1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIRMAN'S REMARKS

5. APPROVAL OF MINUTES:
   A. Judicial and Public Safety Committee - Regular Meeting - Tuesday December 5th, 2017

6. BUDGET TRANSFERS
   A. Budget Transfers -- Transfer of funds from account nos 52200 (operating supplies) and 52210 (food & beverages) to account nos 53610 (instruction & schooling) and 53800 (printing) for CIT Training in the amount of $1300.00 to cover invoices and negative balances.

   B. Budget Transfers -- Transfer of funds from account nos 52200 (operating supplies), 52220 (wearing apparel), and 52320 (medical/dental/lab supplies) to account no 52210 (food & beverages) for LEB/Corrections in the amount of $7,991.00 to cover invoices and negative balances.

   C. Budget Transfers -- Transfer of funds from account nos 52000 (furn/mach/equip small value), 52200 (operating supplies), 52220 (wearing apparel), 52230 (linens & bedding), and 52320 (medical/dental/lab supplies) to account nos 52210 (food & beverages), 52280 (auto/mach/equip parts), 53070 (medical services), and 53090 (other professional services) for Corrections in the amount of $18,259.00 to cover invoices and negative balances.

   D. Budget Transfers -- Transfer of funds from account nos 52000 (furn/mach/equip small value), 52200 (operating supplies), 53510 (travel expense), 53610 (instruction & schooling), and 53800 (printing) to account no 53090 (other professional services) for Admin/Court Security in the amount of $2,357.00 to cover invoices and negative balances.
E. Budget Transfers -- Transfer of funds from account nos 52000 (furn/mach/equip small value), 52200 (operating supplies), 52210 (food & beverages), and 53510 (travel expense) to account no 53090 (other professional services) for Admin in the amount of $5,226.00 to cover invoices and negative balances.

F. Budget Transfers -- Transfer of funds from account nos 53800 (printing), 53808 (statutory & fiscal charges), 53810 (custodial services), 53807 (software maint agreements), and 53818 (refunds & forfeitures) to account nos 52220 (wearing apparel), 53500 (mileage expense), 53610 (instruction & schooling), and 53804 (postage & postal charges) for Admin in the amount of $1,269.00 to cover invoice and negative balances.

G. Budget Transfers -- Transfer of funds from account nos 53090 (other professional services), 53370 (repair & maintain other equip), 53600 (dues & memberships), and 53610 (instruction & schooling) to account no 53090 (other professional services) for Admin/Court Security in the amount of $1,509.00 to cover invoices and negative balances.

H. Budget Transfers -- Transfer of funds from account nos 52000 (furn/mach/equip small value), 53500 (mileage expense), 53610 (instruction & schooling) to account nos 52210 (food & beverages), 53380 (repair & mtce auto equip), and 53510 (travel expense) for LEB in the amount of $2,524.00 to cover invoices and negative balances.

I. Budget Transfers -- Transfer of FY18 funds from account no 53610 (instruction & schooling) to account no 52000 (furn/mach/equip sm value) for CIT in the amount of $500.00 to cover invoices for a coffee maker.

J. Budget Transfers -- Transfer of funds from account no 53070 (medical services) to account no 52200 (operating supplies & materials) for the Drug Court Grant in the amount of $1089.00 to reclass funds to cover negative expenses on the grant budget.

K. Budget Transfers -- Transfer of funds from account nos 52000 (furn/mach/equip small value), 52200 (operating supplies & materials), 52220 (wearing apparel), 52320 (medical/dental/lab supplies), 53600 (dues & memberships), and 53804 (postage & postal charges) to account no 53070 (medical services) for the Coroner’s Fee Fund in the amount of $7,267.00 to cover the expenses of outside pathologist services for mandated autopsy investigators.

L. Budget Transfers -- Transfer of funds from account nos 53040 (interpreter services), 53090 (other professional services), 53370 (repair & MTCE other equip), 53500 (mileage expense), 53510 (travel expense), and 53817 (jurors/witness fees) to account no 53020 (information technology svc) for the State’s Attorney in the amount of $65,486.00 to cover invoices for image storage costs.

M. Budget Transfers -- Transfer of funds from account nos 52000 (furn/mach/equip small value) and 52200 (operating supplies & materials) to account no 53020 (information tech svc) for the State’s Attorney in the amount of $10,200.00 to cover invoices for image storage costs.
N. Budget Transfers -- Transfer of funds from account no 52200 (operating supplies & materials) to account no 53090 (other professional services) for the Children's Center in the amount of $800.00 to cover invoices for image storage costs.

O. Budget Transfers -- Transfer of funds from account no 53090 (other professional services) to account no 50000 (regular salaries) for Campus Security in the amount of $10,000.00 to cover remaining personnel costs for FY17.

7. ACTION ITEMS

A. JPS-P-0016-18 Recommendation for the approval for a contract purchase order to Ray O'Herron Co. Inc. to provide new body armor/vests as needed for patrol and corrections deputies. This contract covers the period of December 1, 2017 through November 30, 2018 for the Sheriff's Office, for a contract total amount not to exceed $52,375.00, this is the third of three optional contract renewals per lowest responsible bid 14-170

B. JPS-P-0017-18 Recommendation for the approval of a contract purchase order to DuPage County Health Department, to provide mental health services for the mentally ill probationers, for Probation & Court Services. This contract covers the period of December 1, 2017 through November 30, 2018, for a contract total amount not to exceed $208,000.00 per Intergovernmental Agreement.

C. 2018-23 Recommendation for the approval of a contract purchase order to West, a Thomson Reuters Business for the purchase of legal books and updates for the Judiciary and staff. This contract covers the period of December 1, 2017 through November 30, 2018 for the 18th Judicial Circuit Court, for a contract total not to exceed $10,600.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids - Sole Source.

D. 2018-24 Recommendation to approve the payment of invoice to SourceHOV for the renewal of the annual software maintenance covering the period December 23, 2017 through December 22, 2018 for the Circuit Court Clerk’s Office for the total amount of $916.00, per 55 ILCS 5/5-1022 "Competitive Bids" (d) IT/Telecom purchases under $35,000.00.

E. 2018-25 Recommendation to approve the payment of invoice to SourceHOV for the renewal of the annual software maintenance covering the period December 23, 2017 through December 22, 2018 for the Circuit Court Clerk’s Office for the total amount of $10,350.00, per 55 ILCS 5/5-1022 "Competitive Bids" (d) IT/Telecom purchases under $35,000.00.

F. 2018-26 Recommendation to approve the payment of invoice to SourceHOV for the renewal of the annual hardware maintenance covering the period December 7, 2017 through December 6, 2019 for the Circuit Court Clerk’s Office for the total amount of $236.00, per 55 ILCS 5/5-1022 "Competitive Bids" (d) IT/Telecom purchases under $35,000.00.

8. INFORMATIONAL ITEMS

9. OLD BUSINESS

10. NEW BUSINESS

11. ADJOURNMENT
1. CALL TO ORDER

8:15 AM meeting was called to order by Chairman Grant Eckhoff at 8:16 AM.

2. ROLL CALL

PRESENT: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Tornatore, Zay
ABSENT: DiCianni, Noonan, Puchalski

Ms. Anderson was also present.

3. PUBLIC COMMENT

None

4. CHAIRMAN'S REMARKS

5. APPROVAL OF MINUTES:

A. Judicial/Public Safety Committee - Regular Meeting - Nov 21, 2017 8:15 AM

RESULT: ACCEPTED [UNANIMOUS]
MOVER: Sam Tornatore, District 1
SECONDER: James Healy, District 5
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Tornatore, Zay
ABSENT: DiCianni, Noonan, Puchalski

6. BUDGET TRANSFERS

RESULT: APPROVED [UNANIMOUS]

MOVER: Tonia Khouri, District 5
SECONDER: Greg Hart, District 3
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Tornatore, Zay
ABSENT: DiCianni, Noonan, Puchalski

A. Budget Transfers -- Transfer of funds from account nos 52280 (auto/mach/eq parts), 53090 (other professional services), 53370 (repair & mtce other equip), 53520 (extradition/investigative trvl), 53600 (dues & memberships), and 53807 (software maint agreements) to account no 53250 (wired communication services) for Admin/LEB in the amount of $4,038.00 to cover invoices and negative balances.

B. Budget Transfers -- Transfer of funds from account nos 52000 (furn/mach/equip small value), 52320 (medical/dental/lab supplies), 52210 (food & beverages), and 52220 (wearing apparel) to account no 53250 (wired communication services) for the Admin/LEB in the amount of $7,749.00 to cover invoices and negative balances.

C. Budget Transfers -- Transfer of funds from account no 53240 (waste disposal services) and 52200 (operating supplies) to account no 53090 (other professional services) for the Admin/LEB in the amount of $28,140.00 to cover invoices and negative balances.

D. Budget Transfers -- Transfer of funds from account no 50000 (regular salaries) to account no 53610 (instruction & schooling) for CIT in the amount of $2,500.00 to cover invoice and negative balances.

E. Budget Transfers -- Transfer of funds from Court Security account nos 52000 (furn/mmach/equip small value), 52200 (operating supplies), 52320 (medical/dental/lab supplies), 53510 (travel expense), 53610 (instruction & schooling), and Radio Dispatch 52200 (operating supplies) to account no 53260 (wireless communication svc) for Admin in the amount of $11,428.00 to cover invoice and negative balances.

F. Budget Transfers -- Transfer of funds from LEB account nos 52000 (furn/mach/equip small value), 52320 (medical/dental/lab supplies), and 53800 (printing) to account no 52300 (drugs & vaccine supplies) for Corrections in the amount of $18,201.00 to cover invoices and negative balances.

G. Budget Transfers -- Transfer of funds from LEB account nos 52320 (medical/dental/lab supplies), 53090 (other professional services), 53370 (repair & mtce other equipment), 53800 (printing), 53807 (software maint agreements), and 53808 (statutory & fiscal charges) to account nos 53380 (repair & mtce auto equipment), 53500 (mileage expense), and 53510 (travel expense) for the Sheriff's Office in the amount of $15,500.00 to cover invoices and negative balances.
H. Budget Transfers -- Transfer of funds from account nos 53800 (printing), 52000 (furn/mach/equip small value), and 53600 (dues & memberships) to account nos 53370 (repair & mtc other equip), 53610 (instruction & schooling), 53040 (interpreter services), 53510 (travel expense), and 53090 (other professional services) for the Public Defender's Office in the amount of $1,851.00 to cover shortage of funds.

I. Budget Transfers -- Transfer of funds from account no 53090 (other professional services) to account no 50000 (regular salaries) for DST Transport in the amount of $8,521.00 to cover salaries and benefits for the remainder of the year.

J. Budget Transfers -- Transfer of funds from account nos 52100 (IT Equip-small value), 53400 (rental of office space), and 53500 (mileage expense) to account nos 53260 (wireless communication svc), 53410 (rental of machinery & equipment), 52200 (operating supplies & materials), 53830 (other contractual expenses), 53510 (travel expense), and 53610 (instruction & schooling) for MICAP Grant in the amount of $11,271.00 to reclass funds due to grant reallocations to spend down grant dollars.

K. Budget Transfers -- Transfer of funds from account no 53400 (rental of office space) to account nos 52200 (operating supplies & materials), 53610 (instruction & schooling), 53830 (other contractual expenses), and 53510 (travel expense) for the Drug Court Grant in the amount of $8,600.00 to reclass funds to cover expenses reallocated by the grant agency to spend down the grant dollars.

7. ACTION ITEMS


RESULT: APPROVED [UNANIMOUS]
MOVER: James Healy, District 5
SECONDER: Robert L Larsen, Vice Chair
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Tornatore, Zay
ABSENT: DiCianni, Noonan, Puchalski

B. JPS-P-0011-18 Recommendation for the approval of a contract purchase order to Kalkman Investigations & Research Associates, Inc., for services to perform background investigations for prospective deputy sheriff positions. This contract covers the period of December 30, 2017 to December 29, 2018, for the DuPage County Sheriff’s Merit Commission, for a contract total amount not to exceed $33,000.00. Other than lowest responsible bid #17-199-BF.
C. 2018-15 Recommendation for the approval of a contract purchase order to Selden Fox, LTD to audit the payroll registers and time reporting documentation and accounts payable checks and supporting documentation of the Board of Elections for the Office of the Chief Judge. This contract covers the period of December 1, 2017 through November 30, 2018, for a contract total amount of $19,380.00, Other Professional Service not subject to competitive bidding per 55 ILCS 5/5-1022(a). Vendor selected pursuant to DuPage County Code Section 2-300.4-108 (1) (b).

RESULT: APPROVED [UNANIMOUS]
MOVER: James Healy, District 5
SECONDER: Robert L Larsen, Vice Chair
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Tornatore, Zay
ABSENT: DiCianni, Noonan, Puchalski

D. Consent Item -- Decrease and close contract for Public Safety Direct.

Items 7.D and 7.E were combined and approved.

Member Zay did inquire on the status of the Sheriff’s new vehicles. Chief Kruse assured the committee that the vehicles are being outfitted now and returned in a timely manner.

RESULT: APPROVED [UNANIMOUS]
MOVER: James Healy, District 5
SECONDER: James Zay, District 6
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Tornatore, Zay
ABSENT: DiCianni, Noonan, Puchalski

E. Consent Item -- Decrease and close contract for Ray O’Herron

Items 7.D and 7.E were combined and approved.
RESULT: APPROVED [UNANIMOUS]
MOVER: James Healy, District 5
SECONDER: James Zay, District 6
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Tornatore, Zay
ABSENT: DiCianni, Noonan, Puchalski

8. INFORMATIONAL ITEMS

A. Informational -- Public Defender's Office October 2017 Statistical Report

8.A was accepted and placed on file.

RESULT: APPROVED [UNANIMOUS]
MOVER: Sam Tornatore, District 1
SECONDER: James Healy, District 5
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Tornatore, Zay
ABSENT: DiCianni, Noonan, Puchalski

9. OLD BUSINESS

10. NEW BUSINESS

11. ADJOURNMENT

A. Motion to Adjourn

Without objection, the meeting was adjourned at 8:20 a.m.

RESULT: APPROVED [UNANIMOUS]
MOVER: James Zay, District 6
SECONDER: Robert L Larsen, Vice Chair
AYES: Hart, Eckhoff, Grant, Grasso, Healy, Khouri, Larsen, Tornatore, Zay
ABSENT: DiCianni, Noonan, Puchalski
### DuPage County, Illinois

**BUDGET ADJUSTMENT**

**Effective June 20, 2016**

**From:** 1000

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<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Title</th>
<th>Amount</th>
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<th>After Transfer</th>
<th>Balance</th>
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**Total** $ 1,300.00

**To:** 1000

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**Total** $ 1,300.00

**Reason for Request:**

To cover invoices and negative balances

**Department Head**

**Chief Financial Officer**

**Fiscal Year** 2017

**Budget Journal #**

**Acctg Period**

**Entered By/Date**

**Released By/Date**

**Posted By/Date**
## DuPage County, Illinois
### BUDGET ADJUSTMENT
**Effective June 26, 2016**

**From:** 1000  
**Company #**  

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**Total** $7,991.00

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**Total** $7,991.00

---

**Reason for Request:**
To cover invoices and negative balances

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**Department Head**

**Chief Financial Officer**

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**Finance Department Use Only**

**Fiscal Year: 2017** **Budget Journal #** **Acctg Period**

**Entered By/Date** **Released By/Date** **Posted By/Date**

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**Attachment:** LEBcorrections (17-18-70 : Budget Transfer-Sheriff's Office-$7,991.00)
### BUDGET ADJUSTMENT

**DuPage County, Illinois**  
**BUDGET ADJUSTMENT**  
**Effective June 20, 2016**

#### From: 1000  
**Sheriff/Sherrif's Office/Corrections**  
**Company/Accounting Unit Name**

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#### To: 1000  
**Sheriff/Sherrif's Office/Corrections**  
**Company/Accounting Unit Name**

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**Reason for Request:**

To cover invoices and negative balances

---

**Finance Department Use Only**

**Fiscal Year:** 2017  
**Budget Journal #:**  
**Acctg Period:**

**Entered By/Date:**  
**Released By/Date:**  
**Posted By/Date:**

---

**Department Head**  
**Date: 12/30/17**

**Chief Financial Officer**  
**Date: 12/21/17**

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****Please sign in blue ink on the original form****
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective June 20, 2016

From: 1000

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To: 1000

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<td><strong>Total</strong></td>
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Reason for Request:

To cover invoices and negative balances

Department Head

Chief Financial Officer

***Please sign in blue ink on the original form***
**DuPage County, Illinois**  
**BUDGET ADJUSTMENT**  
**Effective June 20, 2016**

**From:** 1000  
**Company #**

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<th>After Transfer</th>
<th>Date of Balance</th>
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**Total** $ 5,228.00

**To:** 1000  
**Company #**

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**Total** $ 5,226.00

**Reason for Request:**  
To cover invoices and negative balances

**Department Head**

**Chief Financial Officer**  
12-20-17

***Please sign in blue ink on the original form***

**Finance Department Use Only**

<table>
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<th>Acctg Period</th>
<th>Entered By/Date</th>
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<th>Posted By/Date</th>
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Packet Pg. 14
**DuPage County, Illinois**  
**BUDGET ADJUSTMENT**  
**Effective June 20, 2016**

**From:** 1000  
**Accounting Unit:** 4400  
**Company #**  

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**To:** 1000  
**Accounting Unit:** 4400  
**Company #**  

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<td>MILEAGE EXPENSE</td>
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<td>INSTRUCTION &amp; SCHOOLING</td>
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<td>POSTAGE &amp; POSTAL CHARGES</td>
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**Reason for Request:**  
To cover invoices and negative balances

**Department Head**  
**Date**

**Chief Financial Officer**  
**Date**

---

Finance Department Use Only

Fiscal Year **2017**  
Budget Journal # ______  
Acctg Period ______  
Entered By/Date ______  
Released By/Date ______  
Posted By/Date ______
DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective June 20, 2016

From: 1000  
Company #  

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<td>592.77</td>
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<td>53370</td>
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To: 1000  
Company #

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<th>Date of Balance</th>
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<tr>
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Reason for Request:
To cover invoices and negative balances

Department Head  
Date: 12/20/17

Chief Financial Officer  
Date: 12/20/17

Finance Department Use Only
Fiscal Year: 2017  
Budget Journal #:  
Acctg Period:  
Entered By/Date:  
Released By/Date:  
Posted By/Date:  

***Please sign in blue ink on the original form***
### DuPage County, Illinois
**BUDGET ADJUSTMENT**
**Effective June 26, 2016**

**From:** 1000  
**Accounting Unit:**  
**Account:** 52000  
**Title:** FURN/MACH/EQUIP SMALL VALUE  
**Amount:** $305.00  
**Prior to Transfer:** 305.21  
**After Transfer:** 12/20/17

**Account:** 53500  
**Title:** MILEAGE EXPENSE  
**Amount:** $108.00  
**Prior to Transfer:** 117.32  
**After Transfer:** 1009.32

**Account:** 53810  
**Title:** INSTRUCTION & SCHOOLING  
**Amount:** $2,111.00  
**Prior to Transfer:** 9160.06  
**After Transfer:** 1055.06

**Total:** $2,524.00

**To:** 1000  
**Accounting Unit:**  
**Account:** 52210  
**Title:** FOOD & BEVERAGES  
**Amount:** $81.00  
**Prior to Transfer:** 289.80  
**After Transfer:** 370.80  
**Date of Transfer:** 12/20/17

**Account:** 53380  
**Title:** REPAIR & MTCE AUTO EQUIPMENT  
**Amount:** $1,500.00  
**Prior to Transfer:** 573.94  
**After Transfer:** 2073.94

**Account:** 53510  
**Title:** TRAVEL EXPENSE  
**Amount:** $943.00  
**Prior to Transfer:** 101.29  
**After Transfer:** 1044.29

**Total:** $2,524.00

**Reason for Request:**
To cover invoices and negative balances

---

**Finance Department Use Only**

**Fiscal Year:** 2017  
**Budget Journal #**  
**Acctg Period:**

**Entered By/Date:**
**Released By/Date:**
**Posted By/Date:**

---

**Department Head**  
**Date:**

**Chief Financial Officer**  
**Date:**
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective June 20, 2016

From: 1000
Company/Accounting Unit Name

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<th>Account</th>
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<th>Amount</th>
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<th>After Transfer</th>
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<td>4402</td>
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<td>INSTRUCTION &amp; SCHOOLING</td>
<td>$500.00</td>
<td>55,000 -</td>
<td>54,500 -</td>
<td>12/20/17</td>
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<tr>
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Total $500.00

To: 1000

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<td>FURN/MACH/EQUIP SMALL VALUE</td>
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</tbody>
</table>

Total $500.00

Reason for Request:
To cover invoices for coffee maker

Activity (optional)

***Please sign in blue ink on the original form***

Finance Department Use Only

Fiscal Year 2018
Budget Journal #    Acctg Period
Entered By/Date    Released By/Date    Posted By/Date
### Budget Adjustment

**Effective September 21, 2016**

**5000-5990 Drug Court Grant**

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<th>Sub-Account</th>
<th>Title</th>
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<tr>
<td>5990</td>
<td>53070</td>
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<td>Medical Services</td>
<td>$1,089.00</td>
<td>20840.33</td>
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<td>12/8/17</td>
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**To: 5000**

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<tr>
<td>5990</td>
<td>52200</td>
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<td>Operating Supplies &amp; Materials</td>
<td>$1,089.00</td>
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**Total**

| Amount | $1,089.00 |

**Reason for Request:**

Redress funds to cover negative expenses on the grant budget.

**Department Head**

**Chief Financial Officer**

**Date:** 12/8/17

---

**Finance Department Use Only**

- **Fiscal Year:** 2017
- **Budget Journal #:**
- **Acctg Period:**
- **Entered By/Date:**
- **Released By/Date:**
- **Posted By/Date:**
**Budget Adjustment**

**Effective September 21, 2016**

**Accounting Unit:** 1300-4130 - Coroner Fee Fund

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<td>53600</td>
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**Total** $7,267.00

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<th>Title</th>
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<tr>
<td>4130</td>
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<td>Medical Services</td>
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**Total** $7,267.00

**Reason for Request:**
To cover the expenses of outside pathologist services for mandated autopsy investigations.

**Activity (optional):**

---

**Finance Department Use Only**

Fiscal Year: 2017
Budget Journal #: __________
Acctg Period: __________
Entered By/Date: __________
Released By/Date: __________
Posted By/Date: __________

---

**JPS 12**

**FIN 19**

---

**Packet Pg. 20**

**Attachment:** fee fund (17-18-79 : Budget Transfer-Coroner Fee Fund-$7,267.00)
**DuPage County, Illinois**  
**BUDGET ADJUSTMENT**  
**Effective September 21, 2016**

<table>
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<td>OTHER PROFESSIONAL SERVICES</td>
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<td>REPAIR &amp; MTCE OTHER EQUIPMENT</td>
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<td>6500 53510</td>
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<td>TRAVEL EXPENSE</td>
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Total: $65,486.00

**Reason for Request:**
Transfer funds to pay invoice for image storage costs.

**Finance Department Use Only**

**Fiscal Year 2017**  
**Budget Journal #**  
**Acctg Period**

**Entered By/Date**  
**Released By/Date**  
**Posted By/Date**

**Attachment: SAO2 17-18-80 : Budget Transfer-State’s Attorney-$65,486.00**

Packet Pg. 21
### DuPage County, Illinois
#### BUDGET ADJUSTMENT
Effective September 21, 2016

**General Fund/State's Attorney**

**Company/Accounting Unit Name**

<table>
<thead>
<tr>
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<th>Account</th>
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<tr>
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<td>12/18/17</td>
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<tr>
<td>6500</td>
<td>52200</td>
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<td>OPERATING SUPPLIES &amp; MATERIALS</td>
<td>$9,200.00</td>
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<td>5557.24</td>
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<td><strong>Total</strong></td>
<td><strong>$10,200.00</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Reason for Request</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transfer funds to pay invoice for image storage costs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Date</strong></td>
<td>12/14/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Department Head</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Chief Financial Officer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Activity</strong></td>
<td>(optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Finance Department Use Only

**Fiscal Year** 2017  
**Budget Journal #**       
**Acctg Period**

**Entered By/Date**       
**Released By/Date**       
**Posted By/Date**
## BUDGET ADJUSTMENT

**Effective September 21, 2016**

### From: 1000

#### General Fund/Children's Center

**Company/Accounting Unit Name**

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>6510</td>
<td>52200</td>
<td></td>
<td>OPERATING SUPPLIES &amp; MATERIALS</td>
<td>$800.00</td>
<td>$851.90</td>
<td>$51.90</td>
<td>12/18/17</td>
</tr>
</tbody>
</table>

**Total** $800.00

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>6510</td>
<td>53090</td>
<td></td>
<td>OTHER PROFESSIONAL SERVICES</td>
<td>$800.00</td>
<td>$855.84</td>
<td>$855.84</td>
<td>12/18/17</td>
</tr>
</tbody>
</table>

**Total** $800.00

---

**Reason for Request:**

Transfer funds to pay for image storage costs.

---

**Department Head**

Date: 12/18/2016

**Chief Financial Officer**

Date: 12/19/17

---

**Finance Department Use Only**

**Fiscal Year:** 2017

**Budget Journal #**

**Acctg Period**

**Entered By/Date**

**Released By/Date**

**Posted By/Date**
### DuPage County, Illinois

**BUDGET ADJUSTMENT**

**Effective September 21, 2016**

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Available Balance</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1130</td>
<td>53900</td>
<td></td>
<td>OTHER PROFESSIONAL SERVICES</td>
<td>$10,000.00</td>
<td>86,983.25</td>
<td>76,983.25</td>
<td>11/27/17</td>
<td></td>
</tr>
</tbody>
</table>

**To:** 1000  

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Available Balance</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date of Balance</th>
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<tbody>
<tr>
<td>1130</td>
<td>50000</td>
<td></td>
<td>REGULAR SALARIES</td>
<td>$10,000.00</td>
<td>(5181.40)</td>
<td>4818.60</td>
<td>11/27/17</td>
<td></td>
</tr>
</tbody>
</table>

**Total** $10,000.00

**Reason for Request:**

Budget transfer necessary to cover remaining personnel costs for FY17

**Department Head**  

**Chief Financial Officer**

Activity (optional)

****Please sign in blue ink on the original form****

**Finance Department Use Only**

**Fiscal Year 2017**  

**Budget Journal #**  

**Account Period**

**Entered By/Date**  

**Released By/Date**  

**Posted By/Date**
AWARDING RESOLUTION ISSUED TO
RAY O’HERRON CO., INC., FOR BODY ARMOR VESTS
FOR SHERIFF PATROL OFFICERS AND STAB VESTS
FOR SHERIFF CORRECTIONAL OFFICERS ON AN AS NEEDED BASIS
(CONTRACT TOTAL AMOUNT $52,375.00)

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

WHEREAS, the Judicial Public Safety Committee recommends County Board approval
for the issuance of a contract purchase order for body armor vests for patrol officers and stab
resistant vests for correctional officers on an as needed basis.

NOW, THEREFORE BE IT RESOLVED, that Contract covering said, to provide body
armor vest for patrol officers and stab resistant vest for correctional officers for the Sheriff’s
Office on an as needed basis, for the period of December 1, 2017 through November 30, 2018,
be, and it is hereby approved for issuance of a contract purchase order by Procurement Division
to Ray O’Herron Co., Inc. 3549 N. Vermillion Street, Danville, IL for a contract total amount of
$52,375.00.

Enacted and approved this 9th day of January, 2018 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
**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>December 5, 2017</td>
<td>$52,375.00</td>
<td>12/1/17-11/30/18</td>
<td>SHERIFF’S OFFICE</td>
</tr>
</tbody>
</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

No Decision Memo Required  Lowest Responsible Quote - See attached tabulation

- Bernadette Mason  Completed  12/21/2017 10:13 AM
- Colleen Zbilski  Completed  12/21/2017 10:39 AM
- Kathy Ostrowski  Completed  12/21/2017 10:44 AM
- James McGuire  Completed  12/21/2017 11:06 AM
- Paul Rafac  Completed  12/27/2017 2:28 PM
- Kathy Ostrowski  Completed  12/28/2017 4:06 PM
- Judicial/Public Safety Committee  Pending  01/02/2018 8:15 AM
- Finance Committee  Pending  01/09/2018 8:00 AM
- County Board  Pending  01/09/2018 10:00 AM
<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>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>Armor Express Halo Body Armor for Patrol Officers @550.00 ea</td>
<td>Armor Express Halo Body Armor for Patrol Officers @550.00 ea</td>
<td>18</td>
<td>1100</td>
<td>1212</td>
<td>52000</td>
<td>52,375.00</td>
<td>52,375</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>EA</td>
<td>Armor Express Stab Resistant Vest for Correctional Officers @ $373.00 ea. Armor Express Over Carrier System for Patrol Officers @ $120.00 ea</td>
<td>Armor Express Stab Resistant Vest for Correctional Officers @ $373.00 ea. Armor Express Over Carrier System for Patrol Officers @ $120.00 ea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>EA</td>
<td>This is the third (3) renewal of (3) optional renewals Contract period 12/1/17-11/30/18</td>
<td>This is the third (3) renewal of (3) optional renewals Contract period 12/1/17-11/30/18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Requisition Total:** $52,375

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

**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):
# Procurement Review Checklist

## Procurement Services Division

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Vendor #: 11145</th>
<th>Contract Term: 12/1/17-11/30/18</th>
<th>Contract Total: $52,375.00</th>
</tr>
</thead>
</table>

### Dept: Sheriff’s Office

<table>
<thead>
<tr>
<th>Contact</th>
<th>Phone: 630-407-2122</th>
<th>Assigned Committee: JES</th>
</tr>
</thead>
</table>

### Description of Procurement/Scope of Work/Background

Armor express vortex level IIIA body armor for patrol officers, armor express stab vests for corrections officers and armor express overt carriers—This is the 3rd of 3 renewals

### Reason for Procurement

To provide new armors/stab vests for patrol and corrections officers on an “as needed basis” and replace armor/stab vests that have expired

### FUNDING SOURCE

- Procurement budgeted for (FY and budget code(s)): 1100-1212-52000 Tort Liability

### DECISION MEMO NOT REQUIRED

- LOWEST RESPONSIBLE QUOTE # or BID # 14-170 - JES (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)
- RENEWAL, Enter Bid and/or PO# __________
- 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)

- EXEMPT FROM BIDDING PER ILLINOIS COMPILED STATUTES
- 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>IT Approval, if required</th>
<th>Date</th>
</tr>
</thead>
</table>

**CZ**  Dec 1, 2017  
Signature on File  12/21/17

### 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>12-21-17</td>
<td>12-22-17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Financial Officer</th>
<th>Date</th>
<th>Chairman’s Office</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-27-17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Packet Pg. 28**
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 Ray O'Herron Co., Inc., 3549 N. Vermillion St, Danville, IL 61832 herein after called the "Contractor", witnesseth;

The County and the Contractor have previously entered into a Contract, pursuant to low bid #14-170 which became effective December 1, 2014, and will expire November 30, 2017 after 2nd Renewal. The contract is subject to a final 3rd 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 #14-170.

The 3rd contract renewal becomes effective December 1, 2017 and expires November 30, 2018 contingent upon any applicable Parent Committee and Board approval.

Ray O'Herron Co., Inc.
Signature on File 12/1/2017
SIGNATURE DATE
Michael O'Herron
PRINTED NAME
President
PRINTED TITLE

County of DuPage, Illinois
Signature on File 12/1/2017
SIGNATURE DATE
Joan McAvoy
Buyer II

Attachment: Ray O'Herron - Contract Renewal (JPS-P-0016-18 : Ray O'Herron)
Required Vendor Ethics Disclosure Statement

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

Date: 12/1/2017

Bid/Contract/PO #: 14-170

Company Name: Ray O’Herron Co., Inc.  Company Contact: Dan Yara
Contact Phone: 800-223-2097  Contact Email: bids@oherron.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>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>
</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.

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

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<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
- 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
Michael O’Herron
Title
President
Date
12/1/2017

Attach additional sheets if necessary. Sign each sheet and number each page. Page _______ of _______ (total number of pages)
AWARDING RESOLUTION TO
THE DUPAGE COUNTY HEALTH DEPARTMENT TO PROVIDE
MENTAL HEALTH CASE MANAGEMENT TO MENTALLY ILL
CLIENTS THAT ARE SENTENCED TO PROBATION
(CONTRACT TOTAL AMOUNT: $208,000.00)

WHEREAS, an agreement has been negotiated in accordance with County Board policy; and

WHEREAS, the Judicial/Public Safety Committee recommends County Board approval for the issuance of a contract purchase order to the DuPage County Health Department to provide services to mentally ill clients who are on probation, for the period December 1, 2017 through November 30, 2018.

NOW, THEREFORE BE IT RESOLVED, that the contract covering said, for an agreement with the DuPage County Health Department to provide mental health case management services to mentally ill clients who are on probation, for the period December 1, 2017 through November 30, 2018, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to DuPage County Health Department, 111 North County Farm Road, Wheaton, Illinois 60187, for a contract total amount of $208,000.00.

Enacted and approved this 9th day of January, 2018 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _____________________________
PAUL HINDS, COUNTY CLERK
Requisition 25k and over
JPS-P-0017-18

PROCUREMENT REVIEW CHECKLIST
REQUISITION
This form must accompany all County Purchase Requisitions.

<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>December 18, 2017</td>
<td>12/1/17-11/30/18</td>
<td>$208,000.00</td>
<td>PROBATION</td>
</tr>
</tbody>
</table>

SOLICITATION METHOD FOR SOURCE SELECTION

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Completed</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernadette Mason</td>
<td>Completed</td>
<td>12/18/2017 4:07 PM</td>
</tr>
<tr>
<td>Sharon Donald</td>
<td>Completed</td>
<td>12/18/2017 4:10 PM</td>
</tr>
<tr>
<td>John Schow</td>
<td>Completed</td>
<td>12/19/2017 7:50 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>12/20/2017 1:06 PM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>12/20/2017 1:57 PM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>12/20/2017 3:14 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>12/28/2017 3:14 PM</td>
</tr>
<tr>
<td>Judicial/Public Safety Committee</td>
<td>Pending</td>
<td>01/02/2018 8:15 AM</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>Pending</td>
<td>01/09/2018 8:00 AM</td>
</tr>
<tr>
<td>County Board</td>
<td>Pending</td>
<td>01/09/2018 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>Vendor: DuPage County Health Dept</th>
<th>Vendor #: 19161</th>
<th>Contract Term: 12/1/2017 - 11/30/18</th>
<th>Contract Total: $208,000.00</th>
</tr>
</thead>
</table>

| Dept: Probation & Court Services | Contact: Sharon Donald | Phone: 630-407-8413 | Assigned Committee: Judicial/Public Safety Committee |

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

DuPage County Health Department provides mental health case management to mentally ill clients that are sentenced to Probation’s SNAP and MICAP Programs. The Department of Probation has worked successfully with the DuPage County Health Department for several years.

**Reason for Procurement**

Mental health services are needed to assist probationers who are mentally ill by providing services for housing, food, transportation and other basic necessities that enable the mentally ill probationers to live successfully in the community.

---

**FUNDING SOURCE**

- [ ] Procurement budgeted for (FY and budget code(s)): 1400-6120-53830 & 1400-5940-53830
- [ ] 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 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>CDF</th>
<th>Dec 18, 2017</th>
<th>SAD</th>
<th>Dec 18, 2017</th>
<th>IT Approval, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prepared By</td>
<td></td>
<td>Recommended for Approval</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>12-19-17</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Buyer</td>
<td>Date</td>
<td>12-19-17</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>12-20-17</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Financial Officer</td>
<td>Date</td>
<td>Chairman’s Office</td>
<td>(Decision Memos Over $25,000)</td>
</tr>
</tbody>
</table>
## Purchase Requisition

**Procurement Services Division**

### Send Purchase Order To:

- **Vendor:** DuPage County Health Dept  
  **Vendor #:** 19161  
  **Attn:** Karen Ayala  
  **Email:**  
  **Address:** 111 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
  **Phone:** 630-682-7979

### Send Invoices To:

- **Dept:** Probation & Court Services  
  **Division:** SNAP & MICAP Programs  
  **Attn:** Sharon Donald  
  **Email:** sharon.donald@dupageco.org  
  **Address:** 503 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
  **Phone:** 630-407-8413

### Send Payments To:

- **Vendor:** DuPage County Health Dept  
  **Vendor #:** 19161  
  **Attn:** Karen Ayala  
  **Email:**  
  **Address:** 111 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
  **Phone:** 630-682-7979

### Send Payments To:

- **Vendor:** DuPage County Health Dept  
  **Vendor #:** 19161  
  **Attn:** Karen Ayala  
  **Email:**  
  **Address:** 111 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
  **Phone:** 630-682-7979

### Payment Terms

- **PER 50 ILC $505/1**

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**Requisition Total:** $208,000

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

### 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):
INTERGOVERNMENTAL AGREEMENT FOR PROFESSIONAL SERVICES
THE DUPAGE COUNTY HEALTH DEPARTMENT
AND THE DEPARTMENT OF PROBATION
AND COURT SERVICES OF THE 18TH JUDICIAL CIRCUIT

This Agreement by and between the DuPage County Health Department, a public agency pursuant to Illinois law, (hereinafter referred to as the Health Department) and the Department of Probation and Court Services of the 18th Judicial Circuit (Probation Department) is entered into this 1st day of December, 2017.

RECITALS

WHEREAS, the Probation Department and the Health Department may enter into intergovernmental agreements for the joint exercise of their respective powers; and

WHEREAS, the Illinois General Assembly has granted the Health Department authority to establish and carry out health and mental health programs and administrative services (55 ILCS 5/5 5-25013); and

WHEREAS, the Court provides an opportunity through its Mental Illness Court Alternative Program (MICAP) and Special Needs Advocacy Program (SNAP), for individuals charged with crimes to participate in a treatment program with the goal of reducing repeat offenses and re-arrest of the mentally ill; and

WHEREAS, the Health Department has experience and expertise in the provision of services to persons who are mentally ill and have a history of arrest and detention; and

WHEREAS, the Probation Department seeks to reduce repeat offenses and the re-arrest of mentally ill persons; and

WHEREAS, the Health Department can provide services that will reduce repeat offenses and the re-arrest of mentally ill persons.

NOW THEREFORE, in consideration of the promises and mutual covenants herein, the parties agree as follows:

ARTICLE I. SERVICES.

1.1 Specific services to be provided and operational parameters to be observed are articulated in “Exhibit A: Scope of Services, MICAP”; and “Exhibit B: Scope of Services, SNAP”.

1.2 The Court and the Health Department will conform to all state, federal, professional and programmatic standards governing confidentiality of participant information.

1.3 The Court will only refer persons who are residents of DuPage County and eighteen (18) years of age or older.

1.4 Staffing and Licensure: The Health Department shall provide appropriate clinical and support staff in order to provide mental health case management services pursuant to
this Agreement. All mental health treatment to be performed by Health Department professionals shall be performed by persons licensed by the State of Illinois to practice in the applicable discipline, and/or credentialed by Medicaid Part 132 credentialing standards.

1.5 The Health Department will provide such clinical and support personnel necessary for the rendering of mental health consultation pursuant to this Agreement.

ARTICLE II. PROBLEM RESOLUTION

The Probation Department and the Health Department agree to engage in problem resolution activities that will minimize interference with service delivery to mutual recipients. Problem resolution will occur at the earliest opportunity and at the most appropriate administrative level. If problems are not resolved informally, problem resolution activities will include, but are not limited to the following:

2.1 The parties to this Agreement will both participate in the identification and resolution of problems, which may arise in its implementation.

2.2 Either party will notify the other party in writing and personally when a problem exists, and a meeting to discuss and resolve the problem will occur within five (5) working days. Each party shall have a supervisor present for such meeting.

2.3 If a resolution of a problem cannot be reached by the signers of this Agreement, either party may notify the other in writing that the problem remains unsolved, and may identify additional action, which is proposed to resolve the problem.

ARTICLE III. SERVICE AGREEMENT REVIEW

The Probation and Health Departments agree to meet with appropriate personnel and review, at least semi-annually, to ensure that the terms of the Agreement are being met.

ARTICLE IV. COMPENSATION

The Probation Department will pay the Health Department up to $208,000.00 annually for services provided. Payment will be made as follows:

4.1 The Probation Department will pay the Health Department up to $208,000.00 annually for services outlines in Exhibits A and B. A monthly invoice of $17,333.33 will be sent by the Health Department to the Probation Department, including a service history report that outlines all services provided to program participants and billable service hours to the insurance providers and the non-billable service hours for each participants.

4.2 In the event of early termination of this Agreement, the Probation Department shall only be obligated to pay the fees incurred up to the date of termination. In no event shall the Probation Department be liable for any costs incurred or services performed after the effective date of termination as provided herein.
4.3 Clients who are accepted into the MICAP and SNAP programs will complete a financial profile at the DuPage County Health Department to determine payment for services. Clients who have Medicare and/or Medicaid benefits will have all services billed to the appropriate payer. In the event a client does not have any medical benefits, the Health Department will assist with the benefit application process. If a client is found to be ineligible for benefits, copays for services will be based on a client's ability to pay, as determined by household income, and then applied to a sliding fee scale consistent with health Department policy. Clients who do have insurance coverage that is not accepted by the health department will receive assistance with linking to a provider within his/her insurance network.

ARTICLE V. TERM AND TERMINATION OF AGREEMENT

5.1 **Term.** This Agreement will be effective from December 1, 2017 through November 30, 2018.

5.2 **Termination.** Either party may terminate this Agreement without cause by giving the other party at least thirty (30) days' notice. In addition, either party may terminate this Agreement upon breach by the other party of any material provision of this Agreement, provided such breach continues for 15 days after receipt by the breaching party of written notice of such breach from non-breaching party.

5.3 **Effect of Termination.**

5.3.a In the event of termination, as of the effective date of termination of this Agreement, neither party shall have any further rights or obligations hereunder except for rights and obligations accruing prior to such effective date of termination, or arising as a result of any breach of this Agreement or related to paragraphs b and c of this section.

5.3.b Except as provided in paragraph c of this section, upon termination of this Agreement, for any reason, the Probation Department shall return or destroy all Protected Health Information received from the Health Department, or created or received by the Probation Department on behalf of the Health Department that is in possession of subcontractors or agents of the Probation Department. The Probation Department, its subcontractors and its agents shall retain no copies of the Protected Health Information.

5.3.c In the event that the Probation Department determines that returning or destroying the Protected Health Information is infeasible, the Probation Department shall provide to the Health Department notification by mail of the conditions that make return or destruction infeasible within 15 business days. The Probation Department shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or
destruction infeasible, for so long as the Probation Department maintains such Protected Health Information.

5. 3.d In the event of termination by either party, the parties understand that said termination shall be consistent with DuPage County Health Department’s termination policy for behavioral health.

ARTICLE VI. GENERAL PROVISIONS

6.1 Independent Contractors. None of the provisions of this Agreement is intended to create nor shall any be deemed or construed by the parties to create any relationship between the parties hereto other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement.

6.2 Entire Agreement Modification. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties to such subject matter. This Agreement may not be amended or modified except by mutual written agreement.

6.3 Compliance with Law. Each party agrees to comply with all applicable state and federal law including, but not limited to, the Illinois Mental Health and Development Disabilities Code and Act (405 ILCS 5/1-100, et seq.) as may be amended from time to time.

6.4 Governing Law. This Agreement shall be construed in accordance with the laws of the State of Illinois.

6.5 Counterparts. This Agreement may be executed in one or more counterparts, all of which together shall constitute only one Agreement.

6.6 Partial Invalidity. If any provision of this Agreement is prohibited by any applicable law or court decree, said prohibition shall not invalidate or affect the remaining provisions of this Agreement.

6.7 Notices. All notices hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by Federal Express or Express Mail, and shall be deemed to have been duly given when delivered personally as follows:

If to the Probation Department:
Department of Probation and Court Services
505 North County Farm Road
Wheaton, Illinois 60187
Attention: John Schow, Director
If to the Health Department:
DuPage County Health Department
111 North County Farm Road
Wheaton, Illinois 60187
Attention: Karen Ayala, Executive Director

Or to such other persons or places as either party may from time to time designate by written notice to the other.

6.8 Waiver. A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

6.9 Captions. The captions contained herein are used solely for convenience and shall not be deemed to define or limit the provisions of this Agreement.

6.10 Assignment, Binding Effect. The Health Department shall not assign or transfer, in whole or in part, this Agreement or any of the Health Department’s rights, duties or obligations under this Agreement without the prior written consent of the Probation Department, and any assignment or transfer by the Health Department without such consent shall be null and void. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and permitted assigns.

6.11 Assignment, Binding Effect. The Probation Department shall not assign or transfer, in whole or in part, this Agreement of any of Probation Department’s rights, duties or obligations under this Agreement without the prior written consent of the Health Department, and any assignment or transfer by the Probation Department without such consent shall be null. and void. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and permitted assigns.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first written above.

For the Health Department:__________________________
For the Probation Department:________________________

Karen Ayala
Executive Director

Date__________________________

John Schow
Director

Date__________________________
Exhibit A

SCOPE OF SERVICES

This Scope of Services is for the Health Department providing to the Probation Department’s MICAP Program certain Services pursuant to the above-referenced Agreement. The undersigned agree that Services shall be conducted pursuant to the terms and conditions of the above-referenced County Report and Contract and by the following terms and conditions:

1. DESCRIPTION OF PROVIDER’S WORK:

A. Defendant eligibility screening and mental health assessments shall be completed by the Health Department of all MICAP applicants who have Medicaid or are uninsured.
   - The screening and assessment shall consist of a face-to-face meeting among Health Department staff, theProbation Officer and the MICAP applicant. The assessment should be conducted in collaboration with the Probation Officer’s Intake/LSI-R interview.
   - The mental health assessment shall consist of a face-to-face meeting between Health Department staff and each referred Probation Department client. The mental health assessment shall include diagnosis of the client’s current mental health in accordance with DSM-5 criteria, treatment recommendations, and a determination of whether the client meets Health Department treatment criteria.
   - All mental health assessments shall be completed within fifteen (15) business days of the referral from the Probation Department to the Health Department. Health Department staff shall notify the Probation Department if repeated attempts have been unsuccessful in scheduling the mental health assessment appointment. In the event the mental health assessment has not been scheduled within the fifteen (15) business days, the Health Department will communicate in writing with the client’s Probation Officer in order to coordinate a meeting with the client at the Probation Department offices.
   - In the event the mental health assessment appointment is not completed within thirty business (30) days, the Health Department will provide a written summary to the Probation Department of all attempts to schedule the mental health assessment. The Health Department and Probation Department may then mutually agree to terminate the referral.
   - In the event the client does not meet Health Department criteria, the written mental health assessment summary shall indicate referrals to other services to address the client’s needs.
   - A written summary of each completed assessment shall be provided to the Probation Department upon completion of the assessment.

B. Behavioral health services shall be provided to screened Probation Department clients who meet the Health Department criteria. Upon determination of eligibility into the MICAP program, an individualized treatment plan will be completed to initiate behavioral health services. All behavioral health services shall be delivered in keeping with the individual treatment plan. Services recommended and provided by the Health Department through the treatment plan may include:
   - Individual/Family/Group counseling
   - Case management
   - Illness/medication education
7.B.c

- Psychiatric evaluation; psychiatric follow-up appointments
- Medication management
- Determination of benefit eligibility
- Assistance in applying for and maintaining benefits
- Crisis intervention
- Facilitation of emergency psychiatric hospitalization, if necessary
- Assessment and assistance in facilitation of referral to services such as residential treatment; inpatient/IOP/PHP substance abuse/co-occurring disorders treatment; and employment training/coaching
- Collaboration if needed with providers of additional services
- Facilitation of other services such as housing, food, transportation and other basic necessities required to successfully live in the community.

C. Assessments, treatment plans, and the provision of services will be managed by a Clinician/Therapist dedicated to the MICAP program.

D. Prior to termination of an offender’s services, the Health Department will contact the Probation Department and notify the Probation Officer of an offender’s noncompliance. In accordance with the DuPage County Health Department Failed Appointment Policy, the Health Department and the Probation Officer will work with the offender in an attempt to remedy the noncompliance prior to termination.

E. The Health Department shall attend twice weekly case staffings at designated locations. In addition, the Health Department shall attend the weekly MICAP court call. The Health Department shall attend additional planning or team meetings as scheduled.

F. The Health Department will make available appropriate administrative, medical and other staff to meet once per week with MICAP personnel to address participant’s progress and any related issues.

G. The Health Department shall consult with Probation Officers on non-Health Department cases when needed regarding appropriate treatment referrals, diagnosis, treatment and service planning. Additionally, the Health Department shall provide consultation and education to non-clinical stakeholders when needed.

2. DELIVERABLES:
   - The Health Department shall provide the Probation Department with the service history for all applicants and participants on a monthly basis.
   - The Health Department shall provide the Probation Department and the offender with a written copy of the recovery maintenance plan upon graduation.

Exhibit B
SCOPE OF SERVICES

This Scope of Services is for the Health Department providing to the Probation Department’s Special Needs Advocacy Program (SNAP) certain Services pursuant to the above-referenced Agreement for the . The undersigned agree that Services shall be conducted pursuant to the terms and conditions of the above-referenced County Report and Contract and by the following terms and conditions:

1. DESCRIPTION OF THE HEALTH DEPARTMENT’S WORK:

A. Mental Health Assessments shall be completed by the Health Department of all referred Probation Department clients.
   - The mental health assessment shall consist of a face-to-face meeting between a Health Department Counselor/Therapist and each referred Probation Department client. The mental health assessment shall include diagnosis of the client’s current mental health in accordance with DSM-5 criteria, treatment recommendations, and a determination of whether the client meets Health Department treatment criteria.
   - All mental health assessments shall be completed within fifteen (15) business days of the referral from the Probation Department to the Health Department. Health Department staff shall notify the Probation Department if repeated attempts have been unsuccessful in scheduling the mental health assessment appointment. In the event the mental health assessment has not been scheduled within the fifteen (15) business days, the Health Department will communicate in writing with the client’s Probation Officer in order to coordinate a meeting with the client at the Probation Department offices.
   - In the event the mental health assessment appointment is not completed within thirty business (30) days, the Health Department will provide a written summary to the Probation Department of all attempts to schedule the mental health assessment. The Health Department and Probation Department may then mutually agree to terminate the referral. However, any mental health assessments not actually completed shall not count against the total number of mental health assessments provided under paragraph B (b) of this Exhibit under this Agreement.
   - A written summary of each completed mental health assessment shall be provided to the Probation Department within ten (10) business days of the mental health assessment.
   - In the event the client does not meet Health Department criteria, the written mental health assessment summary shall indicate referrals to other services to address the client’s needs.

B. Behavioral health services shall be provided to screened Probation Department clients who meet the Health Department treatment criteria. Upon determination of eligibility into the SNAP program, an individualized treatment plan will be completed to initiate behavioral health services. All behavioral health services shall be delivered in keeping with the individual treatment plan.
   a. Services recommended and provided by the Health Department through the treatment plan may include:
      - Individual/Family/Group counseling.
      - Case management.
      - Illness/medication education.
      - Psychiatric evaluation; psychiatric follow-up appointments.
      - Medication management
      - Determination of benefit eligibility
b. The Health Department will provide a maximum of eighty (80) completed mental health assessments per year for SNAP referrals.

c. In addition to the clients accepted prior to the term of this agreement, the Health Department will initiate treatment for up to sixty (60) additional clients. For the purpose of counting the number of new clients allowed, initiation of case management services shall be determined by receipt of the individual treatment plan by the Probation Department. The treatment plan shall be in writing and designate services provided by the Health Department.

C. Assessments, treatment plans, and the provision of services will be managed by a Clinician/Therapist dedicated to the SNAP program.

D. The Health Department will assist with the application for and maintenance of benefits.

E. A written status form documenting each active client’s progress toward meeting the goals of the treatment plan shall be provided to the Probation Department on a monthly basis.

F. Prior to termination of an offender’s services, the Health Department will contact the Probation Department and notify the Probation Officer of an offender’s noncompliance. In accordance to the DuPage County Health Department’s No-Show Policy, the Health Department and the Probation Officer will work with the offender in an attempt to remedy the noncompliance prior to termination.

G. Upon termination of services, a written client outcome summary shall be provided to the Probation Department. This shall include services provided to the client, the client’s level of engagement and compliance with services, impact of services upon client’s symptoms and overall functioning, and the reason services were terminated.

H. Monthly meetings shall be scheduled in advance at a time mutually agreeable to the Probation Department and Health Department, and will include, at minimum, program supervisors, for the purpose of reviewing administrative and/or clinical items.

I. DELIVERABLES:
   - The Health Department shall provide the Probation Department with written summaries of all completed mental health assessments within ten (10) business days of the mental health assessment appointment.
   - The Health Department shall provide the Probation Department with written notification of any referred clients for whom mental health assessments have not been completed within fifteen (15) business days of referral.
   - The Health Department shall provide the Probation Department with written notification of any referred clients for whom mental health assessments have not been completed within thirty (30) business days of referral.
- The Health Department shall provide the Probation Department a written individualized treatment plan for all new clients receiving case management services.
- On a monthly basis, the Health Department shall provide a monthly status report for each client receiving case management services.
- On a monthly basis, the Health Department shall provide the Probation Department with an updated list of all clients for whom mental health assessments have been completed and all clients receiving case management services.
- The Health Department shall provide the Probation Department with a monthly service history for each active client.
Required Vendor Ethics Disclosure Statement

Company Name: DuPage County Health Department
Company Contact: Karen Ayala
Contact Phone: 630-682-7400
Contact Email: kayala@dupagehealth.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.

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

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<th>Amount/Value</th>
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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.

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

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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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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: Karen Ayala
Title: Executive Director
Date: Dec 13, 2017

Attach additional sheets if necessary. Sign each sheet and number each page. Page 1 of 1 (total number of pages)
Requisition under 25k dollars

2018-23
## PROCUREMENT REVIEW CHECKLIST

### REQUISITION

This form must accompany all County Purchase Requisitions.

### NEW PURCHASE ORDER REQUEST

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# Purchase Requisition

## Procurement Services Division

### Send Purchase Order To:
- **Vendor:** West Publishing Corporation  
  - **Vendor #:** 11169  
  - **Attn:** Jeremy P. Salentine  
  - **Email:** Jeremy.Salentine@thomsonreuters.com  
  - **Address:** 610 Opperman Dr.  
  - **City:** Eagan  
  - **State:** MN  
  - **Zip:** 55123  
  - **Phone:** 651-244-6019  
  - **Fax:** 651-848-9959

### Send Invoices To:
- **Dept:**  
  - **Address:**  
  - **City:**  
  - **State:**  
  - **Zip:**  
  - **Phone:**  
  - **Fax:**

### Send Payments To:
- **Vendor:** West Publishing Corporation  
  - **Vendor #:** 11169  
  - **Attn:** Jeremy P. Salentine  
  - **Email:** Jeremy.Salentine@thomsonreuters.com  
  - **Address:** 610 Opperman Dr.  
  - **City:** Eagan  
  - **State:** MN  
  - **Zip:** 55123  
  - **Phone:** 651-244-6019  
  - **Fax:** 651-848-9959

### Ship To:
- **Dept:**  
  - **Address:**  
  - **City:**  
  - **State:**  
  - **Zip:**  
  - **Phone:**  
  - **Fax:**

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

## Use For:
- **PO25 only**

### Purchase Order Details

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**Requisition Total:** $10,600.0

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

  - Contract term 12/1/17-11/30/18

### 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):**
# Procurement Review Checklist

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

---

**Vendor:** West Publishing Corp.  
**Vendor #:** 11169  
**Contract Term:** 12/1/17-11/30/18  
**Contract Total:** $10,600.00  
**Dept:** Circuit Court  
**Contact:** Lisa Herpel  
**Phone:** 407-8788  
**Assigned Committee:** Judicial Public Safety

---

**Description of Procurement/Scope of Work/Background**  
To purchase legal books and updates for the book collections for the Judiciary.

**Reason for Procurement**  
Judges, staff attorneys and court staff require legal research materials to carry out their assigned duties.

---

**FUNDING SOURCE**

- [X] Procurement budgeted for (FY and budget code(s)): FY 2018 1000-5900-52200
- [ ] Budget Transfer (Date) ________________ Add'l Information __________________________

---

**DECISION MEMO NOT REQUIRED**

- [X] LOWEST RESPONSIBLE QUOTE or BID # __________________________ (QUOTE < $25,000, BID > $25,000; attach Tabulation)
- [ ] RENEWAL, Enter Bid # __________________________ Intergovernmental Agreement
- [X] 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>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>IT Approval, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD</td>
<td>11/29/17</td>
<td>09/27/17</td>
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<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>
<th>Chairman's Office (Decision Memos Over $25,000)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-13-17</td>
<td></td>
<td></td>
<td>12-13-17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-19-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

JUSTIFICATION FOR SOLE SOURCE

REQUISITION #  1120  DEPARTMENT  Circuit Court
MANUFACTURER  West Publishing Corporation  PRODUCT #

DESCRIBE ITEM BEING JUSTIFIED AND ITS FUNCTION:
Legal books and monthly updates to legal book collections for the Judiciary, including Judges, staff attorneys and other court staff.

THIS IS A SOLE SOURCE BECAUSE VENDOR IS:
- ✓ sole provider of a licensed or patented good or service
- -
- -
- -
- -

WHAT NECESSARY AND UNIQUE FEATURES DOES THIS VENDOR'S PRODUCT OR SERVICE PROVIDE WHICH ARE NOT AVAILABLE FROM OTHER VENDORS? (Please be specific)
Only producer of Westlaw Legal Research materials

HAS THE MARKET BEEN TESTED LATELY (LAST 12 MONTHS) ON THE APPLICABILITY OF SOLE SOURCE? (If not, why not?)
Discussions with Law Librarian about ability to purchase from other vendors, issue is who have the publishing rights to update current book collections. Not all vendors have the same publishing rights to update information.

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)
Currently, there are two vendors that provide legal research materials West Publishing and Lexis-Nexis, because of publishing rights to some of the materials needed, you can not access certain legal materials if the vendor does not possess the rights to those legal materials.

Signature on File  Date

DEPARTMENT APPROVAL  DATE  PURCHASING REVIEW  DATE

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>West Publishing Corporation</th>
<th>Company Contact:</th>
<th>Jeremy P. Salentine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone:</td>
<td>651-244-6019</td>
<td>Contact Email:</td>
<td><a href="mailto:Jeremy.Salentine@thomsonreuters.com">Jeremy.Salentine@thomsonreuters.com</a></td>
</tr>
<tr>
<td>Bid/Contract/PO #:</td>
<td>1120</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>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>
</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.

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

<table>
<thead>
<tr>
<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>
</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
- 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

Printed Name

Title

Date

12/15/2017

Page of /  (total number of pages)
Requisition under 25k dollars

2018-24
## PROCUREMENT REVIEW CHECKLIST

### REQUISITION

This form must accompany all County Purchase Requisitions.

<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>December 15, 2017</td>
<td>12/23/17 - 12/22/17</td>
<td>$916.00</td>
<td>CIRCUIT COURT CLERK</td>
</tr>
</tbody>
</table>

### SOLICITATION METHOD FOR SOURCE SELECTION

- **Bernadette Mason**: Completed 12/18/2017 8:40 AM
- **Kathy Ostrowski**: Completed 12/18/2017 11:13 AM
- **James McGuire**: Completed 12/18/2017 11:18 AM
- **Paul Rafac**: Completed 12/20/2017 3:12 PM
- **Kathy Ostrowski**: Completed 12/28/2017 3:52 PM
- **Judicial/Public Safety Committee**: Pending 01/02/2018 8:15 AM
## Purchase Requisition

**Procurement Services Division**

**Send Purchase Order To:**
- **Vendor:** SourceHOV  
  - **Vendor #:** 12100  
  - **Attn:** Amy Raines  
  - **Email:** amy.raines@sourcehov.com  
- **Address:** 11850 Hempstead Highway, Suite 270  
  - **City:** Houston  
  - **State:** TX  
  - **Zip:** 70092  
- **Phone:**  
  - **Fax:**

**Send Invoices To:**
- **Dept:** Circuit Court Clerk  
  - **Division:** Accounting  
  - **Attn:** Julie Ellefsen  
  - **Email:** julie.ellefsen@18thjudicial.org  
- **Address:** 505 N County Farm RD  
  - **City:** Wheaton  
  - **State:** IL  
  - **Zip:** 60187  
- **Phone:** 630-407-8590  
  - **Fax:**

**Send Payments To:**
- **Vendor:** SourceHOV  
  - **Vendor #:** 12100  
  - **Attn:** Amy Raines  
  - **Email:** amy.raines@sourcehov.com  
- **Address:** 11850 Hempstead Highway, Suite 2700  
  - **City:** Houston  
  - **State:** TX  
  - **Zip:** 70092  
- **Phone:**  
  - **Fax:**

**Ship To:**
- **Dept:** Circuit Court Clerk  
  - **Division:** Accounting  
  - **Attn:** Julie Ellefsen  
  - **Email:** julie.ellefsen@18thjudicial.org  
- **Address:** 505 N County Farm Rd  
  - **City:** Wheaton  
  - **State:** IL  
  - **Zip:** 60187  
- **Phone:** 630-407-8590  
  - **Fax:**

**Payment Terms**:
- **F.O.B.**  
- **PO 20 Delivery Date**  
- **Use for PO25 only**

**Description**
- **Qty:** 1  
- **UOM:** EA  
- **Item Detail (Product #):** Kodak D1 Capture software support  
- **FY:** 18  
- **Dept #:** 1400  
- **Acct #:** 6730  
- **Acct Unit:** 53807  
- **Sub-Acct and/or Activity #:**  
- **Unit Price:** 916.00  
- **Extension:** 916.00

**Requisition Total:** $916.00

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

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

- for payment only - send copy of paper work to Mary.heaton@18thjudicial.org

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

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

---

**Vendor:** Source HOV  
**Vendor #:** 12100  
**Contract Term:** 12/23/17 - 12/22/18  
**Contract Total:** $916.00

**Dept:** Circuit Court Clerk  
**Contact:** John Larson  
**Phone:** 630-407-8681  
**Assigned Committee:** JPS

**Description of Procurement/Scope of Work/Background:**
Maintenance, on-site and phone support for the Kodak D1 capture software used on the Kodak 11420 scanners

**Reason for Procurement:** Payment of invoice

---

**FUNDING SOURCE**

- [x] Procurement budgeted for (FY and budget code(s)): 18-1400-6730-53807
- [ ] 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)
- [x] 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>mih</th>
<th>Dec 14, 2017</th>
<th>12-15-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared By</td>
<td>Date</td>
<td>Recommended for Approval</td>
</tr>
</tbody>
</table>

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**REVIEWS BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/17/17</td>
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</table>

<table>
<thead>
<tr>
<th>Chief Financial Officer</th>
<th>Date</th>
<th>Chairman’s Office</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>12-20-17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Attachment: 11565 SourceHOV - Checklist (2018-24 : SourceHOV - D1)
# Invoice Details

**SourceHOV**

2701 E Grauwyler Rd.
Irving, TX 75061-3414

---

### INVOICE

<table>
<thead>
<tr>
<th>Customer ID</th>
<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUPAG01</td>
<td>0003069604</td>
<td>12/13/2017</td>
</tr>
</tbody>
</table>

### SITE

<table>
<thead>
<tr>
<th>SITE</th>
<th>INVOICE TOTAL</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>60030</td>
<td>$916.00</td>
<td>1</td>
</tr>
</tbody>
</table>

---

**DUPAGE COUNTY CIRCUIT CLERKS OFFICE**

**ATTN: JULIE ELLEFSEN**

505 COUNTY FARM ROAD

WHEATON, IL 60187

---

**DUPAGE COUNTY CIRCUIT CLERKS OFFICE**

**ATTN: JULIE ELLEFSEN**

505 COUNTY FARM ROAD

WHEATON, IL 60187

---

### DEED DATE

01/27/2018

### TERMS

Net 45 Days

### SALESPERSON

HOUSE

### SUPPLIER LOCATION

---

### CUSTOMER VENDOR NO.

---

### P.O. # / WORK ORDER

DS-19002

### CONTACT NAME

JULIE ELLEFSEN

---

### ITEM No. DESCRIPTION

- SUPPORT AGREEMENT # 41101CONS
- KODAK CAPTURE SOFTWARE, TAG # 35012-16018
- EFFECTIVE DATES 12/23/2017 THRU 12/22/2018

### QUANTITY UNITS MEASURE UNP PRICE NET PRICE

1 YEAR 916 $916.00

---

### SALES AMOUNT

$916.00

### FREIGHT

$0.00

### SALES TAX

$0.00

### AMT RECEIVED

$0.00

### TOTAL DUE

$916.00

---

**Attachment: 11565 SourceHOV - Invoice (2018-24 : SourceHOV - D1)**

---

**Packet Pg. 56**
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>Bid/Contract/PO #: 1701</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Company Name: HOV Services, Inc</th>
<th>Company Contact: John Lancaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone: 309-825-1991</td>
<td>Contact Email:</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NONE (check here) - If no contributions have been made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient</td>
</tr>
<tr>
<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>NONE (check here) - If no contacts have been made</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
<tr>
<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
- 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/Cou CountyBoard/Policies/

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

Authorized Signature: ________________________________

Printed Name: Karen Emerick

Title: VP Finance and Tax

Date: 20 Sep 16

Attach additional sheets if necessary. Sign each sheet and number each page. Page _______ of _______ (total number of pages)
Requisition under 25k dollars

2018-25
Requisition under 25k dollars
2018-25

PROCUREMENT REVIEW CHECKLIST
REQUISITION
This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>NEW PURCHASE ORDER REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE SUBMITTED</td>
</tr>
<tr>
<td>CONTRACT AMOUNT</td>
</tr>
<tr>
<td>CONTRACT TERM</td>
</tr>
<tr>
<td>REQUESTING DEPT.</td>
</tr>
</tbody>
</table>

SOLICITATION METHOD FOR SOURCE SELECTION

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernadette Mason</td>
<td>Completed</td>
<td>12/18/2017 8:39 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>12/18/2017 11:40 AM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>12/18/2017 4:06 PM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>12/20/2017 3:12 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>12/28/2017 3:55 PM</td>
</tr>
<tr>
<td>Judicial/Public Safety Committee</td>
<td>Pending</td>
<td>01/02/2018 8:15 AM</td>
</tr>
</tbody>
</table>
Purchase Requisition
Procurement Services Division

Send Purchase Order To:
Vendor: SourceHOV Vendor #: 12100
Attn: Amy Raines Email: amy.raines@sourcehov.com
Address: 11850 Hempstead Highway, Suite 270
City: Houston State: TX Zip: 70092
Phone: Fax:

Send Invoices To:
Dept: Circuit Court Clerk Division: Accounting
Attn: Julie Ellefson Email: julie.ellefson@18thjudicial.org
Address: 505 N County Farm Rd Room:
City: Wheaton State: IL Zip: 60187
Phone: 630-407-8590 Fax:

Send Payments To:
Vendor: SourceHOV Vendor #: 12100
Attn: Amy Raines Email: amy.raines@sourcehov.com
Address: 11850 Hempstead Highway, Suite 2700
City: Houston State: TX Zip: 70092
Phone: Fax:

Payee Terms
F.O.B.
Use for PO25 only

PO 20 Delivery Date
Requisition:

LN Qty UOM Item Detail (Product #) Description FY Dept # Acctg Unit Acct # Sub-Acct # and/or Activity # Unit Price Extension
1 1 EA Kodak G1 software support 18 1400 6730 53807 10,350.00 10,350.00

Requisition Total $10,350.00

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

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

for payment only - send copy of paper work to Mary.heaton@18thjudicial.org

User Department Internal Notes (these comments will NOT appear on the Purchase Order):
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: Source HOV</th>
<th>Vendor #: 12100</th>
<th>Contract Term: 12/23/17 - 12/22/18</th>
<th>Contract Total: $10,350.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: Circuit Court Clerk</td>
<td>Contact: John Larson</td>
<td>Phone: 630-407-8681</td>
<td>Assigned Committee: JPS</td>
</tr>
</tbody>
</table>

**Description of Procurement/ Scope of Work/ Background**
Maintenance, on-site and phone support for the Kodak G1 capture software used on the Kodak 11860 scanners

**Reason for Procurement**
Payment of invoice

**FUNDING SOURCE**
- Procurement budgeted for (FY and budget code(s)): 18-1400-6730-53807
- 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 # __________________________
- 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 (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>mh</th>
<th>Dec 14, 2017</th>
<th>12-15-17</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>12-20-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Procurement Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Financial Officer</th>
<th>10-28-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Chairman's Office</td>
</tr>
</tbody>
</table>

(Decision Memos Over $25,000)
# SourceHOV Invoice

**Please Remit Payment to:**

HOV Services, Inc.  
P.O. Box 142589  
Drawer #9092  
Irving, TX 75014-2589

---

**INVOICE**

<table>
<thead>
<tr>
<th>Customer ID</th>
<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUPAG01</td>
<td>0000369605</td>
<td>12/13/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SITE</th>
<th>INVOICE TOTAL</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>60030</td>
<td>$10,350.00</td>
<td>1</td>
</tr>
</tbody>
</table>

---

**DUPAGE COUNTY CIRCUIT CLERKS OFFICE**

**ATTN: JULIE ELLEFSEN**

505 COUNTY FARM ROAD  
WHEATON, IL 60187

---

**DUPAGE COUNTY CIRCUIT CLERKS OFFICE**

**ATTN: JULIE ELLEFSEN**

505 COUNTY FARM ROAD  
WHEATON, IL 60187

---

**DEB DATE** | **TERMS** | **SALESPERSON** | **SUPPLIER LOCATION** | **CUSTOMER VENDOR NO.** | **P.O. # / WORK ORDER** | **CONTACT NAME** | **JOB NO. / PROJECT** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01/27/2018</td>
<td>Net 45 Days</td>
<td>HOUSE</td>
<td></td>
<td></td>
<td>DS-18003</td>
<td>JULIE ELLEFSEN</td>
<td></td>
</tr>
</tbody>
</table>

---

**ITEM NO. DESCRIPTION** | **QUANTITY** | **UNIT OF MEASURE** | **UNIT PRICE** | **NET PRICE** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT AGREEMENT # 41104CONSVR</td>
<td>1</td>
<td>YEAR</td>
<td>10350</td>
<td>$10,350.00</td>
</tr>
<tr>
<td>KODAK CAPTURE PRO SOFTWARE, TAG # 36013-16018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFFECTIVE DATES 12/23/2017 THRU 12/22/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**SALES AMOUNT** | $10,350.00  
**FREIGHT** | $0.00  
**SALES TAX** | $0.00  
**AMT RECEIVED** | $10,350.00  
**TOTAL DUE** | $10,350.00

---

**Packet Pg. 62**
Required Vendor Ethics Disclosure Statement

Date: Sep 15, 2016

Bid/Contract/PO #: 1701

Company Name: HOV Services, Inc
Contact Phone: 309-825-1991

Company Contact: John Lancaster
Contact Email: 

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>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>
</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.

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

<table>
<thead>
<tr>
<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>
</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
- 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
Karen Emerick

Title
VP Finance and Tax

Date
20 Sep 16

Attach additional sheets if necessary. Sign each sheet and number each page. Page _______ of _______ (total number of pages)
Requisition under 25k dollars

2018-26
**PROCUREMENT REVIEW CHECKLIST**

**REQUISITION**

This form must accompany all County Purchase Requisitions.

<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>December 15, 2017</td>
<td>12/07/17 - 12/06/19</td>
<td>$236.00</td>
<td>CIRCUIT COURT CLERK</td>
</tr>
</tbody>
</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

- Bernadette Mason: Completed 12/18/2017 8:40 AM
- Kathy Ostrowski: Completed 12/18/2017 11:39 AM
- James McGuire: Completed 12/18/2017 4:05 PM
- Paul Rafac: Completed 12/20/2017 3:13 PM
- Kathy Ostrowski: Completed 12/28/2017 4:01 PM
- Judicial/Public Safety Committee: Pending 01/02/2018 8:15 AM
# Purchase Requisition

## Procurement Services Division

### Send Purchase Order To:

<table>
<thead>
<tr>
<th>Vendor: SourceHOV</th>
<th>Vendor #: 12100</th>
<th>Dept: Circuit Court Clerk</th>
<th>Division: Accounting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Amy Raines</td>
<td>Email: <a href="mailto:amy.raines@sourcehov.com">amy.raines@sourcehov.com</a></td>
<td>Attn: Julie Ellefsen</td>
<td>Email: <a href="mailto:julie.ellefsen@18thjudicial.org">julie.ellefsen@18thjudicial.org</a></td>
</tr>
<tr>
<td>Address: 11850 Hempstead Highway, Suite 270</td>
<td>City: Houston, TX</td>
<td>Zip: 70092</td>
<td>Phone: 630-407-8590</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Phone: 630-407-8590</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

### Send Invoices To:

<table>
<thead>
<tr>
<th>Vendor: SourceHOV</th>
<th>Vendor #: 12100</th>
<th>Dept: Circuit Court Clerk</th>
<th>Division: Accounting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Amy Raines</td>
<td>Email: <a href="mailto:amy.raines@sourcehov.com">amy.raines@sourcehov.com</a></td>
<td>Attn: Julie Ellefsen</td>
<td>Email: <a href="mailto:julie.ellefsen@18thjudicial.org">julie.ellefsen@18thjudicial.org</a></td>
</tr>
<tr>
<td>Address: 11850 Hempstead Highway, Suite 270</td>
<td>City: Houston, TX</td>
<td>Zip: 70092</td>
<td>Phone: 630-407-8590</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Phone: 630-407-8590</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

### Send Payments To:

<table>
<thead>
<tr>
<th>Vendor: SourceHOV</th>
<th>Vendor #: 12100</th>
<th>Dept: Circuit Court Clerk</th>
<th>Division: Accounting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Amy Raines</td>
<td>Email: <a href="mailto:amy.raines@sourcehov.com">amy.raines@sourcehov.com</a></td>
<td>Attn: Julie Ellefsen</td>
<td>Email: <a href="mailto:julie.ellefsen@18thjudicial.org">julie.ellefsen@18thjudicial.org</a></td>
</tr>
<tr>
<td>Address: 11850 Hempstead Highway, Suite 270</td>
<td>City: Houston, TX</td>
<td>Zip: 70092</td>
<td>Phone: 630-407-8590</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Phone: 630-407-8590</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

### Ship To:

<table>
<thead>
<tr>
<th>Vendor: SourceHOV</th>
<th>Vendor #: 12100</th>
<th>Dept: Circuit Court Clerk</th>
<th>Division: Accounting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Amy Raines</td>
<td>Email: <a href="mailto:amy.raines@sourcehov.com">amy.raines@sourcehov.com</a></td>
<td>Attn: Julie Ellefsen</td>
<td>Email: <a href="mailto:julie.ellefsen@18thjudicial.org">julie.ellefsen@18thjudicial.org</a></td>
</tr>
<tr>
<td>Address: 11850 Hempstead Highway, Suite 270</td>
<td>City: Houston, TX</td>
<td>Zip: 70092</td>
<td>Phone: 630-407-8590</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Phone: 630-407-8590</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

### Payment Terms:

<table>
<thead>
<tr>
<th>PER 30 ILCS 305/1</th>
<th>Use for PO25 only</th>
</tr>
</thead>
</table>

### F.O.S.B.:

<table>
<thead>
<tr>
<th>Destination</th>
<th>PO20 Delivery Date</th>
<th>Requisition No.</th>
</tr>
</thead>
</table>

### Contract Details:

<table>
<thead>
<tr>
<th>LN</th>
<th>Qty</th>
<th>UOM</th>
<th>Description</th>
<th>FY</th>
<th>Dept #</th>
<th>Acct #</th>
<th>Sub-Acct 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>Kodak i2600 Support Agreement</td>
<td>18</td>
<td>1400</td>
<td>6730</td>
<td>53370</td>
<td>236.00</td>
<td>236.00</td>
</tr>
</tbody>
</table>

### Header Comments:

These comments will appear on the PO20 and PO25 Purchase Order:

Special Instructions/Comments to Buyer or Approver:

For payment only - send copy of paper work to Mary.heaton@18thjudicial.org

User Department/Internal Notes:

These comments will NOT appear on the Purchase Order

---

**Attachment:** 11568 SourceHOV - Requisition (2018-26 : SourceHOV - i2600)
**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: Source HOV</th>
<th>Vendor #: 12100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: Circuit Court Clerk</td>
<td>Contract Term: 12/07/17 - 12/06/19</td>
</tr>
<tr>
<td>Contact: John Larson</td>
<td>Contract Total: $236.00</td>
</tr>
<tr>
<td>Phone: 630-407-8681</td>
<td>Assigned Committee: JPS</td>
</tr>
</tbody>
</table>

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

Maintenance, on-site support/labor, part and phone support for the Kodak i2600 scanner

**Reason for Procurement**

Payment of invoice

<table>
<thead>
<tr>
<th>FUNDING SOURCE</th>
</tr>
</thead>
</table>

- Procurement budgeted for (FY and budget code(s)): 18-1400-6730-53370
- Budget Transfer (Date) ____________

**DECISION MEMO NOT REQUIRED**

- LOWEST RESPONSIBLE QUOTE # or BID # __________________________ (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)
- RENEWAL, Enter Bid # __________________________
- 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
- PER SS ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

**DECISION MEMO REQUIRED**

- Cooperative Procurement (DPC-107) or Government Joint Purchasing Act Procurement (30ILCS25)
- 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>Name</th>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>mih</td>
<td></td>
<td>Dec 14, 2017</td>
</tr>
<tr>
<td>Prepared By</td>
<td>Date</td>
<td>Recommended for Approval</td>
</tr>
<tr>
<td>4L</td>
<td>12-15-17</td>
<td>IT Approval, if required</td>
</tr>
</tbody>
</table>

**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buyer</td>
<td></td>
<td>12-20-17</td>
</tr>
<tr>
<td>Date</td>
<td>Procurement Officer</td>
<td>12-20-17</td>
</tr>
<tr>
<td>20/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>(Decision Memos Over $25,000)</td>
<td>Date</td>
</tr>
<tr>
<td>(Decision Memos Over $25,000)</td>
<td>Chairman's Office</td>
<td>Date</td>
</tr>
<tr>
<td>18-20-17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ATTACHMENT:** 11568 SourceHOV - Checklist (2018-26 : SourceHOV - 12600)
<table>
<thead>
<tr>
<th>DUE DATE</th>
<th>TERMS</th>
<th>SALESPERSON</th>
<th>SUPPLIER LOCATION</th>
<th>CUSTOMER VENDOR NO.</th>
<th>P.O. # / WORK ORDER</th>
<th>CONTACT NAME</th>
<th>JOB NO. / PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/27/2018</td>
<td>Net 45 Days</td>
<td>HOUSE</td>
<td></td>
<td></td>
<td>DS-18001</td>
<td>JULIE ELLEFSEN</td>
<td></td>
</tr>
</tbody>
</table>

**Legend**
- SUPPORT AGREEMENT # 41021CONSVR
- KODAK i2600 SCANNER, TAG # 35831-15018
- EFFECTIVE DATES 12/7/2017 THRU 12/6/2019

<table>
<thead>
<tr>
<th>ITEM DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT OF MEASURE</th>
<th>UNIT PRICE</th>
<th>NET PRICE</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>EACH</td>
<td>236</td>
<td>$236.00</td>
</tr>
</tbody>
</table>

**INVOICE**

<table>
<thead>
<tr>
<th>Customer ID</th>
<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUPAG01</td>
<td>0000369607</td>
<td>12/13/2017</td>
</tr>
</tbody>
</table>

**Site**

<table>
<thead>
<tr>
<th>SITE</th>
<th>INVOICE TOTAL</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>60030</td>
<td>$236.00</td>
<td></td>
</tr>
</tbody>
</table>

**SALESAMOUNT**

$236.00

**FREIGHT**

$0.00

**SALES TAX**

$0.00

**AMT RECEIVED**

$0.00

**TOTAL DUE**

$236.00
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: HOV Services, Inc.
Company Contact: John Lancaster
Contact Phone: (309) 823-1991
Contact Email: John.Lancaster@soursehov.com

Bid/Contract/PO #:

Date: Oct 30, 2017

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 other 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.

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:

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
Ronald Cogburn
Title
CEO
Date
Oct 30, 2017

Attach additional sheets if necessary. Sign each sheet and number each page. Page 1 of 1 (total number of pages)
December 19, 2017

Mr. Grant Eckhoff  
Chairman of the Judicial  
Public Safety Committee  
County Board Offices  
421 N. County Farm Road  
Wheaton, IL 60187

RE: Monthly Statistical Report

Dear Mr. Eckhoff:

Pursuant to 55 ILCS 5/3-4010, enclosed is a copy of the monthly report of services rendered by the Public Defender’s Office through November 30, 2017.

Sincerely,

JEFFREY R. YORK
Public Defender of DuPage County

JRY/mb
encl.
<table>
<thead>
<tr>
<th>Year</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>123</td>
<td>456</td>
<td>789</td>
</tr>
</tbody>
</table>

**Notes:**

- 8.A.a
- Packet Pg. 71