred Thirty Nine Dollars and Ninety Two Cents)

DELIVERY: 5-7 DAYS AFTER RECEIPT OF ORDER

X SIGNATURE ON FILE

(Signature and Title)

CORPORATE SEAL

(If available)

BID MUST BE SIGNED AND NOTARIZED FOR CONSIDERATION

Subscribed and sworn to before me this 16 day of April, AD, 2018

SIGNATURE ON FILE

(Notary Public)

COW 18-055-GV
Page 74 of 24
Requisition 25k and over
HHS-P-0148-18

AWARDING RESOLUTION
ISSUED TO PRESCRIPTION SUPPLY, INCORPORATED
FOR SECONDARY PHARMACEUTICALS FOR
IN-HOUSE CLOSE SHOP PHARMACY
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT: $170,000.00)

WHEREAS, bids have been taken and processed in accordance with County Board policy; and

WHEREAS, the Health and Human Service Committee recommends County Board approval for the issuance of a contract purchase order for secondary pharmaceuticals for in-house close shop pharmacy, for the period May 21, 2018 through May 20, 2019, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that County requisition covering said, for secondary pharmaceuticals for in-house close shop pharmacy, for the period May 21, 2018 through May 20, 2019, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract Purchase Order by the Procurement Division to Prescription Supply, Incorporated, 2233 Tracy Road, Northwood, Ohio 43619, for a total contract amount of $170,000.00, per bid #18-067-DT

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK

RESULT:       APPROVED [UNANIMOUS]
MOVER:        Elizabeth Chaplin, District 2
SECONDER:     Amy L Grant, District 4
AYES:         Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
## PROCUREMENT REVIEW CHECKLIST

**REQUISITION**

This form must accompany all County Purchase Requisitions.

### NEW PURCHASE ORDER REQUEST

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 17, 2018</td>
<td>$170,000.00</td>
<td>MAY 21, 2018 - MAY 20, 2019</td>
<td>DUPAGE CARE CENTER</td>
</tr>
</tbody>
</table>

### SOLICITATION METHOD FOR SOURCE SELECTION

**No Decision Memo Required**  Lowest Responsible Bidder - See attached tabulation

- Karen Graczyk  Completed  04/17/2018 3:47 PM
- Janelle Chadwick  Completed  04/20/2018 9:51 AM
- Kathy Ostrowski  Completed  04/20/2018 5:08 PM
- James McGuire  Completed  04/23/2018 10:15 AM
- Paul Rafac  Completed  04/25/2018 9:30 AM
- Kathy Ostrowski  Completed  04/26/2018 1:04 PM
- Health & Human Services  Completed  05/01/2018 10:15 AM
- Finance Committee  Completed  05/08/2018 8:00 AM
- County Board  Completed  05/08/2018 10:00 AM
## Procurement Review Checklist

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

<table>
<thead>
<tr>
<th>Vendor: Prescription Supply, Inc.</th>
<th>Vendor #:</th>
<th>Contract: May 21, 2018 - May 20, 2019</th>
<th>Contract Total: $170,000.00</th>
</tr>
</thead>
</table>

**Dept:** DuPage Care Center | **Contact:** Dale Wagener | **Phone:** 630-784-4275 | **Assigned Committee:** Health and Human Services |

**Description of Procurement/Scope of Work/Background:** Secondary Pharmaceuticals for In-House Close Shop Pharmacy

**Reason for Procurement:** Wholesale pharmaceuticals that have competitive pricing

### FUNDING SOURCE

- [ ] Procurement budgeted for (FY and budget code(s)): 1200-2085-52300
- [ ] Budget Transfer (Date) [ ] Add'l Information

### DECISION MEMO NOT REQUIRED

- [ ] LOWEST RESPONSIBLE QUOTE # or BID # 18-067-DT (QUOTE ≤ $25,000, BID ≥ $25,000; attach Tabulation)
- [ ] RENEWAL, Enter Bid and/or PO# [ ] Intergovernmental Agreement
- [ ] EXEMPT FROM BIDDING PER ILLINOIS COMPILED STATUTES
- [ ] SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

### BASIS OF DECISION MEMO (attach Decision Memo)

- [ ] EXPLANATION OF REQUEST FOR PROPOSAL RFP # [ ] (Include Evaluation Summary if applicable)
- [ ] PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)
- [ ] OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)
- [ ] REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)
- [ ] OTHER THAN LOWEST RESPONSIBLE, BID #

### PREPARED BY AND APPROVAL(S) (Initials Only)

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>If Approval, if required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apr 17, 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REVIEWED BY (Initials Only)

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td>4-23-18</td>
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<table>
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<tr>
<th>Chief Financial Officer (Decision Memos Over $25,000)</th>
<th>Date</th>
<th>Chairman's Office (Decision Memos Over $25,000)</th>
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</thead>
<tbody>
<tr>
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<td>4-25-18</td>
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<td></td>
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</tbody>
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**Purchase Requisition**

**Procurement Services Division**

**Date:** Apr 17, 2018  
**MinuteTraq (IQM2) ID #:** 12504  
**Department Req #:** 7  
**RFP, Bid or Quote #:** 18-067

---

### Send Purchase Order To:

<table>
<thead>
<tr>
<th>Vendor: Prescription Supply, Inc.</th>
<th>Vendor #:</th>
<th>Dept: DuPage Care Center</th>
<th>Division: Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Elaine Polizzi</td>
<td>Email: <a href="mailto:EPolizzi@prescriptionsupply.com">EPolizzi@prescriptionsupply.com</a></td>
<td>Attn: Dale Wagener</td>
<td>Email: <a href="mailto:dale.wagener@dupageco.org">dale.wagener@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 2233 Tracy Road</td>
<td></td>
<td>Address: 400 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>City: Northwood</td>
<td>State: OH</td>
<td>Zip: 43619</td>
<td>City: Wheaton</td>
</tr>
<tr>
<td>Phone: 419-661-6600</td>
<td>Fax: 419-661-6617</td>
<td>Phone: 630-784-4275</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

### Send Invoices To:

<table>
<thead>
<tr>
<th>Vendor: Prescription Supply, Inc.</th>
<th>Vendor #:</th>
<th>Dept: DuPage Care Center</th>
<th>Division: Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Nicole Sieving</td>
<td>Email: <a href="mailto:nsieving@prescriptionsupply.com">nsieving@prescriptionsupply.com</a></td>
<td>Attn: Dale Wagener</td>
<td>Email: <a href="mailto:dale.wagener@dupageco.org">dale.wagener@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 2233 Tracy Road</td>
<td></td>
<td>Address: 400 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>City: Northwood</td>
<td>State: OH</td>
<td>Zip: 43619</td>
<td>City: Wheaton</td>
</tr>
<tr>
<td>Phone: 419-661-6600 x119</td>
<td>Fax: 419-661-6617</td>
<td>Phone: 630-784-4275</td>
<td>Fax:</td>
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### Send Payments To:

<table>
<thead>
<tr>
<th>Vendor: Prescription Supply, Inc.</th>
<th>Vendor #:</th>
<th>Dept: DuPage Care Center</th>
<th>Division: Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Nicole Sieving</td>
<td>Email: <a href="mailto:nsieving@prescriptionsupply.com">nsieving@prescriptionsupply.com</a></td>
<td>Attn: Dale Wagener</td>
<td>Email: <a href="mailto:dale.wagener@dupageco.org">dale.wagener@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 2233 Tracy Road</td>
<td></td>
<td>Address: 400 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>City: Northwood</td>
<td>State: OH</td>
<td>Zip: 43619</td>
<td>City: Wheaton</td>
</tr>
<tr>
<td>Phone: 419-661-6600 x119</td>
<td>Fax: 419-661-6617</td>
<td>Phone: 630-784-4275</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

### Ship To:

<table>
<thead>
<tr>
<th>Dept: DuPage Care Center</th>
<th>Division: Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Elaine Polizzi</td>
<td>Email: <a href="mailto:EPolizzi@prescriptionsupply.com">EPolizzi@prescriptionsupply.com</a></td>
</tr>
<tr>
<td>Address: 2233 Tracy Road</td>
<td>Phone: 419-661-6600</td>
</tr>
<tr>
<td>City: Northwood</td>
<td>State: OH</td>
</tr>
<tr>
<td>Phone: 630-784-4275 Fax:</td>
<td></td>
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---

**Payment Terms**

<table>
<thead>
<tr>
<th>PO 20 Delivery Date</th>
<th>Requisitioner</th>
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</thead>
<tbody>
<tr>
<td>May 21, 2018</td>
<td>Christine Kliebhan</td>
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</tbody>
</table>

**Use for PO25 only**

<table>
<thead>
<tr>
<th>Contract Administrator</th>
<th>Contract Start Date</th>
<th>Contract End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine Kliebhan</td>
<td>May 21, 2018</td>
<td>May 20, 2019</td>
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### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct | Sub-Accts and/or Activity # | Unit Price | Extension |
<table>
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<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Secondary Pharmaceuticals for In-House Close Shop Pharmacy</td>
<td></td>
<td>1200</td>
<td>2085</td>
<td>52300</td>
<td></td>
<td>170,000.00</td>
<td>170,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**Requisition Total:** $170,000.00

---

**Header Comments** (these comments will appear on the PO20 and PO25 Purchase Order):

Secondary Pharmaceuticals for In-House Close Shop Pharmacy for the period May 21, 2018 through May 20, 2019, for a total contract amount not to exceed $170,000.00, per bid 18-067-DT, per sole bid #18-067-DT.

---

**Special Instructions/Comments to Buyer or Approver** (these comments will NOT appear on the Purchase Order):

---

**User Department Internal Notes** (these comments will NOT appear on the Purchase Order):

May 1, 2018 HHS  
May 8, 2018 County Board
COUNTY OF DU PAGE, ILLINOIS

Required Vendor Ethics Disclosure Statement
Failure to complete and return this form may result in delay or cancellation of the County’s Contractual Obligation.

| Company Name: | Prescription Supply, Inc. | Company Contact: | Elaine Polizzi |
| Company Contact: | | Contact Email: | FPolizzi@Prescriptionsupply.com |
| Contact Phone: | 800-777-0761 ext 219 | |

The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change order to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of $25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and current calendar year to any incumbent or non-incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

<table>
<thead>
<tr>
<th>Add. Line</th>
<th>Recipient</th>
<th>Donor</th>
<th>Description (e.g. cash, type of item, in-kind services, etc.)</th>
<th>Amount/Value</th>
<th>Date Made</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. All contractors and vendors who have obtained or are seeking contracts with the county shall disclose the names and contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county officers or employees in relation to the contractor bid and shall update such disclosure with any changes that may occur.

<table>
<thead>
<tr>
<th>Add. Line</th>
<th>Lobbyists, Agents and Representatives and all individuals who are or will be having contact with county officers or employees in relation to the contract or bid</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future county contracts.

Continuing disclosure is required, and I agree to update this disclosure form as follows:
- If information changes, within five (5) days of change, or prior to county action, whichever is sooner
- 90 days prior to the optional renewal of any contract
- Annual disclosure for multi-year contracts on the anniversary of said contract
- With any request for change order except those issued by the county for administrative adjustments

The full text for the county’s ethics and procurement policies and ordinances are available at:
http://www.dupageco.org/CountyBoard/policies/

I hereby acknowledge that I have received, have read, and understand these requirements.

Authorized Signature

SIGNATURE ON FILE

Printed Name: Thomas G. Schoen
Title: President
Date: April 13, 2018

Attach additional sheets if necessary. Sign each sheet and number each page. Page 1 of 1 (total number of pages)
COUNTY OF DU PAGE, ILLINOIS  
PROCUREMENT SERVICES DIVISION  
BID TABULATION

BID #18-067-DT  
SECONDARY PHARMACEUTICALS  
BID OPENING DATE: APRIL 13, 2018 2:00 P.M.

<table>
<thead>
<tr>
<th>BIDS:</th>
<th>TOTAL BID COST:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Supply, Inc.</td>
<td>$1,929.93</td>
</tr>
</tbody>
</table>

BID OPENING ATTENDED BY:  
Debby Thompson, CPPB, DuPage County Buyer  
Catlyn Hicks, DuPage County Division I  
See Sign In Sheet attached

INVITATIONS SENT: 7  
PLAN HOLDERS: 57  
AD DATE: 03/30/18
WHEREAS, proposals have been evaluated and processed in accordance with County Board policy; and

WHEREAS, the Health and Human Service Committee recommends County Board approval for the issuance of a contract purchase to Sysco Chicago, Inc., for primary supplier of food, supplies and chemicals for the DuPage Care Center Dining Services, JTK Administration and Judicial Office Facility cafe's, for the period June 1, 2018 through May 31, 2019, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that County Contract covering said, for primary supplier of food, supplies and chemicals for the DuPage Care Center Dining Services, JTK Administration and Judicial Office Facility cafe's, for the period June 1, 2018 through May 31, 2019, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Sysco Food Service, 250 Wieboldt Drive, Des Plaines, Illinois 60016, for a total contract amount of $1,111,000.00, per sole qualified offeror per proposal #P18-045-GV.

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DUPAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK

RESULT: APPROVED [UNANIMOUS]
MOVER: Greg Hart, District 3
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
# PROCUREMENT REVIEW CHECKLIST
### REQUISITION

This form must accompany all County Purchase Requisitions.

## NEW PURCHASE ORDER REQUEST

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TERM</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 4, 2018</td>
<td>JUNE 1, 2018 - MAY 31, 2019</td>
<td>$1,111,000.00</td>
<td>DUPAGE CARE CENTER</td>
</tr>
</tbody>
</table>

## SOLICITATION METHOD FOR SOURCE SELECTION

**Decision Memo Required**  
Explanation of Request for Proposal (RFP) Instead of Bid - Most Qualified Offeror

- Karen Graczyk  
  - Completed 04/04/2018 3:14 PM
- Janelle Chadwick  
  - Completed 04/06/2018 9:52 AM
- Kathy Ostrowski  
  - Completed 04/20/2018 2:33 PM
- James McGuire  
  - Completed 04/23/2018 5:09 PM
- Paul Rafac  
  - Completed 04/25/2018 9:36 AM
- Tom Cuculich  
  - Completed 04/25/2018 9:36 AM
- Kathy Ostrowski  
  - Completed 04/27/2018 1:40 PM
- Health & Human Services  
  - Completed 05/01/2018 10:15 AM
- Finance Committee  
  - Completed 05/08/2018 8:00 AM
- County Board  
  - Completed 05/08/2018 10:00 AM
## Procurement Review Checklist

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions
Attach Required Vendor Ethics Disclosure Statement

**Vendor:** Sysco Chicago, Inc.

<table>
<thead>
<tr>
<th>Contract</th>
<th>June 1, 2018 - May 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dept:</strong></td>
<td>DuPage Care Center</td>
</tr>
<tr>
<td><strong>Contact:</strong></td>
<td>Mario Plata</td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>630-784-4416</td>
</tr>
<tr>
<td><strong>Assigned Committee:</strong></td>
<td>Health and Human</td>
</tr>
</tbody>
</table>

**Description of Procurement/Scope of Work/Background:**
Primary Food Supplies and Chemicals for the DuPage Care Center Dining Services, 421 and 505 Campus Cafe's for the period June 1, 2018 through May 31, 2019, per Sole Qualified Offeror per proposal #P18-045-GV.

**Reason for Procurement:**
DuPage County is regulated by the IL Department of Public Health which mandates & monitors our ongoing compliance with applicable State & Federal regulations that govern our practices, policies & procedures which in turn drive our care deliver system. Adherence to physician diet orders & clearly defined meal periods is necessary to avoid fines & penalties. to ensure that we are allowed to bill for & be reimbursed for care provided to our residents/patient, food supplies & chemicals for dish washing & general cleaning are operational necessities.

### FUNDING SOURCE

- [ ] Procurement budgeted for (FY and budget code(s)): 1200-2025/2100/52200, 52210 & 52280
- [ ] Budget Transfer (Date) ________________ Add'l Information ____________________________

### DECISION MEMO NOT REQUIRED

- [ ] LOWEST RESPONSIBLE QUOTE # or BID # __________________________ (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)
- [ ] RENEWAL, Enter Bid # __________________________ Intergovernmental Agreement
- [ ] SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(S) (attach Sole Source Justification form)
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00 [ ] Public Utility
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

### DECISION MEMO REQUIRED

- [ ] Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS525)
- [ ] EXPLANATION OF REQUEST FOR PROPOSAL RFP #P18-045-GV (include Evaluation Summary if applicable)
- [ ] RENEWAL OF RFP # __________________________
- [ ] PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)
- [ ] OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)
- [ ] REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)
- [ ] OTHER THAN LOWEST RESPONSIBLIE, BID # __________________________

### PREPARED BY AND APPROVAL(S) (Initials Only)

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>IT Approval, if required</th>
<th>Date</th>
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<tbody>
<tr>
<td>cdk</td>
<td>Apr 2, 2018</td>
<td></td>
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### REVIEWED BY (Initials Only)

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4/30/18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>Date</td>
<td>Chairman's Office</td>
<td>Date</td>
</tr>
<tr>
<td>(Decision Memos Over $25,000)</td>
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<td>(Decision Memos Over $25,000)</td>
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Date: Apr 2, 2018
MinuteTraq (IQM2) ID #: 12417
Department Req #: 7
RFP, Bid or Quote #: P18-045

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<th>FY</th>
<th>Dept #</th>
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<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
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<td>1</td>
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<td>operating supplies &amp; materials</td>
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<td>2025</td>
<td>52280</td>
<td>12,000.00</td>
<td>12,000.00</td>
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</table>

Requisition Total $1,111,000

Header Comments (these comments will appear on the PO20 and PO25 Purchase Order):
Primary food supplies and chemicals for the DuPage Care Center Dining Services and 421 and 505 campus cafeterias for the period June 1, 2018 through May 31, 2019, per sole qualified offeror per proposal #P18-045-GV.

Special Instructions/Comments to Buyer or Approver (these comments will NOT appear on the Purchase Order):

User Department Internal Notes (these comments will NOT appear on the Purchase Order):
May 1, 2018  HHS  May 8, 2018 County Board
Decision Memo
Procurement Services Division
This form is required for all Professional Service Contracts over $25,000
and as otherwise required by the Procurement Review Checklist.

**Requesting Department:** Convalescent Center
**Department Contact:** Mark De Iorio
**Contact Email:** mark.deiorio@dupageco.org
**Contact Phone:** 630-784-4272
**Vendor Name:** Sysco Chicago, Inc.

<table>
<thead>
<tr>
<th>Date:</th>
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<tbody>
<tr>
<td>MinuteTraq (IQM2) ID #:</td>
<td>12417</td>
</tr>
<tr>
<td>Department Requisition #:</td>
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**Action Requested** - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.

Approve Sysco Chicago, Inc. for primary food supplies and chemicals for the Convalescent Center Dining Services and 421 and 505 campus cafe’s for the period June 1, 2018 through May 31, 2019, per sole qualified offeror per proposal #P18-045-GV.

**Summary Explanation/Background** - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.

Food, supply and kitchen chemical products have been delivered reliably for multiple years via our incumbent supplier, Sysco Food Services. Thrice weekly product availability from Bensenville, Illinois has helped reduce on site inventory levels in keeping with just in time purchasing practices.

**Strategic Impact**

Select one of the five strategic imperatives in the County’s Strategic Plan this action will most impact and provide a brief explanation.

Our primary evaluation criteria gave careful consideration to cost plus mark-up percentages, as well as unit and extended pricing for a market basket of our highest use products. Secondly, evaluation criteria were devoted to the features and benefits of vendor provided computer hardware and menu management software systems. Such systems have afforded us the capability of merging resident modified diet information with a 4-week resident cycle menu that results in the printing of a resident specific tray ticket at each meal. System capabilities typically also include food production records, standardized recipes, as well as ingredients coordinated with each vendor product catalog. Menu management systems also took ease of a transition into consideration. the third evaluation criteria focused on additional charges associated with computer hardware and software implementation. And finally, our evaluation criteria took the availability of a fully equipped beverage shop capability into consideration.

Sysco Chicago, Inc. was the sole Offeror.

**Source Selection/Vetting Information** - Describe method used to select source.

Proposal #P18-045-GV, was sole Offeror.

**Recommendations/Alternatives** - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

1) Approve Sysco Chicago Inc., for primary food supplies and chemicals for the Convalescent Center Dining Services and 421 and 505 campus cafe’s for the period June 1, 2018 through May 31, 2019, per sole qualified offeror per proposal #P18-045-GV.
2) Do not approve Sysco Chicago Inc., and risk disruption of the DuPage Care Center Resident Dining Services, as well as campus cafeteria and catering operations.

**Fiscal Impact/Cost Summary** - Include projected cost for each fiscal year, approved budget amount and account number, source of funds, and any future funding requirements along with any narrative.

COUNTY OF DU PAGE, ILLINOIS

Required Vendor Ethics Disclosure Statement

Failure to complete and return this form may result in delay or cancellation of the County's Contractual Obligation.

Company Name: Sysco Chicago, Inc.  
Company Contact: Mark Lee, CFO  
Contact Phone: 847-699-5438  
Contact Email: lee.mark@chi.sysco.com

The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of $25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

X) NONE (check here) - if no contributions have been made

<table>
<thead>
<tr>
<th>Add</th>
<th>Recipient</th>
<th>Donor</th>
<th>Description (e.g. cash, type of item, kind services, etc.)</th>
<th>Amount/Value</th>
<th>Date Made</th>
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<td>X</td>
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2. All contractors and vendors who have obtained or are seeking contracts with the county shall disclose the names and contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county officers or employees in relation to the contractor bid and shall update such disclosure with any changes that may occur.

X) NONE (check here) - if no contacts have been made

<table>
<thead>
<tr>
<th>Add</th>
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<th>Lobbyists, Agents and Representatives and all individuals who are or will be having contact with county officers or employees in relation to the contract or bid</th>
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<tr>
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A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future county contracts.

Continuing disclosure is required, and I agree to update this disclosure form as follows:
- If information changes, within five (5) days of change, or prior to county action, whichever is sooner
- 30 days prior to the optional renewal of any contract
- Annual disclosure for multi-year contracts on the anniversary of said contract
- With any request for change order except those issued by the county for administrative adjustments

The full text for the county's ethics and procurement policies and ordinances are available at:
http://www.dupageco.org/CountyBoard/Policy/Inc

I hereby acknowledge that I have received, have read, and understand these requirements.

Authorized Signature: Mark Lee

Printed Name: Mark Lee
Title: VP Finance/CFO
Date: March 10, 2018

Attach additional sheets if necessary. Sign each sheet and number each page. Page 35 of (total number of pages)
<table>
<thead>
<tr>
<th>RESULT:</th>
<th>APPROVED BY CONSENT VOTE [UNANIMOUS]</th>
</tr>
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<tbody>
<tr>
<td>MOVER:</td>
<td>Sam Tornatore, Vice Chair</td>
</tr>
<tr>
<td>SECONDER:</td>
<td>Elizabeth Chaplin, District 2</td>
</tr>
<tr>
<td>AYES:</td>
<td>Chaplin, Grant, Hart, Khouri, Larsen, Tornatore</td>
</tr>
</tbody>
</table>
## PROCUREMENT REVIEW CHECKLIST

**REQUISITION**

This form must accompany all County Purchase Requisitions.

### NEW PURCHASE ORDER REQUEST

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TERM</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>REQUESTING DEPT.</th>
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<td>April 3, 2018</td>
<td>JUNE 1, 2018 - MAY 31, 2019</td>
<td>$12,500.00</td>
<td>DUPAGE CARE CENTER</td>
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### SOLICITATION METHOD FOR SOURCE SELECTION

- Karen Graczyk
  - Completed 04/03/2018 2:25 PM
- Janelle Chadwick
  - Completed 04/03/2018 2:59 PM
- Kathy Ostrowski
  - Completed 04/20/2018 5:16 PM
- James McGuire
  - Completed 04/23/2018 11:20 AM
- Paul Rafac
  - Completed 04/25/2018 9:40 AM
- Kathy Ostrowski
  - Completed 04/26/2018 12:40 PM
- Health & Human Services
  - Completed 05/01/2018 10:15 AM
Procurement Review Checklist

Procurement Services Division
This form must accompany all Purchase Order Requisitions
Attach Required Vendor Ethics Disclosure Statement

Vendor: Northwestern Medicine - Central DuPage Hospital
Vendor #: 12404
Contract Term: 6/1/18 - 5/31/19
Contract Total: $12,500.00

Dept: DuPage Care Center
Contact: Clementine Nelson
Phone: 630-784-4251
Assigned Committee: Health and Human Services

Description of Procurement/Scope of Work Background: Pass-thru Medicare Part A for services rendered to the DuPage Care Center residents per the approved 'Medicare physician Fee Schedule and/or the Proposed Median cost per Hospital Out Patient Services.'

Reason for Procurement: Reimbursement to Northwestern Medicine - Central DuPage Hospital for services rendered to DuPage Care Center residents that are incurred under consolidating billing by Medicare.

FUNDING SOURCE

☐ Procurement budgeted for (FY and budget code(s)): 1200-2050-53070

☐ Budget Transfer (Date) ____________ Add'l Information ____________

DECISION MEMO NOT REQUIRED

☐ LOWEST RESPONSIBLE QUOTE # or BID # ____________ (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)

☐ RENEWAL, Enter Bid # ____________________________ ☐ Intergovernmental Agreement

☐ SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(S) (attach Sole Source Justification form)

☐ PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00 ☐ Public Utility

☐ PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

DECISION MEMO REQUIRED

☐ Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCSS25)

☐ EXPLANATION OF REQUEST FOR PROPOSAL RFP # _______________________ (include Evaluation Summary if applicable)

☐ RENEWAL OF RFP # ______________________

☐ PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)

☐ OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)

☐ REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)

☐ OTHER THAN LOWEST RESPONSIBLE, BID # ______________________

PREPARED BY AND APPROVAL(S) (Initials Only)

cdk
Prepared By: ____________ Date: ____________
Recommended for Approval: ____________ Date: ____________
IT Approval, if required: ____________ Date: ____________

REVIEWED BY (Initials Only)

Buyer: ____________ Date: ____________
Procurement Officer: ____________ Date: ____________
Chief Financial Officer: ____________ Date: ____________

Chairman's Office: ____________ Date: ____________
(Decision Memos Over $25,000)

FORM OPTIMIZED FOR ADOBE READER VERSION 9 OR LATER

Rev 1.8
Packet Pg. 90
### Purchase Requisition

**Procurement Services Division**

**Date:** Mar 29, 2018

**MinuteTraq (IQM2) ID #:** 12404

**Department Req #:** 7

**RFP, Bid or Quote #:**

---

**Send Purchase Order To:**

**Vendor:** Northwestern Medicine - Central DuPage Hospital

**Vendor #:**

**Attn:**

**Email:**

**Address:** 25 Winfield Road

**City:** Winfield

**State:** IL

**Zip:** 60190

**Phone:** 630-933-2607

**Send Invoices To:**

**Vendor:** Northwestern Medicine - Central DuPage Hospital

**Vendor #:**

**Attn:**

**Email:**

**Address:** 400 N. County Farm Road

**City:** Wheaton

**State:** IL

**Zip:** 60187

**Phone:** 630-784-4251

---

**Send Payments To:**

**Vendor:** Northwestern Medicine - Central DuPage Hospital

**Vendor #:**

**Attn:**

**Email:**

**Address:** 25 Winfield Road

**City:** Winfield

**State:** IL

**Zip:** 60190

**Phone:** 630-933-2607

**Ship To:**

**Vendor:** Northwestern Medicine - Central DuPage Hospital

**Vendor #:**

**Attn:**

**Email:**

**Address:** 400 N. County Farm Road

**City:** Wheaton

**State:** IL

**Zip:** 60187

**Phone:** 630-784-4251

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<td>Pass Thru Medicare Part A Costs for Services rendered to the DuPage Care Center Residents per the Approved &quot;Medicare Physician fee Schedule and/or the Proposed Median Cost per Hospital Out Patient Services&quot;</td>
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<td>53070</td>
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<td>12,500.00</td>
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**Requisition Total:** $12,500.00

**Header Comments** (these comments will appear on the PO20 and PO25 Purchase Order):

Pass Thru Medicare Part A Costs for Services rendered to the DuPage Care Center Residents per the Approved "Medicare Physician fee Schedule and/or the Proposed Median Cost per Hospital Out Patient Services" for the period June 1, 2018 through May 31, 2019, for a contract total amount not to exceed $12,500.00, per 55 ILCS 5/5-1022 (c) “competitive bidding” not suitable for competitive bidding.

**Special Instructions/Comments to Buyer or Approver** (these comments will NOT appear on the Purchase Order):

**User Department Internal Notes** (these comments will NOT appear on the Purchase Order):

May 1, 2018 HHS
Required Vendor Ethics Disclosure Statement

Failure to complete and return this form may result in delay or cancellation of the Company's Contractual Obligation.

Date: 4/9/18

Company Name: Central DuPage Hospital
Company Contact: Michael Muller
Contact Phone: 630.938.0076
Contact Email: Michael.muller@am.org

The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of $25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

2. All contractors and vendors who have obtained or are seeking contracts with the county shall disclose the names and contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county officers or employees in relation to the contractor bid and shall update such disclosure with any changes that may occur.

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- 30 days prior to the optional renewal of any contract
- Annual disclosure for multi-year contracts on the anniversary of said contract
- With any request for change order except those issued by the county for administrative adjustments

The full text for the county's ethics and procurement policies and ordinances are available at:
http://www.dupagecounty.org/CountyBoard/Policies/

I hereby acknowledge that I have received, have read, and understand these requirements.

Authorized Signature

Printed Name
Title
Date

Packet Pg. 92
RESULT: APPROVED BY CONSENT VOTE [UNANIMOUS]
MOVER: Sam Tornatore, Vice Chair
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
**PROCUREMENT REVIEW CHECKLIST**

**REQUISITION**

This form must accompany all County Purchase Requisitions.

## NEW PURCHASE ORDER REQUEST

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
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<tr>
<td>April 3, 2018</td>
<td>JUNE 1, 2018 - MAY 31, 2019</td>
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<tr>
<td>CONTRACT TOTAL AMOUNT</td>
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## SOLICITATION METHOD FOR SOURCE SELECTION

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<td>04/04/2018 8:55 AM</td>
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<td>04/20/2018 5:29 PM</td>
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<td>Completed</td>
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<tr>
<td>Health &amp; Human Services</td>
<td>Completed</td>
<td>05/01/2018 10:15 AM</td>
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**Procurement Review Checklist**

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions
Attach Required Vendor Ethics Disclosure Statement

<table>
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<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: DuPage Care Center</td>
<td>Contact: Clementine Nelson</td>
<td>Assigned Committee: Health and Human Services</td>
</tr>
<tr>
<td>Phone: 630-784-4251</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Procurement/Scope of Work/Background**

Furnish and deliver various paper and plastics: straws, plastic cups, soufflé cups, medication cups and zip lock bags to be used by the Nursing and Pharmacy Departments of the DuPage Care Center in daily operations.

**Reason for Procurement**

Plastic cups are used on the nursing units for hydration of residents, and placed at water fountains, which allows residents to obtain water form the fountains and decreases the risk of cross contamination between users of fountains. Usage of straws improved the nurses ability to distribute fluids during medication passes and are also used to assist residents who have difficulty drinking from a cup. soufflé cups are used during medication passes to hold pills and graduated medicine cups allow the nurses to measure and administer liquid medications. the zip lock bags are used for certain types of pharmaceuticals in the Pharmacy.

**FUNDING SOURCE**

- Procurement budgeted for (FY and budget code(s)): 1200-2050-52200 and 1200-2085-52200
- Budget Transfer (Date) ________ Add'l Information

**DECISION MEMO NOT REQUIRED**

- LOWEST RESPONSIBLE QUOTE # or BID # ___________________________ (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)
- RENEWAL, Enter Bld # 15-029-GV ___________________________ Intergovernmental Agreement
- SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00
- PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

**DECISION MEMO REQUIRED**

- Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS525)
- EXPLANATION OF REQUEST FOR PROPOSAL RFP # ___________________________ (include Evaluation Summary if applicable)
- RENEWAL OF RFP # ___________________________
- PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)
- OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)
- REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)
- OTHER THAN LOWEST RESPONSIBLE, BID # ___________________________

**PREPARED BY AND APPROVAL(S) (Initials Only)**

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<tr>
<th>cdk</th>
<th>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>IT Approval, if required</th>
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**REVIEWED BY (Initials Only)**

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<table>
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<tr>
<th>Chief Financial Officer</th>
<th>Date</th>
<th>Chairman's Office</th>
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<tr>
<td>(Decision Memos Over $25,000)</td>
<td>4-25-18</td>
<td>(Decision Memos Over $25,000)</td>
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### Purchase Requisition

**Procurement Services Division**

**Date:** Mar 29, 2018

**MinuteTraq (IQM2) ID #:** 12406

**Department Req #:** 7

**RFP, Bid or Quote #:** 15-029

---

#### Send Purchase Order To:

<table>
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<tr>
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<th>Vendor #: 10299</th>
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<tr>
<td>Marsha Corl Email: <a href="mailto:mcorl@medline.com">mcorl@medline.com</a></td>
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</tr>
<tr>
<td>Attn: Marsha Corl Email: <a href="mailto:mcorl@medline.com">mcorl@medline.com</a></td>
<td></td>
</tr>
<tr>
<td>Address: One Medline Place</td>
<td>Dept: DuPage Care Center</td>
</tr>
<tr>
<td>City: Mundelein State: IL Zip: 60060</td>
<td>Division: Nursing/Pharmacy</td>
</tr>
<tr>
<td>Phone: 866-212-2822 Fax: 847-949-2497</td>
<td></td>
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#### Send Invoices To:

<table>
<thead>
<tr>
<th>Vendor: Medline Industries Inc.</th>
<th>Vendor #: 10299</th>
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<tbody>
<tr>
<td>Attn: Clementine Nelson and Dale Wagener Email: <a href="mailto:clementine.nelson@dupageco.org">clementine.nelson@dupageco.org</a> <a href="mailto:dale.wagener@dupageco.org">dale.wagener@dupageco.org</a></td>
<td></td>
</tr>
<tr>
<td>Address: 400 N. County Farm Road Room: City: Wheaton State: IL Zip: 60187</td>
<td></td>
</tr>
<tr>
<td>Phone: 630-784-4251 and 630-784-4275 Fax:</td>
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#### Send Payments To:

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<th>Vendor #: 10299</th>
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<td></td>
</tr>
<tr>
<td>Address: Dept CH 14400 City: Palatine State: IL Zip: 60055-4400</td>
<td></td>
</tr>
<tr>
<td>Phone: 847-643-4045 Fax: 847-970-4028</td>
<td></td>
</tr>
</tbody>
</table>

#### Send Payments To:

| Dept: DuPage Care Center Division: Nursing/Pharmacy |
|---------------------------------|-----------------|
| Attn: Clementine Nelson and Dale Wagener Email: clementine.nelson@dupageco.org dale.wagener@dupageco.org |
| Address: 400 N. County Farm Road Room: City: Wheaton State: IL Zip: 60187 |
| Phone: 630-784-4251 and 630-784-4275 Fax: |

---

#### Payment Terms

<table>
<thead>
<tr>
<th>F.O.B.</th>
<th>PO 20 Delivery Date</th>
<th>Requisitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER 50 ILCS 505/1</td>
<td><strong>PO 20 Delivery Date</strong></td>
<td>Christine Kliebhan</td>
</tr>
</tbody>
</table>

#### Use for

- Contract Administrator
- Contract Start Date: June 1, 2018
- Contract End Date: May 31, 2019
- Use for PO25 only

---

#### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extension |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Various paper and plastics for the Nursing Department</td>
<td></td>
<td>1200</td>
<td>2050</td>
<td>52200</td>
<td></td>
<td></td>
<td>15,200.00</td>
<td>15,200</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>EA</td>
<td>Various paper and plastics for the Pharmacy Department</td>
<td></td>
<td>1200</td>
<td>2085</td>
<td>52200</td>
<td></td>
<td></td>
<td>1,000.00</td>
<td>1,000</td>
</tr>
</tbody>
</table>

**Requisition Total:** $16,200.00

---

**Header Comments** (these comments will appear on the PO20 and PO25 Purchase Order):

Furnish and deliver various paper and plastic products covering the period June 1, 2018 through May 31, 2019 for a contract total not to exceed $16,200.00, per lowest responsible bid #15-029-GV, third and final option to renew.

---

**Special Instructions/Comments to Buyer or Approver** (these comments will NOT appear on the Purchase Order):

---

**User Department Internal Notes** (these comments will NOT appear on the Purchase Order):

May 1, 2018 HHS
COUNTY OF DU PAGE, ILLINOIS
OPTION TO RENEW CONTRACT

This agreement, made and entered into by the County of DuPage, Department of Finance, Procurement Services Division, 421 North County Farm Road, Wheaton, Illinois hereinafter called the "County" and Medline Industries, One Medline Place, Mundelein, IL 60060, hereinafter called the "Contractor", witnesseth;

The County and the Contractor have previously entered into a Contract, pursuant to Bid #15-029 which became effective June 1, 2017, and which will expire May 31, 2018. This is the third and final option to renew for a twelve (12) month period.

The parties now agree to renew said agreement, upon the same terms as previously agreed to, as specified in the original contract.

The contract renewal becomes effective June 1, 2018 and expires May 31, 2019 contingent upon any applicable Parent Committee and County Board approval.

MEDLINE INDUSTRIES

SIGNATURE

DATE

Michael O'Ryan

PRINTED NAME

Government Bid Manager

PRINTED TITLE

COUNTY OF DU PAGE, ILLINOIS

SIGNATURE

DATE

Glenda Vasak

Buyer II

Packet Pg. 97
Required Vendor Ethics Disclosure Statement

Failure to complete and return this form may result in delay or cancellation of the
County's Contractual Obligation.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Medline Industries, Inc.</th>
<th>Company Contact</th>
<th>Michael Ohryan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone</td>
<td>800-212-2822</td>
<td>Contact Email</td>
<td><a href="mailto:sohryan@medline.com">sohryan@medline.com</a></td>
</tr>
</tbody>
</table>

The DuPage County Procurement Ordinance requires the following written disclosures prior to awards:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or
more individual contracts with the County resulting in an aggregate amount of or in excess of $25,000, shall provide to Procurement Services
Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous
calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be
awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to
any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor"
includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate
entities under the control of the contracting person, and political action committees to which the contracting person has made contributions

☑ NONE (check here) – If no contributions have been made

<table>
<thead>
<tr>
<th>Add Line</th>
<th>Recipient</th>
<th>Donor</th>
<th>Amount/Value</th>
<th>Date Made</th>
</tr>
</thead>
</table>

☑ NONE (check here) – If no contacts have been made

| Add Line | Lobbyists, Agents and Representatives and all individuals who are or will be having contact with county officials or employees in
Line relation to the contract or bid

A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to,
the immediate cancellation of the contract and possible disbarment from future county contracts.

Continuing disclosure is required, and I agree to update this disclosure form as follows:
• If information changes, within five (5) days of change, or prior to county action, whichever is sooner
• 30 days prior to the optional renewal of any contract
• Annual disclosure for multi-year contracts on the anniversary of said contract
• With any request for change order except those issued by the county for administrative adjustments

The full text for the county’s ethics and procurement policies and ordinances are available at:
http://www.dupageco.org/County/Policies/ethics

I hereby acknowledge that I have received, have read, and understand these requirements.

Authorized Signature

SIGNATURE ON FILE

Printed Name: Michael Ohryan
Title: Senior Manager, Business Development
Date: 3-3-2016

Packet Pg. 98
RESULT: APPROVED BY CONSENT VOTE [UNANIMOUS]
MOVER: Sam Tornatore, Vice Chair
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
**PROCUREMENT REVIEW CHECKLIST**

**REQUISITION**

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>NEW PURCHASE ORDER REQUEST</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE SUBMITTED</td>
<td>April 3, 2018</td>
</tr>
<tr>
<td>CONTRACT TOTAL AMOUNT</td>
<td>$16,800.00</td>
</tr>
<tr>
<td>CONTRACT TERM</td>
<td>JUNE 1, 2018 - MAY 31, 2019</td>
</tr>
<tr>
<td>REQUESTING DEPT.</td>
<td>DUPAGE CARE CENTER</td>
</tr>
</tbody>
</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Graczyk</td>
<td>Completed</td>
<td>04/03/2018 4:38 PM</td>
</tr>
<tr>
<td>Janelle Chadwick</td>
<td>Completed</td>
<td>04/04/2018 8:55 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>04/20/2018 5:41 PM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>04/25/2018 9:06 AM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>04/25/2018 9:42 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>04/26/2018 12:34 PM</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>Completed</td>
<td>05/01/2018 10:15 AM</td>
</tr>
</tbody>
</table>

Requisition under 25k dollars

2018-126
### Procurement Review Checklist

**Procurement Services Division**  
This form must accompany all Purchase Order Requisitions  
Attach Required Vendor Ethics Disclosure Statement

<table>
<thead>
<tr>
<th>Vendor: EZ Way, Inc.</th>
<th>Vendor #: 11607</th>
<th>Contract: June 1, 2018 - May 31, 2019</th>
<th>Contract Total: $16,800.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: DuPage Care Center</td>
<td>Contact: Clementine Nelson</td>
<td>Phone: 630-784-4251</td>
<td>Assigned Committee: Health and Human Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Procurement/Scope of Work/Background</th>
<th>Reason for Procurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repair and maintenance of the EZ Way patient lifters for the period June 1, 2018 through May 31, 2019.</td>
<td>The DuPage Care Center owns the patient lifters that are utilized on a daily basis to provide resident care.</td>
</tr>
</tbody>
</table>

### FUNDING SOURCE

- Procurement budgeted for (FY and budget code(s)): 1200-2050-52250 and 53370
- Budget Transfer (Date) ________ Add'l Information ________

### DECISION MEMO NOT REQUIRED

- LOWEST RESPONSIBLE QUOTE # or BID #________________________ (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)
- RENEWAL, Enter Bid #________________________ [Intergovernmental Agreement]
- SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- PER SS ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00
- Public Utility
- PER SS ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

### DECISION MEMO REQUIRED

- Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCSS25)
- EXPLANATION OF REQUEST FOR PROPOSAL RFP #________________________ (include Evaluation Summary if applicable)
- RENEWAL OF RFP #________________________
- PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)
- OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)
- REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)
- OTHER THAN LOWEST RESPONSIBLE, BID #________________________

### PREPARED BY AND APPROVAL(S) (Initials Only)

<table>
<thead>
<tr>
<th>cdx</th>
<th>Mar 29, 2018</th>
<th>3/29/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared By</td>
<td>Date</td>
<td>Recommended for Approval</td>
</tr>
</tbody>
</table>

### REVIEWED BY (Initials Only)

<table>
<thead>
<tr>
<th>Buyer</th>
<th>4/23/18</th>
<th>Procurement Officer</th>
<th>4-23-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Financial Officer (Decision Memos Over $25,000)</th>
<th>Date</th>
<th>Chairman's Office (Decision Memos Over $25,000)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

Rev 1.8
Packet Pg. 101

## Purchase Requisition

### Procurement Services Division

**Date:** Mar 29, 2018  
**MinuteTraq (IQM2) ID #:** 12407  
**Department Req #:** 7  
**RFP, Bid or Quote #:**

### Send Purchase Order To:
- **Vendor:** EZ Way, Inc.  
  **Vendor #:** 11607  
  **Dept:** DuPage Care Center  
  **Division:** Nursing  
- **Attn:**  
  **Email:**
- **Address:** 701 E Washington Street  
  **City:** Clarinda  
  **State:** IA  
  **Zip:** 51632  
  **Phone:** 800-627-8940  
  **Fax:**

### Send Invoices To:
- **Vendor:** EZ Way, Inc.  
  **Vendor #:** 11607  
  **Dept:** DuPage Care Center  
  **Division:** Nursing  
- **Attn:** Clementine Nelson  
  **Email:** clementine.nelson@dupageco.org  
- **Address:** 400 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
  **Phone:** 630-784-4251  
  **Fax:**

### Send Payments To:
- **Vendor:** EZ Way, Inc.  
  **Vendor #:** 11607  
  **Dept:** DuPage Care Center  
  **Division:** Nursing  
- **Attn:** Clementine Nelson  
  **Email:** clementine.nelson@dupageco.org  
- **Address:** LB 395, PO Box 3395  
  **City:** Omaha  
  **State:** NE  
  **Zip:** 68103  
  **Phone:** 1-800-627-8940  
  **Fax:**

### Send Employees To:
- **Vendor:** EZ Way, Inc.  
  **Vendor #:** 11607  
  **Dept:** DuPage Care Center  
  **Division:** Nursing  
- **Attn:** Clementine Nelson  
  **Email:** clementine.nelson@dupageco.org  
- **Address:** 400 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
  **Phone:** 630-784-4251  
  **Fax:**

### Payment Terms
- **F.O.B.**
- **PO 20 Delivery Date**
- **Requisitioner**

### Special Instructions/Comments to Buyer or Approver (these comments will NOT appear on the Purchase Order):

### User Department Internal Notes (these comments will NOT appear on the Purchase Order):

---

### Header Comments (these comments will appear on the PO20 and PO25 Purchase Order):

Repair and maintenance of the EZ Way patient lifters for the period June 1, 2018 through May 31, 2019, for a contract amount not to exceed $16,800.00, per 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Also to include miscellaneous other charges as necessary, via shipping and handling on some orders.

---

### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extensor |
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Parts</td>
<td></td>
<td></td>
<td>1200</td>
<td>2050</td>
<td>52250</td>
<td></td>
<td>16,000.00</td>
<td>16,000</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>EA</td>
<td>Repair</td>
<td></td>
<td></td>
<td>1200</td>
<td>2050</td>
<td>52270</td>
<td></td>
<td>800.00</td>
<td>80</td>
</tr>
</tbody>
</table>

### Requisition Total: $16,800
# JUSTIFICATION FOR SOLE SOURCE

(PLEASE COMPLETE AND ATTACH TO PURCHASE REQUISITION)

<table>
<thead>
<tr>
<th>REQUISITION #</th>
<th>7057 minute trak #</th>
<th>MANUFACTURER</th>
<th>EZ Way Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DEPARTMENT</td>
<td>DuPage Care Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRODUCT #</td>
<td></td>
</tr>
</tbody>
</table>

**DESCRIBE ITEM BEING JUSTIFIED AND ITS FUNCTION:**

Repair, maintenance and replacement parts for the EZ Way lifters and EZ stands for the DuPage Care Center

**THIS IS A SOLE SOURCE BECAUSE VENDOR IS:**

- [ ] sole provider of a licensed or patented good or service
- [x] sole provider of items that are compatible with existing equipment, inventory, systems, programs or services
- [ ] sole provider of factory-authorized warranty service
- [ ] sole authorized distributor – manufacturer has established territories (e.g. Caterpillar parts) (Please attach letter from the manufacturer)
- [ ] the manufacturer (please detail below or attach information regarding why only this manufacturer's product can be used)
- [ ] the software manufacturer (and sole maintenance/update provider)
- [ ] other – (please detail below or in an attachment)

**REQUESTED SOURCE**

<table>
<thead>
<tr>
<th>EZ Way, Inc.</th>
</tr>
</thead>
</table>

**PHONE**

| 800-627-8940 |

**CONTACT**

**WEBSITE**

**WHAT NECESSARY AND UNIQUE FEATURES DOES THIS VENDOR'S PRODUCT OR SERVICE PROVIDE WHICH ARE NOT AVAILABLE FROM OTHER VENDORS? (Please be specific)**

Service and parts are unique to the EZ Way brand of patient lifters and stands

**HAS THE MARKET BEEN TESTED LATELY (LAST 12 MONTHS) ON THE APPLICABILITY OF SOLE SOURCE? (If not, why not?)**

N/A

**WHAT STEPS WERE TAKEN TO VERIFY THAT THESE FEATURES ARE NOT AVAILABLE ELSEWHERE? WERE OTHER BRANDS/MANUFACTURERS EXAMINED? (Please list other products or services examined – Include names & phone numbers of people contacted)**

N/A

**SIGNATURE ON FILE**

**DATE**

3-30-18

**DEPARTMENT APPROVAL**

**PURCHASING REVIEW**

4-23-18
The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of $25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

2. All contractors and vendors who have obtained or are seeking contracts with the county shall disclose the names and contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county officers or employees in relation to the contract bid and shall update such disclosure with any changes that may occur.

A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future county contracts.

Continuing disclosure is required, and I agree to update this disclosure form as follows:
- If information changes, within five (5) days of change or prior to county action, whichever is sooner
- 30 days prior to the optional renewal of any contract
- Annual disclosure for multi-year contracts on the anniversary of said contract
- With any request for change order except those issued by the county for administrative adjustments

The full text for the county's ethics and procurement policies and ordinances are available at: http://www.dupageco.org/CountyBoard/Policies/

I hereby acknowledge that I have received, have read, and understand these requirements.

Authorized Signature: 

Signature on file: 

Printed Name: 

Title: Territory Sales Manager

Date: 3-30-18

Attach additional sheets if necessary. Sign each sheet and number each page. Page _____ of _____ (total number of pages)
### Other Action Item

**17-18-525**

<table>
<thead>
<tr>
<th>Request Date:</th>
<th>4/13/2018</th>
<th>Account Code:</th>
<th>5000-1400</th>
</tr>
</thead>
</table>

**Purpose of Trip:** (explain fully the necessity of making the trip)

To attend the annual IHWAP Policy & Procedure Workshop, which covers annual updates to the program. Weatherization grant fund 5000-1400

**Destination:** Springfield, IL

<table>
<thead>
<tr>
<th>Date of Departure:</th>
<th>5/15/2018</th>
<th>Date of Return Arrival:</th>
<th>5/16/2018</th>
</tr>
</thead>
</table>

(Please include a detailed explanation if different from official business dates)

---

**Please indicate the estimated amount for each applicable expense.**

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>0</td>
</tr>
<tr>
<td>Transportation</td>
<td>0</td>
</tr>
<tr>
<td>Lodging</td>
<td>$80.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous Expenses (parking, mileage, etc.)</td>
<td>$210.00</td>
</tr>
<tr>
<td>Reference Materials</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$80.00</td>
</tr>
<tr>
<td>Total</td>
<td>$370.00</td>
</tr>
</tbody>
</table>

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

__________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK

---

**RESULT:** APPROVED BY CONSENT VOTE [UNANIMOUS]

**MOVER:** Tonia Khouri, District 5

**SECONDER:** Sam Tornatore, Vice Chair

**AYES:** Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
**Other Action Item**

**17-18-526**

<table>
<thead>
<tr>
<th>Request Date:</th>
<th>4/11/2018</th>
<th>Account Code:</th>
<th>5000-1400</th>
</tr>
</thead>
</table>

**Purpose of Trip:** (explain fully the necessity of making the trip)

To attend the annual IHWAP Policy & Procedure Workshop, which covers annual updates to the program. Weatherization grant fund 5000-1400

<table>
<thead>
<tr>
<th>Destination:</th>
<th>Springfield, IL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Departure:</th>
<th>5/15/2018</th>
<th>Date of Return Arrival:</th>
<th>5/16/2018</th>
</tr>
</thead>
</table>

(Please include a detailed explanation if different from official business dates)

**Please indicate the estimated amount for each applicable expense.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>0</td>
</tr>
<tr>
<td>Transportation</td>
<td>0</td>
</tr>
<tr>
<td>Lodging</td>
<td>$79.10</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous Expenses (parking, mileage, etc.)</td>
<td>$193.58</td>
</tr>
<tr>
<td>Reference Materials</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$42.50</td>
</tr>
<tr>
<td>Total</td>
<td>$315.18</td>
</tr>
</tbody>
</table>

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK

**RESULT:** APPROVED BY CONSENT VOTE [UNANIMOUS]

**MOVER:** Tonia Khouri, District 5

**SECONDER:** Sam Tornatore, Vice Chair

**AYES:** Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
Other Action Item

17-18-527

Request Date: 4/17/2018  
Account Code: 5000-1510

Purpose of Trip: (explain fully the necessity of making the trip)
To attend the annual National Conference on Ending Homelessness to examine and explore effective solutions to ensuring DuPage County homelessness is rare, brief, and non-recurring, and to identify best practices for housing interventions for youth, families, Veterans, and those at risk of homelessness. Continuum of Care Planning Grant funded

Destination: Washington, DC

Date of Departure: 7/22/2018  
Date of Return Arrival: 7/25/2018
(Please include a detailed explanation if different from official business dates)

Please indicate the estimated amount for each applicable expense.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>$575.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$500.00</td>
</tr>
<tr>
<td>Lodging</td>
<td>$760.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Reference Materials</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$210.00</td>
</tr>
<tr>
<td>Total</td>
<td>$2,045.00</td>
</tr>
</tbody>
</table>

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest:  
PAUL HINDS, COUNTY CLERK

RESULT:  
APPROVED BY CONSENT VOTE [UNANIMOUS]

MOVER:  
Tonia Khouri, District 5

SECONDER:  
Sam Tornatore, Vice Chair

AYES:  
Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
Request Date: 4/25/2018  
Account Code: 5000-1650

Purpose of Trip: (explain fully the necessity of making the trip)
To attend the DCEO CSBG mandatory grant training

Destination: Springfield, IL

Date of Departure: 6/5/2018  
Date of Return Arrival: 6/7/2018
(Please include a detailed explanation if different from official business dates)

Please indicate the estimated amount for each applicable expense.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration:</td>
<td>0</td>
</tr>
<tr>
<td>Transportation:</td>
<td>0</td>
</tr>
<tr>
<td>Lodging:</td>
<td>$200.00</td>
</tr>
<tr>
<td>Rental Car:</td>
<td>0</td>
</tr>
<tr>
<td>Reference Materials:</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$100.00</td>
</tr>
<tr>
<td>Total:</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

DANIEL J. CRONIN, CHAIRMAN  
DU PAGE COUNTY BOARD

Attest: _________________________________  
PAUL HINDS, COUNTY CLERK

RESULT: APPROVED BY CONSENT VOTE [UNANIMOUS]
MOVER: Tonia Khouri, District 5  
SECONDER: Sam Tornatore, Vice Chair  
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
Request Date: 4/25/2018  
Account Code: 5000-1650

Purpose of Trip: (explain fully the necessity of making the trip)
To attend the DCEO CSBG mandatory grant training

Destination: Springfield, IL

Date of Departure: 6/5/2018  
Date of Return Arrival: 6/7/2018
(Please include a detailed explanation if different from official business dates)

Please indicate the estimated amount for each applicable expense.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>$0</td>
</tr>
<tr>
<td>Transportation</td>
<td>$0</td>
</tr>
<tr>
<td>Lodging</td>
<td>$200.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>$0</td>
</tr>
<tr>
<td>Miscellaneous Expenses</td>
<td>$225.00</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$100.00</td>
</tr>
<tr>
<td>Total</td>
<td>$525.00</td>
</tr>
</tbody>
</table>

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

DANIEL J. CRONIN, CHAIRMAN  
DU PAGE COUNTY BOARD

Attest: PAUL HINDS, COUNTY CLERK

RESULT: APPROVED BY CONSENT VOTE [UNANIMOUS]
MOVER: Tonia Khouri, District 5  
SECONDER: Sam Tornatore, Vice Chair
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
Request Date: 4/25/2018  
Account Code: 5000-1650

Purpose of Trip: (explain fully the necessity of making the trip)
To attend the DCEO CSBG mandatory grant training

Destination: Springfield, IL

Date of Departure: 6/5/2018  
Date of Return: 6/7/2018

(Please include a detailed explanation if different from official business dates)

**Please indicate the estimated amount for each applicable expense.**

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>0</td>
</tr>
<tr>
<td>Transportation</td>
<td>0</td>
</tr>
<tr>
<td>Lodging</td>
<td>$200.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous Expenses (parking, mileage, etc.)</td>
<td>0</td>
</tr>
<tr>
<td>Reference Materials</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$100.00</td>
</tr>
<tr>
<td>Total</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK

RESULT: APPROVED BY CONSENT VOTE [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Sam Tornatore, Vice Chair
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
### Purpose of Trip: (explain fully the necessity of making the trip)

To take the Certified Community Action Professional (CCAP) certification exam.

### Destination: Springfield, IL

**Date of Departure:** 6/19/2018  
**Date of Return Arrival:** 6/20/2018

(Please include a detailed explanation if different from official business dates)

### Please indicate the estimated amount for each applicable expense.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Estimated Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>0</td>
</tr>
<tr>
<td>Transportation</td>
<td>0</td>
</tr>
<tr>
<td>Lodging</td>
<td>$80.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous (parking, mileage, etc.)</td>
<td>$225.00</td>
</tr>
<tr>
<td>Reference Materials</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$70.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$375.00</strong></td>
</tr>
</tbody>
</table>

Enacted and approved this 8th day of May, 2018 at Wheaton, Illinois.

---

**Daniel J. Cronin, Chairman**  
**Du Page County Board**

Attest: _________________________________  
**Paul Hinds, County Clerk**

---

**RESULT:**  
**MOVER:** Tonia Khouri, District 5  
**SECONDER:** Sam Tornatore, Vice Chair  
**AYES:** Chaplin, Grant, Hart, Khouri, Larsen, Tornatore  

**APPROVED BY CONSENT VOTE [UNANIMOUS]**
Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Purchase Order #: 2772-0001

Original Purchase Order Date: Jul 1, 2017

Change Order #: 2

Department: Community Services

Vendor Name: Appliance, Carpet, Parts LLC D/B/A Custom Appliance & Custom Carpet Wholesalers

Vendor #: 14140

Dept Contact: Jennifer Chan

Background and/or Reason for Change Order Request:

Decrease contract by $24,377 by decreasing Line 1 5000-1430-53090 17-221028 53090 by $14,382, decreasing Line 2 5000-1400-53090 17-401028 53090 by $3,726, and decreasing Line 3 5000-1490-53090 18-251028 53090 by $6,269. The value of the contract must be decreased due to less than expected need for appliances for the PY18 Weatherization Program.

IN ACCORDANCE WITH 720 ILCS 5/33E-9

☐ (A) Were not reasonably foreseeable at the time the contract was signed.

☐ (B) The change is germane to the original contract as signed.

☐ (C) Is in the best interest for the County of DuPage and authorized by law.

INCREASE/DECREASE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Starting contract value</td>
</tr>
<tr>
<td>B</td>
<td>Net $ change for previous Change Orders</td>
</tr>
<tr>
<td>C</td>
<td>Current contract amount (A + B)</td>
</tr>
<tr>
<td>D</td>
<td>Amount of this Change Order</td>
</tr>
<tr>
<td>E</td>
<td>New contract amount (C + D)</td>
</tr>
<tr>
<td>F</td>
<td>Percent of current contract value this Change Order represents (D / C)</td>
</tr>
<tr>
<td>G</td>
<td>Cumulative percent of all Change Orders (B+D/A) (60% maximum on construction contracts)</td>
</tr>
</tbody>
</table>

DECISION MEMO NOT REQUIRED

☐ Cancel entire order

☐ Change budget code from: __________________ to: __________________

☐ Increase/Decrease quantity from: __________________ to: __________________

☐ Price shows: __________________ should be: __________________

☐ Decrease remaining encumbrance and close contract

☐ Increase encumbrance and close contract

☐ Decrease encumbrance

☐ Increase encumbrance

DECISION MEMO REQUIRED

☐ Increase (greater than 29 days) contract expiration from: __________________ to: __________________

☐ Increase ≥ $2,500.00, or ≥ 10%, of current contract amount

☐ Funding Source __________________

☐ OTHER - explain below: __________________

SNC 6/59 4/16/18 MK 6/59 4/17/18

Telephone: Phone Ext: Date: Recommended for Approval (Initials): Phone Ext: Date:

Reviewed by (Initials Only)

Buyer __________________ Date: 4/23/18

Procurement Officer __________________ Date: 4/23/18

Chief Financial Officer (Decision Memos Over $25,000) __________________ Date: Chairman's Office (Decision Memos Over $25,000) __________________ Date:
## Request for Change Order

### Procurement Services Division

Attach copies of all prior Change Orders

<table>
<thead>
<tr>
<th>Purchase Order #: 2771-0001-Serv</th>
<th>Original Purchase Order Date: Jul 1, 2017</th>
<th>Change Order #: 3</th>
<th>Department: Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Name: Healthy Air Heating and Air, Inc.</td>
<td>Vendor #: 14166</td>
<td>Dept Contact: Jennifer Chan</td>
<td></td>
</tr>
</tbody>
</table>

### Background and/or Reason for Change Order Request:

- Decrease contract by $165,777 by decreasing Line 1 5000-1430-53090 17-221028 $3090 by $97,812, decreasing Line 3 5000-1400-53090 17-401028 53090 by $25,306, and decreasing Line 4 5000-1490-53090 18-251028 53090 by $42,659. The value of the contract must be decreased due to less than expected need for Mechanical services for the PY18 Weatherization Program.

### IN ACCORDANCE WITH 720 ILCS 5/33E-9

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

### INCREASE/DECREASE

| A | Starting contract value | $493,328.00 |
| B | Net $ change for previous Change Orders | $361,765.00 |
| C | Current contract amount (A + B) | $855,093.00 |
| D | Amount of this Change Order | ($165,777.00) |
| E | New contract amount (C + D) | $689,316.00 |
| F | Percent of current contract value this Change Order represents (D / C) | -19.39% |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | 39.73% |

### DECISION MEMO NOT REQUIRED

- [ ] Cancel entire order
- [ ] Change budget code from: __________ to: __________
- [ ] Increase/Decrease quantity from: __________ to: __________
- [ ] Price shows: __________ should be: __________
- [ ] Decrease remaining encumbrance and close contract
- [ ] Increase encumbrance and close contract
- [ ] Decrease encumbrance
- [ ] Increase encumbrance

### DECISION MEMO REQUIRED

- [ ] Increase (greater than 29 days) contract expiration from: __________ to: __________
- [ ] Increase ≥ $2,500.00, or ≥ 10%, of current contract amount
- [ ] Funding Source: __________
- [ ] OTHER - explain below: __________

---

**JNC**

6459 4/16/18 AMK 6459 4/18

Prepared By (Initials)  Phone Ext Date Recommended for Approval (Initials) Phone Ext Date

**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>4/23/18</th>
<th>GM</th>
<th>4-23-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Procurement Officer Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chief Financial Officer (Decision Memos Over $25,000) Date

Chairman's Office (Decision Memos Over $25,000) Date

---

**CONSENT AGENDA**

MAY 8, 2016

Packet Pg. 113

FORM OPTIMIZED FOR ADOBE READER VERSION 9 OR LATER
DuPage County

Grant Proposal Notification

GRANT NAME: LIHEAP Energy Assistance State Supplemental Grant #19-254028

GRANTING ENTITY: ILDCEO

COUNTY DEPARTMENT: Community Services

PARENT COMMITTEE: HHS

DEPARTMENT CONTACT: Jennifer Chan

AMOUNT REQUESTED: $2,856,548

TYPE OF GRANT (please check): □ Competitive  □ Continuation  ☑ Formula
**Narrative (Purpose of grant; justification of need):**
The primary purpose of the Low Income Home Energy Assistance Program is to assist income eligible households by offsetting the rising cost of home energy through direct financial assistance, energy counseling, outreach, and education. Direct financial assistance includes payments made directly to utility companies for winter energy assistance and emergency payments for service disconnection. Funds from this grant, as well as a federally funded grant, cover the incurred direct costs relating to the program, including personnel and operating costs.

---

**Grant proposal submission due date (MM/DD/YYYY)**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2018</td>
<td>6/30/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Duration (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project or project phase period covered by grant:**

If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

**If awarded, will this grant require the hiring of additional staff or personnel?**

If yes, please list:

How many new positions will be created:

If the grant covers salary or salary & benefits, how many years will the position(s) be retained beyond the grant closing:

What fund will be used to compensate personnel after the project period ends:

**Are matching funds required?**

If yes, please answer the following questions:

<table>
<thead>
<tr>
<th>Percentage of funding required by granting agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

County's match amount: (auto fill) $ -

*Department may seek additional funding in the future to provide match amount

County fund that will provide the matching requirement:

**Grant amount request** (auto fill) $ 2,856,548.00

**All other funding already allocated for project or project phase**

**Total project or project phase cost** (auto fill) $ 2,856,548.00

☐ Please check this box if you are interested in having a grant writer prepare this grant proposal
Grant Proposal Notification Report 021-18

Submitted on: 04/20/18        Submitted by: Jennifer Chan, Community Development

Purpose of Grant: The Low Income Home Energy Assistance Program (LIHEAP)

Supplemental Grant Program is an Illinois State funded grant from the Illinois Department of Commerce and Economic Opportunity. 89% of this grant provides funding to help offset the cost of home energy for income-eligible households through direct finance assistance (including direct payments to utilities for winter energy assistance or emergency service disconnect), energy counseling, outreach, and education. The remainder of the funding would be used to cover the costs of administering the LIHEAP Program, including, but not limited to, staff salary and benefits, operating supplies, mileage and travel expenses, and training expense.

Proposal Due Date: 4/27/2018       Project Period: 7/1/2018-6/30/2019

Matching Requirement: ☑ Yes ☐ No    Explain: ________________________________

Headcount Requirement: ☐ Yes ☑ No    Explain ________________________________

Funding Origination Source: ☑ Federal ☐ State ☐ Private ☑ Corporate

The following potential issues are noted:

1. There are no issues with this grant.

Other information (i.e. collaboration, allocation of funding, etc.): The LIHEAP grant is a recurring formula grant in the amount of $2,856,548. The grant program is administered through the Department of Community Services-Community Development Commission – Jennifer Chan, Administrator.

For more information on the purpose of the grant and the justification of need, please see the Grant Proposal Notification Form submitted by Jennifer Chan, Dept. of Community Services-Community Development Commission or contact her at 630-407-6459.