1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIRMAN'S REPORT - CHAIR LARSEN

5. APPROVAL OF MINUTES

Health & Human Services - Regular Meeting - Tuesday January 2nd, 2018

6. COMMUNITY SERVICES - MARY KEATING

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

A. FI-R-0045-18 RESOLUTION -- Acceptance and Appropriation of the Low Income Home Energy Assistance Program (LIHEAP) ComEd Rate Relief Program Grant FY18 Company 5000-Accounting Unit 1500 - Grant Funded - $15,000

B. FI-R-0046-18 RESOLUTION -- Acceptance and Appropriation of Additional Funding for the Low Income Kit Energy (LIKE) Program FY16 Company 5000 - Accounting Unit 1505 $9,000.00

C. Change Order -- HHS-P-0384A-17 Amendment to Resolution HHS-P-0384-17 (County Contract 2771-0001SERV), issued to Healthy Air Heating & Air, Inc., to provide mechanical (HVAC) weatherization labor & materials for Community Services/Weatherization, for the period of July 1, 2017 through June 30, 2018, for the use of additional funds from the Illinois Department of Commerce and Economic Opportunity (ILDCEO), to increase encumbrance in the amount of $299,549.00, resulting in an amended contract total not to exceed $792,877.00 an increase of 60.72%. 
D. Change Order -- HHS-P-0385A-17 Amendment to Resolution HHS-P-0385-17 (County Contract 2770-0001SERV), issued to Healthy Air Heating & Air, Inc., to provide architectural weatherization labor & materials for Community Services/Weatherization, for the period of July 1, 2017 through June 30, 2018, for the use of additional funds from the ILDCEO, to increase encumbrance in the amount of $50,371.00, resulting in an amended contract total not to exceed $122,871.00 an increase of 69.48%.

7. DUPAGE CARE CENTER - JANELLE CHADWICK

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

HHS-R-0047-18 RESOLUTION -- Hometown Suburban Vending, manages beverage and snack vending machines at various locations on the DuPage County Campus for the period March 1, 2018 through February 28, 2019, per renewal option under bid #15-234-BF, first of two one year optional one year renewal. (Hometown Suburban pays DuPage Care Center 13% profit sharing)

8. BUDGET TRANSFERS

A. Budget Transfers -- DuPage Care Center - To transfer FY17 budgeted funds, allowing for sufficient budget to be available for actual food expense by accounting unit - $14,794.00

B. Budget Transfers -- DuPage Care Center - To transfer FY17 budgeted funds, allowing for sufficient budget to be available for overtime payroll expense - $198,106.00

C. Budget Transfers -- DuPage Care Center - To transfer FY17 budgeted funds, allowing for sufficient budget to be available for part time payroll expense - $91,590.00

D. Budget Transfers -- DuPage Care Center - To transfer FY17 budgeted funds, allowing for sufficient budget to be available for miscellaneous payroll expenses, holiday pay, temporary/on-call payroll, flexible benefits, and tuition reimbursement - $157,119.00

E. Budget Transfers -- DuPage Care Center - To transfer FY17 budgeted funds, allowing for sufficient budget to be available for regular salaries - $1,031,723.00

F. Budget Transfers -- DuPage Care Center - To transfer FY17 budgeted funds to pay for miscellaneous furniture/machine/equipment small value, medical supplies, new hire physicals, medical services and pharmaceuticals - $23,459.00

G. Budget Transfers -- Community Services - Family Center - To transfer budgeted FY17 funds, allowing for sufficient budget for part-time salaries - $23,151.00

H. Budget Transfers -- Community Services - Community Development Commission - To transfer FY18 budgeted funds, allowing for sufficient budget to be available for payroll and benefit costs - $9,700.00
9. CONSENT ITEMS

Consent Item -- Bowman System LLC - 2159 0001 SERV - Decrease and Close

10. RESIDENCY WAIVERS - JANELLE CHADWICK

11. COMMUNITY SERVICES UPDATE - MARY KEATING

12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

13. OLD BUSINESS

14. NEW BUSINESS

15. INFORMATIONAL ITEMS

A. Grant Proposal Notifications -- Low Income Home Energy Assistance Program (LIHEAP) ComEd Rate Relief Program Grant FY18 - Illinois Association of Community Action Agencies (IACAA) - Community Services $15,000.00

B. 2018-46 Recommendation for the approval of a contract purchase order issued to Allsteel Inc. C/O Midwest Office Interiors, to furnish Allsteel workstations and necessary furnishings, for Phase III of the Community Services Space Improvement project, at the JTK Administration Building, for Facilities Management, for a contract total amount not to exceed $18,839.75, per Lead Agency National IPA Proposal #P15-150-DT (CCU Grant Funded)

16. ADJOURNMENT
1. CALL TO ORDER

10:15 AM meeting was called to order by Chair Robert L Larsen at 10:16 AM.

2. ROLL CALL

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

3. PUBLIC COMMENT

4. CHAIRMAN'S REPORT - CHAIR LARSEN

5. APPROVAL OF MINUTES

Health & Human Services - Regular Meeting - Dec 5, 2017 10:15 AM

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

6. COMMUNITY SERVICES - MARY KEATING

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

1. FI-R-0034-18 RESOLUTION -- Acceptance and Appropriation of Additional Funding for the IDHS Supportive Housing Program Grant PY18 Agreements No. FCSWH00172 and FCSWH00352, Company 5000-Accounting Unit 1760, $82,625.00
RESULT: APPROVED [UNANIMOUS]
MOVER: Elizabeth Chaplin, District 2
SECONDER: Greg Hart, District 3
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

2. HHS-P-0020-18 Recommendation for the approval of a contract purchase order to Bowman Systems L.L.C. a Mediware Company, for the annual renewal of the ServicePoint contract and licenses and for Bowman Systems L.L.C. a Mediware Company, to provide onsite training, for the period November 1, 2017 through October 31, 2018, for Community Services, for a contract total not to exceed $44,703.33, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids-Sole Source. (Provision and use of a Homeless Management Information System and training). Grant funded

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

3. HHS-P-0023-18 Recommendation for a contract purchase order issued to Optimum Management Resources to provide technical assistance and consultation services to the DuPage County Homeless Continuum of Care. This contract covers the period January 1, 2018 through December 31, 2018 for Community Services, for a contract total amount not to exceed $30,000.00. 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). (HUD Continuum of Care Planning Grant Funded)

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

B. CS Requests for Parent Committee Final Approval

Items 6.B.1. through 6.B.4. were combined and approved.
RESULT: APPROVED [UNANIMOUS]  
MOVER: Greg Hart, District 3  
SECONDER: Elizabeth Chaplin, District 2  
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

1. 2018-29 Recommendation for approval of an Interagency Professional Services contract issued to DuPage County Health Department for preparation of a Community Needs Assessment as required for the Community Services Block Grant and to attend the IACAA conference and present the process of conducting a CSBG community needs assessment for the period of January 1, 2018 through September 1, 2018, for a contract total amount not to exceed $7,208.00. 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). Grant Funded

2. 2018-30 Recommendation for approval for a contract purchase order issued to Redwood Toxicology Laboratory to provide drug urine testing in court ordered substance abuse treatment. This contract covers the period of December 1, 2017 through November 30, 2018, for Community Services/Psychological Services, for a contract total amount not to exceed $13,000.00, per low quote 17-239-JM.

3. 2018-35 Recommendation for the approval of a contract purchase order to enter into an Independent Contractor Agreement with Aida Beslagic to provide case management assistance to Senior Services. This contract covers the period of January 1, 2018 through September 30, 2018, for a contract total amount not to exceed $15,000.00. 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). Senior Services Grant Funded.

4. 2018-36 Recommendation for the approval of a contract purchase order to Kristie Haefner to enter into an Independent Contractor Agreement to provide case management assistance to Senior Services. This contract covers the period of January 1, 2018 through September 30, 2018, for a contract total amount not to exceed $15,000.00. 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). Senior Services Grant Funded.

7. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

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

A. HHS-R-0035-18 RESOLUTION -- Recommendation for approval of an agreement modification for Project HM03-05 – DuPage County Health Department – Acquisition Activity, shortening the Affordability Period to June 8, 2019.
RESULT:  APPROVED [UNANIMOUS]
MOVER:  Elizabeth Chaplin, District 2
SECONDER:  Sam Tornatore, Vice Chair
AYES:  Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

B.  HHS-R-0036-18 RESOLUTION -- Recommendation for approval of an agreement modification with Community Housing Advocacy and Development for Project HM04-02 to modify the household size of eligible tenants and sale terms of HOME units.

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


Mary Keating answered questions related to the DuPage Pads grant extension.

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

8.  DUPAGE CARE CENTER - JANELLE CHADWICK

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

1.  HHS-P-0021-18 Recommendation for approval of a contract purchase order to Advacare Systems, for medical rental of low air loss and bariatric mattresses/beds and low air loss wheelchair cushions (category 1 & 2), for the DuPage Care Center, for the period January 26, 2018 through January 25, 2019, contract total not to exceed $70,000.00, per renewal option under bid #17-004-GV, first of three one year optional one year renewals.
2. HHS-P-0022-18 Recommendation for the approval of a contract purchase order to Medline Industries, Inc., to furnish and deliver incontinent products for the DuPage Care Center, for the period March 1, 2018 through February 28, 2019, contract total not to exceed $186,000.00, per renewal option under bid #15-233-GV, second of three optional one year renewals.

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

3. HHS-P-0024-18 Recommendation for the approval of a contract purchase order to Illinois Aging Services Network, for negotiation of managed care contract with various payors in Illinois, for the DuPage Care Center, for the period January 10, 2018 through January 9, 2019, for a contract total not to exceed $25,139.00, Other Professional Services-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: Elizabeth Chaplin, District 2
SECONDER: Sam Tornatore, Vice Chair
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

B. DuPage Care Center Requests for Parent Committee Final Approval

Items 8.B.1. through 8.B.5. were combined and approved.
RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Greg Hart, District 3
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

1. 2018-31 Recommendation for the approval of a contract purchase order to Office Depot, for office supplies, for the DuPage Care Center, for the period January 8, 2018 through January 7, 2019, for a contract not to exceed $15,810.00, per lowest responsible bid 17-212-DT.

2. 2018-32 Recommendation for the approval of a contract purchase order to Fitzsimmons Hospital Services, for medical rental of percussion vests and negative pressure wound therapy system (category 3 & 7) for the DuPage Care Center, for the period January 26, 2018 through January 25, 2019, contract not to exceed $5000.00, per renewal option under bid #17-004-GV, first of three one year optional one year renewals.

3. 2018-33 Recommendation for the approval of a contract purchase order to Integra Healthcare Equipment, for medical rental of range of motion and anti-embolism devices (category 4), for the DuPage Care Center, for the period January 26, 2018 through January 25, 2019, contract not to exceed $5000.00, per renewal option under bid #17-004-GV, first of three one year optional one year renewals.

4. 2018-34 Recommendation for the approval of a contract purchase order to Pulmonary Exchange, LTD., for medical rental of respiratory devices, concha heated humidity system and ez air compressor (category 5), for the DuPage Care Center, for the period January 26, 2018 through January 25, 2019, contract not to exceed $5,000.00, per renewal option under bid #17-004-GV, first of three one year optional one year renewals.

5. 2018-37 Recommendation for the approval of a contract purchase order to Professional Medical & Surgical Supply, Inc., for liquid protein supplements (approved equal, option B and option D), for the DuPage Care Center, for the period January 7, 2018 through January 6, 2019, for a contract total amount not to exceed $7,845.00, per lowest responsible bid #17-235-GV.

9. **BUDGET TRANSFERS**

Items 9.A. through 9.F. were combined and approved.

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

A. Budget Transfers -- Community Services - DuPage Care Center - To transfer money for the payment of final water and sewer services for FY17 - $31,704.00
B. Budget Transfers -- Community Services - DuPage Care Center - To transfer monies for final FY17 purchases to cover Engineering/Architectural Services and for Repair & Maintenance Equipment - $9,022.00

C. Budget Transfers -- Community Services - DuPage Care Center - To transfer monies to cover annual maintenance for CareVoyant - $20,996.00

D. Budget Transfers -- Community Services - DuPage Care Center - To transfer monies to cover final FY17 purchases of cleaning supplies, beverages and food, operating supplies and materials, and for instruction and schooling - $29,493.00

E. Budget Transfers -- Community Services - DuPage Care Center - To transfer monies to cover final FY17 purchases for furniture, machines, equipment small value, and for and for medical, dental, and lab supplies - $62,704.00

F. Budget Transfers -- Community Services - DuPage Care Center - To transfer monies to cover final FY17 purchases for drugs and vaccine supplies, other professional services, and for the repair and maintenance of equipment - $264,251.00

10. TRAVEL REQUESTS - OVERNIGHT - REQUIRE COUNTY BOARD APPROVAL

Items 10.A and 10.B. were combined and approved.

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

A. Authorization for Overnight Travel -- Community Services Director to attend training and legislative and committee meetings of the National Association for County Community and Economic Development (NACCED) and the National Association of Counties in Washington DC from February 28, 2018 through March 4, 2018. Expenses to include registration, transportation, lodging, miscellaneous, and per diem for approximate total of $1,835.50. Grant funded.

Mary Keating answered questions related to the National Association for County Community and Economic Development (NACCED) conference, summarizing that the meetings focus on how to best utilize HUD funds.

B. Authorization for Overnight Travel -- Community Development Manager to attend the National Association for County Community and Economic Development (NACCED) Spring Legislative Meeting in Washington D.C. from February 28, 2018 through March 3, 2018. Expenses to include registration, transportation, lodging and per diem for approximate total of $1,475.00. Grant funded.

11. RESIDENCY WAIVERS - JANELLE CHADWICK

12. COMMUNITY SERVICES UPDATE - MARY KEATING
Mary Keating, Director of Community Services, announced that the Human Services Grant Fund (HSGF) mandatory information sessions are being held January 4 at 10:30 a.m. and January 9 at 2:00 p.m. All nonprofit agencies that have previously applied or expressed interest in applying for the HSGF should have been notified. Ms. Keating asked the committee members to remind any nonprofit agencies they are in contact with that attendance at one of the two meetings is mandatory if they are going to apply for the 2018 Human Services Grant Fund.

Ms. Keating stated that her staff will present their recommendations for projects utilizing the 2018 Community Development Block Grant (CDBG) funds at the Community Development Commission committee meeting today (January 2, 2018) at 11:30 a.m.

The DuPage County Health Department received notice in December that their Department of Alcohol and Substance Abuse (DASA) license has been reinstated. The Health Department let the previous license lapse since they were not treating substance abuse. Providing this treatment is a vital component to move forward with the Psychological Services merge.

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

Christine Kliebhan, Financial Analyst at the DuPage Care Center, attended on behalf of Janelle Chadwick, Administrator.

Ms. Kliebhan stated there is an architectural review taking place for four resident room remodels. Chairman Larsen explained that after several discussions with the DuPage Care Center Foundation relating to the use of the Kenneth Moy donation and not wanting to commit to any major remodels of the Care Center, the idea came from Janelle Chadwick to update resident rooms a little at a time, using sponsors from families, staff, and the community. The Kenneth Moy Foundation will establish a grant fund to provide a match in funds for the room remodels.

Ms. Kliebhan directed staff and committee members to the DuPage Care Center website and Linda Linford, the Foundation Coordinator, for more information on how to donate to the DuPage Care Center.

Chairman Larsen added that another consideration for use of the Kenneth Moy donation fund is to establish an award fund as an incentive to employees that exemplify extraordinary measures of service.

Additionally, there are discussions to complete a renovation of the Medicare short term rehabilitation facilities. The Medicare short term rehabilitation provides the most income and therefore suffers the most competition.

The Assistant Director of Nursing position at the Care Center has been filled effective in February.

**14. OLD BUSINESS**

**15. NEW BUSINESS**

Member Chaplin stated that she would like the Health and Human Services (HHS) committee to support a couple of initiatives on the Legislative agenda.

Ms. Chaplin's first concern is that federal funding has been cut for the Children's Health
Insurance Program (CHIP), which insures children in families that are over income to qualify for Medicaid but are under income to pay for private health insurance. The DuPage County Health Department estimates the elimination of this funding would effect approximately 13,000 children in DuPage County. Ms. Chaplin would like the HHS committee to encourage County allocation of funding for this program via the Legislative agenda.

Secondly, the DuPage County Board of Health passed the Tobacco 21 resolution in support of laws to prohibit the sales of tobacco to individuals under the age of 21. Ms. Chaplin would like the HHS committee to support the Tobacco 21 resolution and statewide legislation on this issue. Chairman Larsen thanked Member Chaplin for her contribution. Mr. Larsen responded that he believes if an individual can serve their country at age eighteen, they should be able to purchase tobacco and he requested language in the Tobacco 21 resolution to exclude military service members. His request was denied for a variety of reasons so he does not support the resolution as written.

16. INFORMATIONAL ITEMS

Informational -- Hometown Suburban Vending, manages beverage and snack vending machines at various locations on the DuPage County Campus for the period March 1, 2018 through February 28, 2019, per renewal option under bid #15-234-BF, first of two one year optional one year renewal.

Chairman Larsen questioned the placement of Hometown Suburban Vending as an informational item on the agenda. Ms. Kleibhan explained that Hometown Suburban Vending manages vending machines throughout the County complex and pays the DuPage Care Center a percentage of their income and she was previously guided by Procurement to place on the agenda as an informational item. Chairman Larsen replied that any renewal of a contract with DuPage County should be approved by the committee regardless of who pays who. He requested the State’s Attorney make a ruling on this for possible reinstatement on the agenda as an action item.

17. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:40 a.m.
Resolution
FI-R-0045-18

ACCEPTANCE AND APPROPRIATION OF
THE LIHEAP COMED RATE RELIEF PROGRAM GRANT FY18
COMPANY 5000 - ACCOUNTING UNIT 1500
$15,000

(Under the administrative direction of
the Community Services Department)

WHEREAS, Commonwealth Edison Company (ComEd) has retained and contracted with Illinois Association of Community Action Agencies (IACAA) to administer select ComEd Care Programs; and

WHEREAS, the County of DuPage, through the Department of Community Services, has been notified by the IACAA that funds are available to be used to perform services related to the identification of Eligible Customers to participate in the ComEd Care Programs; and

WHEREAS, for its administrative services, IACAA will pay to DuPage County a monthly fee equal to 9% (NINE PERCENT) of the funds approved by ComEd on Eligible Customers’ benefit applications submitted for each month by the IACAA for ComEd Care Programs; and

WHEREAS, to receive said funds, the County of DuPage, through the Department of Community Services, must enter into a Program Agreement with IACAA, a copy of which is attached to and incorporated as a part of this resolution by reference (Attachment II); and

WHEREAS, the period of the program agreement is from January 2, 2018 through December 31, 2018 or when funds allocated by ComEd to the ComEd Care Programs are exhausted, whichever occurs first; and

WHEREAS, no additional County funds are required to receive this funding; and

WHEREAS, acceptance of this additional funding does not add any additional subsidy from the County; and

WHEREAS, the County of DuPage finds that the need to appropriate said additional funds creates an emergency within the meaning of the Counties Act, Budget Division, (55, ILCS 5/6-1003).

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the Program Agreement (Attachment II) between DuPage County and Illinois Association of Community Action Agencies is hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (Attachment I) in the amount of $15,000 (FIFTEEN THOUSAND AND NO/100 DOLLARS) be made to establish the LIHEAP ComEd Rate Relief Program Grant FY18, Company 5000 - Accounting Unit 1500, for the period of January 2, 2018 through December 31, 2018; and
Resolution
FI-R-0045-18

BE IT FURTHER RESOLVED by the DuPage County Board that the Director of Community Services is approved as the County’s Authorized Representative; and

BE IT FURTHER RESOLVED that should state and/or federal funding cease for this grant, the Health and Human Services Committee shall review the need for continuing the specified program; and

BE IT FURTHER RESOLVED that should the Health and Human Services Committee determine the need for other funding is appropriate, it may recommend action to the County Board by Resolution.

Enacted and approved this 23rd day of January, 2018 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
ADDITIONAL APPROPRIATION TO ESTABLISH
THE LIHEAP COMED RATE RELIEF PROGRAM GRANT FY18
COMPANY 5000 – ACCOUNTING UNIT 1500
$15,000

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TOTAL ANTICIPATED REVENUE | $15,000

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TOTAL PERSONNEL | $15,000

TOTAL ADDITIONAL APPROPRIATION | $15,000
Attachment II

PROGRAM AGREEMENT

THIS PROGRAM AGREEMENT ("Agreement") is made and entered into this 2nd day of January, 2018, by and between the Illinois Association of Community Action Agencies, an Illinois Not-for-profit corporation ("IACAA"), and DuPage County Department of Community Services, an Illinois Not-for-profit corporation (herein referred to as "Sub Recipient"), and shall be effective from the 2nd day of January, 2018.

WHEREAS, certain current customers of Commonwealth Edison Company, an Illinois corporation ("ComEd"), (collectively referred to as "Customers") may be eligible to receive financial assistance under the Customer ComEd CARE Programs described in Exhibit A attached hereto ("ComEd CARE Programs");

WHEREAS, ComEd has retained and contracted with IACAA to administer select ComEd CARE Programs; IACAA is entering in this agreement with the Sub-Recipient to perform services related to the identification of Customers eligible to participate in the ComEd CARE Programs according to the established eligibility criteria (" Eligible Customers") and in processing of applications of Eligible Customers.

WHEREAS, ComEd has available funding for disbursement under the ComEd CARE Programs in 2018; and

NOW, THEREFORE, the parties hereto agree as follows:

1. Overview. That Sub Recipient shall work with IACAA to (a) assist ComEd in the identification of Eligible Customers, (b) assist Eligible Customers in the preparation of applications under the ComEd CARE Programs, and (c) review, submit and pre-screen Eligible Customers for participation in the ComEd CARE Programs. "Pre-screen" is defined as the review of information supplied by the Customers to make a reasonable determination, based on that information, as to whether a Customer meets the eligibility criteria of the ComEd CARE Programs as indicated on Exhibit A, with ComEd making the final determinations as to whether credits will be provided under the ComEd CARE Programs, exclusive of the Special Hardship Fund, and with ComEd responsible for issuing credits to Eligible Customers who are determined by IACAA, Sub Recipient, or ComEd to be eligible for credits under the ComEd CARE Programs. IACAA’s and Sub Recipient’s delivery to ComEd of Eligible Customers’ applications (whether made individually or in aggregate, directly or indirectly) is not intended to make IACAA, Sub Recipient, or any party other than the applicant who is ComEd’s Customer of record primarily or secondarily liable or responsible for the payment of service charges due to ComEd from its Customer(s), whether in whole or in part. Nor shall IACAA, Sub Recipient, or any sponsoring agency or supporting institution providing administrative services for the Programs be considered a guarantor of any obligations owed by any ComEd Customer to ComEd. IACAA shall act as the fiscal agent and central administrative authority for Sub Recipient with regard to allocation of funds, received from ComEd, to Sub Recipient as payment for the administration of services pursuant to this Agreement.
2. In association with, or in addition to, any request or application by a ComEd Customer for assistance under the ComEd CARE Programs, Sub Recipient shall seek, obtain and maintain consent forms from all ComEd Customers ("Consent Forms") in a form substantially similar to Exhibit B, which shall evidence each ComEd Customer’s consent and authorization to IACAA, Sub Recipient, and ComEd, to disclose, share, exchange and maintain relevant account and personal information of ComEd Customers, to communicate such information through the State of Illinois’ LIHEAP.net system, and to communicate such information with the Illinois Commerce Commission ("ICC") when required by the ICC, for use in association with the administration and function of ComEd CARE Programs and other designated and approved responsibilities of IACAA, Sub Recipient, and ComEd. Although Sub Recipient shall make Consent Forms available to IACAA or ComEd for review, reference or inspection upon reasonable terms and prior notice, ComEd shall not be required to maintain, review, record, preserve or otherwise handle or administer any Consent Forms.

3. Eligible Customers shall be and remain solely responsible to pay all ComEd electric service charges for current usage that are billed to their respective service account(s), and the existence of the ComEd CARE Programs shall not relieve Eligible Customers of their obligations to ComEd, except to the limited extent that the credits received under the ComEd CARE Programs reduce the amounts owed.

4. ComEd has agreed to cooperate with IACAA and Sub Recipient to administer and operate the ComEd CARE Programs, provided that IACAA or Sub Recipient obtain appropriate Consent Forms from ComEd Customers, as applicable.

5. Using the ComEd guidelines which IACAA shall provide to Sub Recipient, Sub Recipient will identify Eligible Customers who qualify for assistance under the Special Hardship Fund and the amount of assistance to be provided to each such Eligible Customer and submit this information electronically to IACAA in the specified format in order that IACAA is able to pass such information on to ComEd.

6. IACAA and Sub Recipient agree that:

   (a) ComEd has agreed to assist IACAA and Sub Recipient in working with Eligible Customers on an as-needed basis to investigate and attempt to reasonably resolve Eligible Customers’ account information issues or problems.

   (b) In the event that ComEd, IACAA, or Sub Recipient discover false information provided by a Customer, or erroneous information, that was used to make a determination of eligibility for a ComEd CARE Program, the party making such discovery will notify the other parties if the discovered information would change the determination that was made.

   (c) IACAA and Sub Recipient are unable to make any guarantees to Customers applying for ComEd CARE Programs as to credits that will be received by such customers from ComEd.
(d) ComEd has agreed to use its best efforts, based on information provided by IACAA or Sub Recipient, to refer any Customer only to an individual, local Community Action Agency that participates in the ComEd CARE Programs and is responsible for the assigned territory in which the customer resides.

7. Sub Recipient agrees to:

(a) Provide to IACAA information related to the Customers who may qualify for the ComEd CARE Programs. Sub Recipient will treat the information provided by ComEd about ComEd's Customers as confidential in accordance with the requirements of Exhibit D and will not disclose that information to third parties, except as reasonably necessary to administer the ComEd CARE Programs or to fulfill any other lawful responsibilities in connection with the ComEd CARE Programs, including but not limited to communicating such information through the State of Illinois' LIHEAP.net system and communicating such information with the ICC when required by the ICC.

(b) Provide notification to IACAA at such time, if any, that Sub Recipient projects formal changes to or expiration of administrative authority to make eligibility determinations or otherwise act with respect to the ComEd CARE Programs on behalf of ComEd Customers.

(c) Not request any information from ComEd about the account of any Customer for whom it has not previously obtained a Consent Form.

(d) Indemnify and hold IACAA and ComEd harmless with respect to any claims, loss, damage, or expense (including reasonable attorney's fees) arising from or related to: (1) Sub Recipient's failure to obtain and maintain any Consent Form or otherwise arising from or related to its breach of paragraph 7(a) (including Exhibit D) or 7(c), excluding claims, loss, damage, or expense arising when such information is communicated through the State of Illinois' LIHEAP.net system or with the ICC when required by the ICC; (2) any incorrect information supplied to ComEd in connection with determining Customer eligibility or any incorrect determination of eligibility for the ComEd CARE Programs as a result of a pattern of repeated negligence on the part of Sub Recipient, disregard of eligibility criteria, willful misconduct or gross negligence of Sub Recipient; and (3) determinations made as to eligibility for assistance made on the basis of unlawful discrimination or other unlawful reason, as determined by an appropriate government agency or legal forum.

(e) The Sub Recipient understands that the ComEd CARE Programs are subject to audit by the ICC and ComEd. The Sub Recipient will create, keep current and provide to the ICC or ComEd upon demand, such documents and files as are necessary to demonstrate the actions it takes under this Agreement with respect to the ComEd CARE Programs. Sub Recipient agrees to cooperate with the ICC and ComEd with respect to any such audit, and provide immediate notice.
to IACAA in the event of any such audit. Sub Recipient shall keep such
documents and files in a manner and for a time period consistent with generally
accepted accounting principles and other applicable legal requirements.

(f) Upon notice from ComEd that all or any part of the ComEd CARE
Programs are being terminated, Sub Recipient will as promptly as practicable, and
in any event within 24 hours, or one regular business day, following receipt of
such notice from ComEd or IACAA cause Sub Recipient to cease taking
Customer applications under the affected ComEd CARE Programs.

(g) Perform such tasks and under such guidelines or requirements as may
be described in the attached Exhibit D.

8. ComEd has agreed that it will:

(a) Verify the following information provided by Sub Recipient for each
ComEd Customer who has applied to participate, or who is actively participating
or has previously participated under the ComEd CARE Programs:

- Client/Customer Name
- Address
- Account#

In addition, for those cases where there is not a complete match between
ComEd’s records and information provided by Sub Recipient, ComEd will
inform Sub Recipient as to which elements do not match ComEd’s information.
And, for those cases in which there is a complete match, ComEd will inform Sub
Recipient as to the account status Active or Inactive and inform Sub Recipient
whether the Customer is denied based upon the information.

(b) Make commercially reasonable efforts to ensure that accounts listed by
Sub Recipient for the benefit of or on behalf of ComEd Customers are promptly,
correctly and accurately credited to the respective account(s) of any ComEd
Customer to which such credit(s) applies, subject to availability of funds under
the ComEd CARE Programs and the terms of said programs. ComEd shall
additionally reflect any such credit(s) on each Eligible Customer’s electric service
bill. Any such credit(s) shall be in the form of a line item reference contained in
the account holder’s regular periodic billing statement, referencing both the
amount of any credit applied towards the account balance during the applicable
billing cycle, as well as the date such credit was applied to the account.

(c) Indemnify and hold IACAA and Sub Recipient harmless: (1) for any
erroneous determinations made in good faith as to eligibility of Customers to
receive assistance under the ComEd CARE Programs, provided that Sub
Recipient exercises ordinary care in processing information and determining
Customer eligibility, and provided that any errors of Sub Recipient are not the
result of a pattern of repeated negligence on the part of IACAA or Sub Recipient
and are not the result of disregard of eligibility criteria, willful misconduct or
gross negligence of IACAA or Sub Recipient; and (2) with respect to any claim,
loss, damage, or expense (including reasonable attorney’s fees) arising from or
related to determinations made as to eligibility for assistance alleged to have been
made on the basis of unlawful discrimination or other unlawful reason that is
determined in an appropriate government agency or legal forum to be without
merit.

(d) Provide an information/data sharing loop from which IACAA and Sub
Recipient can determine what amount ComEd has credited to each Eligible
Customer and under what programs such credits were given.

(e) Be responsible for publicizing the ComEd CARE Programs in the
entire area in which such programs are available, it being understood that
publicity programs may vary within the area to accommodate differences in
demographics.

(f) Provide IACAA and Sub Recipient with notice before (to the extent
reasonably practicable) or promptly following the termination of any of the
ComEd CARE Programs.

9. **Reconciliation.** All individual benefits to be credited to Eligible Customers under
the ComEd CARE Programs will be pre-screened or pre-determined by Sub Recipient or
by IACAA but only as designated by IACAA, subject to availability of funds under the
ComEd CARE Programs and the terms of said programs. To facilitate the reconciliation
and verification of credit(s) and the proper application of any credit(s) to the appropriate
accounts of ComEd Customers, Sub Recipient will attach a data report identifying the
following information, which the parties may agree to modify or supplement, from time
to time (collectively referred to as the “Primary Data Elements”):

- Client Name
- Address
- Account #
- Qualifying Program
- Credit Amount

10. **Fees.** For its administrative services under this Agreement, IACAA will pay, or
cause to be paid, to Sub Recipient a monthly fee equal to 9% of the funds approved by
ComEd on Eligible Customers’ benefit applications submitted for each month by the
Association for ComEd CARE Programs. These monthly payments will be made by the
15th day of each month following IACAA’s receipt of payment from ComEd and
continuing through the calendar month following the month in which funds are exhausted
or this Agreement is terminated. In the event of termination of this Agreement or the
ComEd CARE Programs prior to the exhaustion of funding for the ComEd CARE
Programs, the monthly fees for the month during which such termination occurs shall be calculated based upon the final report for applications submitted and approved by ComEd for the month during which termination has occurred. This final report and fee will be based on the applications collected and submitted by the Sub Recipient and approved by ComEd up to the date of termination but not beyond that date. The obligation for payment of the monthly administrative fee for the month during which this Agreement is terminated shall survive termination of this Agreement. IACAA shall act as the fiscal agent for the Sub Recipients and distribute funds to participating Sub Recipients.

11. **Entire Agreement.** This Agreement and the Exhibits hereto embody the entire agreement and understanding of the parties relating to the subject matter hereof and supersede any prior representations, agreements, and understandings, oral or written, relating to such subject matter.

12. **Amendment.** This Agreement may not be amended or modified in any way except by an instrument in writing executed by the parties hereto.

13. **Captions.** Captions, titles to sections, and paragraph headings used herein are for convenience of reference and shall not be deemed to limit or alter any provision hereof.

14. **Counterparts.** This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed one and the same Agreement.

15. **Termination.** This Agreement will terminate when funds allocated by ComEd to the ComEd CARE Programs are exhausted or 11:59 pm on December 31, 2018, whichever occurs first. In addition, either party may terminate this Agreement on 30 days notice to the other party. Notwithstanding the foregoing, the obligations of paragraph 9(d), with respect to any failure of the Association to comply with the terms of this Agreement, and paragraph 10(c), with respect to any claim brought against the Association while acting lawfully and in compliance with the terms of this Agreement, prior to such termination, survive the termination of this Agreement. If this Agreement is terminated and funds for the ComEd CARE Programs are no longer available because the funds are exhausted: (a) ComEd, in its sole discretion, will provide funding for credits to Eligible Customers whose applications under the ComEd CARE Programs were completed and submitted but remained pending at the time of such termination ("Post-Termination Applicants"), which, to the extent of the limited funding by ComEd, shall be used for credits to such Post-Termination Applicants on a first-come-first-served basis and for related expenses of administration; and (b) as promptly as reasonably possible following such termination, ComEd will communicate by letter with Post-Termination Applicants who did not receive a credit in order to advise them that no credit will be provided and the reasons therefor. ComEd also reserves the right to discontinue acceptance of applications from any Sub Recipient (a "Terminated CAA") that is determined by ComEd to have an exception and/or error rate exceeding 25% of applications submitted by such Terminated CAA under this Agreement over the period covered by ComEd’s audit or examination. In order to terminate a Sub Recipient pursuant
to this provision, ComEd will provide notice (a “CAA Termination Notice”) to IACAA of ComEd’s performance concerns, naming the Sub Recipient in question and providing a copy of the applicable audit or examination documentation and conclusions. Within five business days after ComEd gives the CAA Termination Notice, ComEd, IACAA and the Sub Recipient shall meet to allow the Sub Recipient an opportunity to explain the reasons for the errors or dispute the validity of the audit or examination conclusions, and to allow IACAA the opportunity to devise a plan for corrective action by the Sub Recipient. If the Sub Recipient fails to correct such errors and achieve an acceptable level of performance within fifteen days after ComEd gives the CAA Termination Notice, then IACAA and ComEd shall meet again promptly, and in any event within five business days, to jointly review ComEd’s assessment of the Sub Recipient’s performance. If after such meeting ComEd concludes that termination is warranted, IACAA shall carry out such termination. In such case, ComEd will have the right to designate another agency, of ComEd’s choosing with the advice of IACAA, which may or may not be an IACAA member agency, to replace such Terminated CAA under this Agreement. If such designated replacement agency is an IACAA member agency, it will be deemed a Sub Recipient in substitution for the Terminated Sub Recipient under this Agreement. However, if such designated replacement agency is not an IACAA member agency, it will not be deemed to be a Sub Recipient under this Agreement, and ComEd shall be responsible for providing funding for such replacement agency to carry out the ComEd CARE Programs in the replacement agency’s region of service and IACAA shall not receive an administrative fee on amounts approved by ComEd on Eligible Customers’ benefit applications submitted by such replacement agency. The obligations of paragraph 9(d), with respect to any failure of such Terminated Sub Recipient to comply with the terms of this Agreement, and paragraph 10(c), with respect to any claim brought against such Terminated Sub Recipient while acting lawfully and in compliance with the terms of this Agreement, prior to such replacement, survive the replacement of such Terminated Sub Recipient.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date first written above.

ILLINOIS ASSOCIATION OF COMMUNITY ACTION AGENCIES

By: ____________________________

Signature on file

Signature on file

Ills: President & CEO

DuPage County Community Services

Sub Recipient

By: ____________________________

Signature on file

Signature on file

Ills: Director

Date: 1/4/2018

Date: 1/4/18
Resolution
FI-R-0046-18
ACCEPTANCE AND APPROPRIATION OF ADDITIONAL FUNDING FOR
THE LOW INCOME KIT ENERGY (LIKE) PROGRAM GRANT FY16
COMPANY 5000 - ACCOUNTING UNIT 1505
$9,000

(Under the administrative direction of
the Community Services Department)

WHEREAS, the County of DuPage heretofore accepted and appropriated the Low
Income Kit Energy (LIKE) Program Grant FY16, Company 5000 - Accounting Unit 1505
pursuant to Resolution FI-R-0672-16 for the period August 15, 2016 through May 31, 2017; and

WHEREAS, the County of DuPage, has been notified by the Illinois Association of
Community Action Agencies that additional grant funds in the amount of $9,000 (NINE
THOUSAND AND NO/100 DOLLARS) are available to be used to continue the LIKE program; and

WHEREAS, the County of DuPage has been notified by the Illinois Association of
Community Action Agencies that the grant may be extended to December 31, 2017; and

WHEREAS, no additional County funds are required to receive this funding; and

WHEREAS, acceptance of this additional funding does not add any additional subsidy
from the County; and

WHEREAS, the County of DuPage finds that the need to appropriate said additional
funds creates an emergency within the meaning of the Counties Act, Budget Division, (55, ILCS
5/6-1003).

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the
additional funding in the amount of $9,000 (NINE THOUSAND AND NO/100 DOLLARS) be
and is hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the expiration date of
this grant be extended until December 31, 2017; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional
appropriation on the attached sheet (Attachment) in the amount of $9,000 (NINE THOUSAND
AND NO/100 DOLLARS) be made and added to the Low Income Kit Energy (LIKE) Program
Grant FY16, Company 5000 - Accounting Unit 1505, for the period of August 15, 2016 through
December 31, 2017; and

BE IT FURTHER RESOLVED that should local funding cease for this grant, the Health
and Human Services Committee shall review the need for continuing the specified program; and

BE IT FURTHER RESOLVED that should the Health and Human Services Committee
determine the need for other funding is appropriate, it may recommend action to the County
Board by Resolution.
Resolution
FI-R-0046-18

Enacted and approved this 23rd day of January, 2018 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
ATTACHMENT I

ADDITIONAL APPROPRIATION FOR
THE LOW INCOME KIT ENERGY (LIKE) PROGRAM GRANT FY16
COMPANY 5000 – ACCOUNTING UNIT 1505
$9,000

REVENUE

   46009-0000 – Private Grants   $ 9,000

TOTAL ANTICIPATED REVENUE   $ 9,000

EXPENDITURES

PERSONNEL

   50000 Regular Salaries   $ 5,940
   50010 Overtime   580
   51010 Employer Share I.M.R.F.   835
   51030 Employer Share Social Security   455
   51040 Employee Med & Hosp Insurance   1,190

TOTAL PERSONNEL   $ 9,000

TOTAL ADDITIONAL APPROPRIATION   $ 9,000
WHEREAS, Resolution HHS-P-0384-17 was approved and adopted by the County Board on September 26, 2017; and

WHEREAS, the Health and Human Services Committee recommends changes as stated in the Change Order Notice to increase contract 2771-0001 SERV in the amount of $299,549.00, issued to Healthy Air Heating & Air, Incorporated, to provide mechanical (HVAC) weatherization labor and materials, for the period July 1, 2017 through June 30, 2018, for Community Services, under the FY18 Weatherization Program Grants.

NOW, THEREFORE, BE IT RESOLVED that the County Board adopts Change Order Notice, dated November 19, 2017, to contract 2771-0001 SERV, issued to Healthy Air Heating, & Air, Incorporated, to provide mechanical (HVAC) weatherization labor and materials to the FY18 Weatherization Program Grants to increase the encumbrance in the amount of $299,549.00, taking the original contract amount of $493,328.00, and resulting in an amended contract total amount not to exceed $792,877.00.

Enacted and approved this 23rd day of January, 2018 at Wheaton, Illinois.

________________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
Decision Memo

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

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

Action Requested - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.
Approval of increase in contract due to addition of Weatherization State and DOE grant funding. Vendor was procured with the expectation of funding from three grant sources.

Summary Explanation/Background - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.
Original contract to furnish and install mechanical labor and materials for the Weatherization Program. Increase in contract value required in order to meet projected production demand through the end of the Weatherization HHS, State & DOE grant term. Also, DCEO requested negotiation of prices of lowest bidder per 2 CFR 200.323(b), which resulted in price reduction of 3 Items, price increase of 1 item due to a typographical error, for a combined effect of 0.6% reduction from the original bid.

Strategic Impact
Customer Service
Select one of the five strategic imperatives in the County's Strategic Plan this action will most impact and provide a brief explanation.
Acceptance of the increase in contract will enable us to assist additional low-income households in lowering their utility bills with mechanical energy improvements.

Source Selection/Vetting Information - Describe method used to select source.
Healthy Air Heating and Air, Inc. is a properly procured vendor for this program.

Recommendations/Alternatives - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.
Accept the increase in contract and assist additional low-income households in DuPage County that need mechanical measures to low their utility bills. There is no reason not to allow eligible households to receive energy improvement assistance when we are being provided funds to solve this issue.

Fiscal Impact/Cost Summary - Include projected cost for each fiscal year, approved budget amount and account number, source of funds, and any future funding requirements along with any narrative.
No impact to County General Fund. These are additional grant funds.
IN ACCORDANCE WITH 720 ILCS 5/33E-9

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

### INCREASE/DECREASE

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>A</td>
<td>Starting contract value</td>
<td>$493,328.00</td>
</tr>
<tr>
<td>B</td>
<td>Net $ change for previous Change Orders</td>
<td>$0.00</td>
</tr>
<tr>
<td>C</td>
<td>Current contract amount ((A + B))</td>
<td>$493,328.00</td>
</tr>
<tr>
<td>D</td>
<td>Amount of this Change Order (\times \text{Increase})</td>
<td>$299,549.00</td>
</tr>
<tr>
<td>E</td>
<td>New contract amount ((C + D))</td>
<td>$792,877.00</td>
</tr>
<tr>
<td>F</td>
<td>Percent of current contract value this Change Order represents ((D / C))</td>
<td>60.72%</td>
</tr>
<tr>
<td>G</td>
<td>Cumulative percent of all Change Orders ((B + D / A)); (60% maximum on construction contracts)</td>
<td>60.72%</td>
</tr>
</tbody>
</table>

### DECISION MEMO NOT REQUIRED

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

☐ Change budget code from: ____________________ to: ____________________

☐ Increase/Decrease quantity from: ____________________ to: ____________________

☐ Price shows: ____________________ should be: ____________________

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

### DECISION MEMO REQUIRED

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

☐ Increase \&ge; $2,500.00, or \geq 10\%, of current contract amount
☐ Funding Source: 1400 17-40 1028 and 1492

☐ OTHER - explain below:

---

**JNC**

Prepared By (Initials) 6459 11/30/17 4000

Recommended for Approval (Initials) 6459 11/30/17

**REVIEWED BY (Initials Only)**

Boyer

Date 11/27/17

Procurement Officer

Date 11/28/17

Chief Financial Officer

(Date Decision Memos Over $25,000)

1-12-18

Chairman's Office

(Date Decision Memos Over $25,000)

1-11-18

---
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: HEALTHY AIR HEATING AND AIR INC

Company Contact: PIOTR BLASZCZYK

Contact Phone: 630-927-2211

Contact Email: HEALTHYAIRING@BGCGLOBAL.NET

Date: 7/24/2017

Bid/Contract PD #: 17-130-GV

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 or more contracts, or two or more individual contracts with the county totaling $150,000 or in excess of $250,000, 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 affect. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters, counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees in which the contracting person has made contributions.

2. All contractors and vendors who have obtained or are seeking contracts with the county shall disclose the names and contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county 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.

Contractor or Vendor agrees to update this disclosure form as follows:

- If information changes within five (5) days of change or prior to county action, whichever is sooner
- Within five (5) days prior to the optional renewal of any contract
- Annual disclosure for multi-year contracts on the anniversary of said contract
- Within any request for change order except as issued by the county for administrative adjustments

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

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

Authorized Signature: ______________________________

Printed Name: PIOTR BLASZCZYK

Title: PRESIDENT

Date: 7/24/2017

Signature on File

Page 58 of 70
WHEREAS, Resolution HHS-P-0385-17 was approved and adopted by the County Board on September 26, 2017; and

WHEREAS, the Health and Human Services Committee recommends changes as stated in the Change Order Notice to increase contract 2770-0001 SERV in the amount of $50,371.00, issued to Healthy Air Heating & Air, Incorporated, to provide architectural weatherization labor and materials, for the period July 1, 2017 through June 30, 2018, for Community Services, under the FY18 Weatherization Program Grants.

NOW, THEREFORE, BE IT RESOLVED that the County Board adopts Change Order Notice, dated November 19, 2017, to contract 2770-0001 SERV, issued to Healthy Air Heating, & Air, Incorporated, to provide architectural weatherization labor and materials to the FY18 Weatherization Program Grants to increase the encumbrance in the amount of $50,371.00, taking the original contract amount of $72,500.00, and resulting in an amended contract total amount not to exceed $122,871.00.

Enacted and approved this 23rd day of January, 2018 at Wheaton, Illinois.

________________________  ___________________________
DANIEL J. CRONIN, CHAIRMAN  
DU PAGE COUNTY BOARD

Attest: _______________________________________________________________________
PAUL HINDS, COUNTY CLERK
Request for Change Order
Procurement Services Division
Attach copies of all prior Change Orders

Purchase Order #: 2770-0001-Serv  Original Purchase Order Date: Jul 1, 2017  Change Order #: 1  Department: Community Services
Vendor Name: Healthy Air Heating & Air, Inc.  Vendor #: 14166  Dept Contact: Jennifer Chan

Background and/or Reason for Change Order Request:
The value of the contract must be increased for additional amount of grant funding received from ILDCEO for the Weatherization Program. Please add Line 5000 1400 53090 17-401028 53090 $18,812.00. Please add Line 3 5000 1490 53090 18-251028 53090 $31,559.00.

IN ACCORDANCE WITH 720 ILCS 5/33E-9

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

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<td>INCREASE/DECREASE</td>
<td></td>
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<tr>
<td>A</td>
<td>$72,500.00</td>
</tr>
<tr>
<td>B</td>
<td>$0.00</td>
</tr>
<tr>
<td>C</td>
<td>$72,500.00</td>
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<tr>
<td>D</td>
<td>$50,371.00</td>
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<tr>
<td>E</td>
<td>$122,871.00</td>
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<tr>
<td>F</td>
<td>69.48%</td>
</tr>
<tr>
<td>G</td>
<td>69.48%</td>
</tr>
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</table>

DECISION MEMO NOT REQUIRED

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

☐ Change budget code from: ________________________________ to: ________________________________

☐ Increase/Decrease quantity from: ________________________________ to: ________________________________

☐ Price shows: ________________________________ should be: ________________________________

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

DECISION MEMO REQUIRED

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

☐ Increase ≥ $2,500.00, or ≥ 10%, of current contract amount  ☐ Funding Source 1400 17-401028 and 1493

☐ OTHER - explain below:

JNC  6459  11/20/17  MK  6457  11/20/17
Prepared By (initials)  Phone Ext  Date  Recommended for Approval (Initials)  Phone Ext  Date

REVIEWED BY (Initials Only)

Buyer  11/21/17  992  11-28-17
Date  Procurement Officer  Date

Chief Financial Officer  1-12-18  1-11-18
(Decision Memos Over $25,000)  Date  Chairman's Office  (Decision Memos Over $25,000)  Date

FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER

Packet Pg. 31
Decision Memo

Procurement Services Division

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

Requesting Department: Community Services - Weatherization
Contact Email: Jennifer.Chan@dupageco.org
Vendor Name: Healthy Air Heating and Air, Inc.

Department Contact: Jennifer Chan
Contact Phone: 630-407-6459
Vendor #: 14166

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

Approval of increase in contract due to addition of Weatherization State and DOE grant funding. Vendor was originally procured with anticipated funding from three grant sources.

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

Original contract to furnish and install architectural labor and materials for the Weatherization Program. Increase in contract value required in order to meet projected production demand through the end of the Weatherization HHS, State & DOE grant term. Also, DCEO required negotiation of prices of lowest bidder, resulting in reduction in price of 4 items, price increase of 1 item due to typographical error, with a combined effect of a 0.5% reduction of the original lowest bid.

Strategic Impact

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

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

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

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

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

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

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

No Impact to County General Fund. These are additional grant funds.
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: HEALTHY AIR HEATING AND AIR INC
Company Contact: PIOTR BLASZCZYK
Contact Phone: 630-937-2211
Contact Email: HEALTHYAIRING@sbcglobal.net

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

1. Every contractor, vendor or vendor that is seeking or has previously obtained a contract, change order to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount of or in excess of $25,000, shall provide to Procurement Services a written disclosure of all political campaign contributions made by such contractor, vendor or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will fill. 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 corporates entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

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

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Donor</th>
<th>Description (e.g., cash, type of item, related services, etc.)</th>
<th>Amount/Value</th>
<th>Date Made</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 officials or employees in relation to the contractor’s bid and shall update such disclosure with any changes that may occur.

☑ 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 officials or employees in relation to the contract or bid</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
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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.

Contracting 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 expiration 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 is available at:
http://www.dupageillinois.com/Ethics/Procurement/Policies

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

Authorized Signature

Signature on File

Printed Name: PIOTR BLASZCZYK
Title: PRESIDENT
Date: 7/24/2017

Attach additional sheets if necessary. Sign each sheet and number each page. Page _ of _ (total number of pages)
Resolution
HHS-R-0047-18

AWARDING RESOLUTION ISSUED TO HOMETOWN SUBURBAN VENDING
FOR MANAGING BEVERAGE AND SNACK VENDING MACHINES
FOR THE CARE CENTER AND DUPAGE COUNTY CAMPUS
(13% PROFIT SHARING)

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

WHEREAS, the Health and Human Service Committee recommends County Board
approval for the issuance of a contract purchase order to Hometown Suburban Vending, for
managing beverage and snack vending machines, for the Care Center and DuPage County
Campus, for the period March 1, 2018 through February 28, 2019.

NOW, THEREFORE BE IT RESOLVED, that County Contract, covering said, for
managing beverage and snack vending machines, for the Care Center and DuPage County
Campus, for the period March 1, 2018 through February 28, 2019, be, and it is hereby approved
for issuance of a contract purchase order by the Procurement Division to Hometown Suburban
Vending, 12358 South Latrobe, Alsip, Illinois 60803, for a profit sharing amount of 13%, per
renewal under bid #15-234-BF, first of three one year optional one year renewals.

Enacted and approved this 13th day of February, 2018 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DUPAGE COUNTY BOARD

Attest: ____________________________
PAUL HINDS, COUNTY CLERK
**Purchase Requisition**  
**Procurement Services Division**

<table>
<thead>
<tr>
<th>Send Purchase Order To:</th>
<th>Send Invoices To:</th>
</tr>
</thead>
</table>
| **Vendor:** Hometown Suburban Vending  
**Attn:** Colin Walsh  
**Email:** colin@hometownsuburbanvending.com  
**Address:** 12358 south Latrobe  
**City:** Alsip  
**State:** IL  
**Zip:** 60803  
**Phone:** 708-774-9716 | **Dept:** DuPage Care Center  
**Division:** Dining Services  
**Attn:** Mark Delorio  
**Email:** mark.delorio@dupageco.org  
**Address:** 400 N. County Farm Road  
**City:** Wheaton  
**State:** IL  
**Zip:** 60187  
**Phone:** 630-784-4272 |

<table>
<thead>
<tr>
<th>Send Payments To:</th>
<th>Ship To:</th>
</tr>
</thead>
</table>
| **Vendor:** Hometown Suburban Vending  
**Attn:** Colin Walsh  
**Email:** colin@hometownsuburbanvending.com  
**Address:** 12358 south Latrobe  
**City:** Alsip  
**State:** IL  
**Zip:** 60803  
**Phone:** 708-774-9716 | **Dept:** DuPage Care Center  
**Division:** Dining Services  
**Attn:** Mark Delorio  
**Email:** mark.delorio@dupageco.org  
**Address:** 400 N. County Farm Road  
**City:** Wheaton  
**State:** IL  
**Zip:** 60187  
**Phone:** 630-784-4272 |

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

**Use for Contract Administrator:** Christine Kliebhan  
**Contract Start Date:** March 1, 2018  
**Contract End Date:** February 28, 2019  
**Use for PO25 only:**

<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 Unit</th>
<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
<th>Unit Price</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Manager of beverage and snack vending machines at various locations on the DuPage County Campus</td>
<td></td>
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<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

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

Hometown Suburban Vending manages beverage and snack vending machines at various locations on the DuPage County Campus for the period March 1, 2018 through February 28, 2019, per renewal option under bid 15-234-BF, first of two one year optional one year renewal.

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

Hometown Suburban Vending pays DuPage Care Center 13% profit sharing

**User Department Internal Notes:**  
These comments will NOT appear on the Purchase Order:

Informational for January 2, 2018 HHS Committee

---

**Packet Pg. 35**

Attachment: Hometown Suburban Vending - Requisition (HHS-R-0047-18 : Hometown Suburban Vending)
Action Requested - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.

Renewal of Hometown Suburban Vending. DuPage Care Center entered into a contract agreement on March 1, 2016 for a vending company to install and manage beverage and snack machines within various DuPage County Buildings as outlined in RFP #P15-234-BF. County-owned snack machines were sold and new or like-new, refurbished machines offering cashless transaction capabilities were installed. A percentage of gross sales are payable monthly to the DuPage Care Center.

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

Renew contract agreement with Hometown Suburban Vending. DuPage Care Center no longer services vending machines that were over 15 years old and required frequent repairs. The existing machines are capable of handling coins and $1.00 bills, the machines with newer technology allows for transactions using $5.00 bills, as well as debit/credit cards, have increased sales.

Strategic Impact

Customer Service

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

Machines are serviced a minimum of 3 times per week. A 13% commission on gross sales will be paid monthly to the DuPage Care Center. The DuPage Care Center received $8,323.36 for the period December, 2017 through October, 2017 - with November commission averaging $756.63 for an approximate commission of $9,079.99.

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

RFP #P15-234-BF

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

1) Renew with Hometown Suburban Vending and continue to outsource vending services, at no cost to the County, and continue to offer a wider selection of products, as well as a cashless transaction capability. This renewal continues to offer the potential of increased sales, and the DuPage Care Center’s income.

2) Purchase a fleet of snack machines that offer up-to-date technology to include cashless transaction capabilities. The capital investment would be over $85,000.00.

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

FY 18: FY 2017 commission was $8,323.36 for December - October, 2017, with November commission to be averaged at $756.63, for an approximate commission of $9,079.99.
Required Vendor Ethics Disclosure Statement

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

Bid/Contract/PO #: ______________________________

Company Name: Hometown Suburban Vending
Company Contact: Colin Walsh
Contact Phone: 708-74-9716
Contact Email: colin@hometownsuburbanvending.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 of or in excess of $25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

   ☒ NONE (check here) - If no contributions have been made

<table>
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<th>Recipient</th>
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<th>Description (e.g., cash, type of item, in-kind services, etc.)</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

<table>
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<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>
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<th>Email</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: ____________________________

Printed Name: Colin Walsh
Title: Marketing Manager
Date: Nov 22, 2017

Signature on File

Attach additional sheets if necessary. Sign each sheet and number each page. Page ______ of ______ (total number of pages)
CONTRACT AGREEMENT

CONTRACT #15-234 BETWEEN HOMETOWN SUBURBAN VENDING
AND THE COUNTY OF DU PAGE

THIS AGREEMENT is entered into this 20th day of November, 2017, between the County of DuPage, Illinois a body corporate and politic, located at 421 North County Farm Road, Illinois, 60187-3978 (hereinafter referred to as the COUNTY), and HOMETOWN SUBURBAN VENDING, licensed to do business in the State of Illinois, located at 12358 S. Latrobe / Alsip, IL 60803 (hereinafter referred to as the CONTRACTOR).

RECITALS

WHEREAS, the COUNTY requires the goods and/or services specified in Proposal #15-234-BF for its County of DuPage, located at 421 North County Farm Road, Wheaton, Illinois 60187; and

WHEREAS, the CONTRACTOR is the vendor selected pursuant to the Proposal process and is willing to perform under the terms of the Proposal and this Contract.

NOW, THEREFORE, in consideration of the premises and mutual covenants contained herein, the parties agree that:

1.0 CONTRACT DOCUMENTS

1.1 This Contract includes all of the following component parts, all of which are fully incorporated herein and made a part of the obligations undertaken by the parties:

1.1.a Proposal Invitation
1.1.b Project Information
1.1.c Instructions to Offerors
1.1.d General Conditions
1.1.e Special Conditions
1.1.f Insurance/Bonding Requirements and Certificates
1.1.g Proposal Form (including Certification/Proposal, Signature Affidavit including Proposal Pricing, 13% Profit Sharing,
1.1.h Specifications (including any addenda, interpretations and approved exceptions)
1.1.i Exhibits
1.1.j County Purchase Order

1.2 All documents are or will be on file in the office of the Procurement Services Division, DuPage Center, 421 North County Farm Road, Room 3-400, Wheaton, Illinois 60187.

1.3 In the event of a conflict between any of the above documents, the documents control from top to bottom; i.e., "a" controls over "b".
2.0 DURATION OF THIS CONTRACT
2.1 Unless terminated as provided below, the term of this Contract shall be a 2 year period beginning on March 1, 2018 and continuing through February 28, 2020.
2.2 This Contract term is subject to two (2) one-year renewals.
2.3 In no event shall the term plus renewals exceed four (4) years.

3.0 TERMINATION
3.1 Except as otherwise set forth in this AGREEMENT, either party shall have the right to terminate this AGREEMENT for any cause upon serving thirty (30) days' prior written notice upon the other party. Upon such termination, the liabilities of the parties to this AGREEMENT shall cease, but they shall not be relieved of the duty to perform their obligations up to the date of termination. Insurance and indemnity obligations shall survive termination.

3.2 Neither party may terminate this Agreement based upon an alleged breach by the other party, without first giving such party written notice, by U.S. Certified Mail, return receipt requested, of the alleged breach of the performance standard listed in this agreement or any other documented agreement made in this contract in its entirety, and allowing such party thirty (30) days after receipt of such notice to cure any alleged breach.

3.3 Either party may terminate this Agreement, effective immediately, if (i) the other party is convicted of any offense punishable as a felony, (ii) the other party commits fraud, embezzlement, misappropriation or the like with respect to the other party or such party's assets.

3.4 Notwithstanding anything set forth in this Agreement to the contrary, if any of the terms of this Agreement are held to violate any law or regulation relating to the delivery of and/or reimbursement for health care services, including but not limited to, Medicare and/or Medicaid laws and regulations, either party may terminate this Agreement effective immediately upon written notice to the other party.

4.0 PROPOSAL PRICES AND PAYMENT
4.1 The Contractor shall provide the required goods and or services described in the Proposal Specifications for the prices quoted on the Proposal Form. The County shall make payment pursuant to the Illinois Local Government Prompt Payment Act, except that no payment shall be approved where the Contractor has failed to comply with certified payroll requirements of the Illinois Prevailing Wage Act or Davis Bacon Act.

5.0 AMENDMENTS
5.1 This Contract may be amended by mutual agreement.
5.2 All amendments will conform to State of Illinois Statutes and County procedures for Change Orders.

6.0 CONTRACT ENFORCEMENT - ATTORNEY'S FEES
DuPage County Procurement Services Division  
421 North County Farm Road, Room 3-400  
Wheaton, Illinois 60187-3978  
Phone: (630) 407-6166  Fax: (630) 407-6201  
Bruce.Flowers@dupageco.org

6.1 If the County is required to take legal action to enforce performance of any of the terms, provisions, covenants and conditions of this Contract, and by reason thereof, the County is required to use the services of an attorney, including the States Attorney, then the County shall be entitled to reasonable attorney’s fees and all expenses and costs incurred by the County pertaining thereto and in enforcement of any remedy, including costs and fees relating to any appeal.

7.0 SEVERABILITY CLAUSE
7.1 If any section, paragraph, clause, phrase or portion of this Contract is for any reason determined by a court of competent jurisdiction to be invalid and unenforceable, such portion shall be deemed separate, distinct and an independent provision, and the court’s determination shall not affect the validity or enforceability of the remaining portions of this Contract.

8.0 GOVERNING LAW
8.1 This Contract shall be governed by the laws of the State of Illinois both as to interpretation and enforcement. Venue for all disputes will be exclusively in the circuit court for the Eighteenth Judicial Circuit in DuPage County, Illinois and that Illinois law will control.

9.0 ENTIRE AGREEMENT
9.1 This Contract, including the documents listed in 1.0, contains the entire agreement between the parties.
9.2 There are no covenants, promises, conditions, or understandings, either oral or written, other than those contained herein.

10.0 INDEMNITY
10.1 Contractor agrees to indemnify and hold harmless the County, its members, trustees, employees, agents, officers and officials, from and against any and all liabilities, taxes, tax penalties, interest, losses, penalties, damages and expenses of every kind, nature and character, including costs and attorney fees, arising out of, or relating to, any and all claims, liens, damages, obligations, actions, suits, judgments, settlements, or causes of action of every kind, nature and character, in connection with or arising out of the acts or omissions of Contractor or its employees or its subcontractors under this Agreement. This includes, but is not limited to, the unauthorized use of any trade secrets, U.S. patent or copyright infringement. The indemnities set forth herein shall survive the expiration or termination of this Agreement. Notwithstanding the foregoing, the Contractor and County shall not be deemed to have waived any rights, protections or immunities under 745 ILCS 10/1-101, et. seq. (Local Government and Governmental Employees Tort Immunity Act. Nothing contained herein shall be construed as prohibiting the County, their officials, directors, officers, agents and employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, suits, demands, proceedings and actions brought against them. Pursuant to Illinois law, the attorney representing an entity which the Contractor is obligated to indemnify, under this paragraph, must be the State’s Attorney, or an attorney approved by the State’s Attorney in his or her sole discretion in accordance with the applicable
law. The County's participation in its defense shall not remove Contractor's duty to indemnify, defend, and hold these entities harmless, as set forth above.

11.0 Waiver: No delay or omission by the County to exercise any right hereunder shall be construed as a waiver of any such right and the County reserves the right to exercise any such right from time to time as often and as may be deemed expedient.

12.0 Favored Nation: Contractor shall furnish Services to the County at the lowest price that the Contractor charges to other similarly situated parties. If Individual overcharges, in addition to all other remedies, the County is entitled to a refund in the amount of the overcharge, plus interest at the rate of 1% per month from the date the overcharge was paid by the County until the date refund is made. The County has the right to offset any overcharge against any amounts due to Contractor under this or any other Agreement between Contractor and the County, and at the County's sole option the right to declare Individual in default under this Agreement.

13.0 Insurance. During the term of the contract, the Contractor shall maintain for the duration of the Agreement insurance purchased from a company or companies holding an AM Best's financial rating of at least A-. Such insurance will protect the Contractor from claims set forth below which may arise out of or result from the Contractor's operations under the Agreement and for which the Contractor may be legally liable, whether such operations be by the Contractor or Subcontractor (if permitted) or any person directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable. The Contractor shall include all subcontractors (if permitted) as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor (if permitted). All coverages for subcontractors shall be subject to all of the requirements stated herein. Provide separate Additional Insured policy endorsements and Certificates of Insurance to each Government Agency with the following language "County of DuPage and their respective board, officers, agents and Employees, as additional insureds as their interest may appear for the duration of the contract term", and to provide thirty (30) days' notice, in writing, of cancellation or material change in coverage. Additional Insured policy endorsements are required for all coverages stated herein except for Worker Compensation. The Contractor shall furnish insurance policy endorsement naming each Government Agency to the fact that the Contractor's insurance is to be Primary and Non-Contributory to Additional Insureds in event of a claim. Contractor shall furnish insurance policy endorsement naming each Government Agency with Waivers of Subrogation. The Contractor shall maintain, at its sole expense, insurance coverage including:

Worker's Compensation Insurance in the statutory amounts.

Employer's Liability Insurance in an amount not less than one million ($1,000,000.00) dollars each accident/injury and one million ($1,000,000.00) each employee/disease.

Commercial Comprehensive General Liability Insurance, (including contractual liability) with a limit of not less than two million dollars ($2,000,000) total; including limits of not less than one million ($1,000,000) dollars per occurrence.

Commercial (Comprehensive Automobile Liability Insurance including Pesticide transportation / upset) with minimum limits of at least one million ($1,000,000) dollars for anyone person and one million ($1,000,000) dollars
for anyone occurrence of bodily injury or property damage in the aggregate annually.

Pollution Liability for a Pesticide / Herbicide Applicator Insurance covering agricultural and aquatic application with limits of at least five million dollars ($5,000,000).

Umbrella Liability Insurance with limits not less than one million ($1,000,000.00) dollars.

12.1 It shall be the duty of the Contractor to provide to each Government Agency, copies of the Contractor’s Certificates of Insurance and Additional insured policy endorsements as required before issuance of a Notice to Proceed. The Contractor will provide evidence with Certificates of Insurance and Endorsements of renewals or replacements of said policies of insurance to each Government Agency.

12.2. Umbrella Policy: The required coverages may be in any combination of primary, excess and umbrella policies. Any excess or umbrella policy must provide excess coverage over the underlying insurance on a follow-form basis such that when any loss covered by the primary policy exceeds the limits under the primary policy, the excess or umbrella policy becomes effective to cover such loss.

12.3 Failure to Comply: In the event the Contractor fails to obtain or maintain any insurance coverage required under this Agreement, the County may purchase such insurance coverages and charge the expense thereof to the Contractor.

12.4 All required insurance shall be maintained by the contractor in full force and effect during the life of the Agreement, and until such time as all work has been approved and accepted by the County. The Contractor is responsible for all insurance deductibles and Self Insured Retentions.

12.5 In addition to a Certificate of Insurance the following Policy Endorsements are needed: A “Waiver of Subrogation” and “Insurance is Primary and Non-Contributory to Additional Insured.” “Additional Insured” Endorsements for all coverages except IT IS NOT wanted for WCI Employers Liability.

12.6 Certificates should be faxed (and hard copy mailed) to:

DuPage County Procurement Services Division
Bruce Flowers, Buyer
421 North County Farm Road
Wheaton, IL 60187-3978
TX: (630) 407-6181
FX: (630) 407-6201

14.0 12.7 The insurance carrier of the insured is required to notify the County of DuPage of termination of any or all of these coverages, prior to the completion of any contract, at least 30 days prior to expiration. All notices required under this Agreement shall be in writing and sent to the addresses and persons set forth below, or to such other addresses as may be
designated by a party in writing. All notices shall be deemed received when (i) delivered personally; (ii) sent by confirmed telex or facsimile (followed by the actual document); or (iii) one (1) day after deposit with a commercial express courier specifying next day delivery, with written verification of receipt.

IF TO THE COUNTY:

Debby Thompson
Interim Procurement Officer
421 North County Farm Road
Wheaton, Illinois 60187

IF TO THE CONTRACTOR:

Robert Daily
President
Hometown Suburban Vending
12356 South Latrobe
Alsip, IL 60803

IN WITNESS WHEREOF, the parties set their hands and seals as of the date first written above.

COUNTY OF DU PAGE, ILLINOIS

SUBURBAN HOMETOWN VENDING

By: ________________________________

DEBBY THOMPSON
INTERIUM PROCUREMENT OFFICER

By: ________________________________

AUTHORIZED SIGNATURE
TITLE
## 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:</th>
<th>Hometown Suburban Vending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor #:</td>
<td></td>
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<tr>
<td>Contract Term:</td>
<td>03/01/18 - 02/28/19</td>
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<tr>
<td>Contract Total:</td>
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<tr>
<td>Dept:</td>
<td>DuPage Care Center</td>
</tr>
<tr>
<td>Contact:</td>
<td>Mark Delorio</td>
</tr>
<tr>
<td>Phone:</td>
<td>630-784-4272</td>
</tr>
<tr>
<td>Assigned Committee:</td>
<td>Health and Human Services</td>
</tr>
</tbody>
</table>

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

Manager of beverage and snack vending machines at various locations on DuPage County Campus

### Reason for Procurement

Hometown suburban vending pays DuPage Care Center 13% profit sharing

### FUNDING SOURCE

- [ ] Procurement budgeted for (FY and budget code(s)):
- [ ] 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 and/or PO # ________________
- [ ] Intergovernmental Agreement
- [ ] SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

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

- [ ] EXEMPT FROM BIDDING PER ILLINOIS COMPILLED 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)

- [ ] Signature on File 12-7-17
- [ ] cdk  Dec. 6. 2017
- [ ] Signed  Date
- [ ] Recommended for Approval  Date
- [ ] IT Approval, if required  Date

### REVIEWED BY (Initials Only)

- [ ] Buyer  1-3-18  Date
- [ ] Procurement Officer  1-3-18  Date
- [ ] Chief Financial Officer (Decision Memos Over $25,000)  1-6-18  Date
- [ ] Chairman's Office (Decision Memos Over $25,000)  1-3-18  Date

---

**Attachment:** Hometown Suburban Vending - Checklist (HHS-R-0047-18 : Hometown Suburban Vending)

**Packet Pg. 44**
## DuPage County, Illinois
### BUDGET ADJUSTMENT
**Effective March 1, 2016**

#### Convalescent Center
**Company/Accounting Unit Name**

<table>
<thead>
<tr>
<th>Account Unit</th>
<th>Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date</th>
</tr>
</thead>
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<td>33,107.74</td>
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</table>

**Total** $14,794.00

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<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date</th>
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<td>52210</td>
<td>FOOD &amp; BEVERAGES</td>
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</table>

**Total** $14,794.00

**Reason for Request:**

To transfer budgeted funds, allowing for sufficient budget to be available for actual food expense by accounting unit.

**Signature on file**

**Department Head**

**Signature on file**

**Date** 12/27/2017

**Activity** (optional)

---

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

**Finance Department Use Only**

<table>
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<tr>
<th>Fiscal Year</th>
<th>Budget Journal</th>
<th>Acctg Period</th>
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<tbody>
<tr>
<td>2017</td>
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</table>

**Enter By/Date**

**Released By/Date**

**Posted By/Date**

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**Packet Pg. 45**
### DuPage County, Illinois
#### BUDGET ADJUSTMENT
**Effective March 1, 2016**

**Convalescent Center**

<table>
<thead>
<tr>
<th>Company/Accounting Unit Name</th>
<th>Finance Dept Use Only</th>
<th>Date of Balance</th>
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<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
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<td>-</td>
<td>12/18</td>
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**Total** | $198,106.00 | | |

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</table>

**Total** | $198,106.00 | | |

**Reason for Request:**

To transfer budgeted funds, allowing for sufficient budget to be available for actual payroll expense.

**Signature on file**

**Signature on file**

**12/27/2017**

**Department Head**

**Date**

**Chief Financial Officer**

**Date**

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

---

**Finance Department Use Only**

**Fiscal Year** 2017

**Budget Journal #**

**Acctg Period**

**Enter By/Date**

**Released By/Date**

**Posted By/Date**
DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective March 1, 2016

Convalescent Center  
Company/Accounting Unit Name

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior Transfer</th>
<th>After Transfer</th>
<th>Balance</th>
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To: 1200  
Company #

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<th>After Transfer</th>
<th>Balance</th>
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<td></td>
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</table>

Reason for Request:  
To transfer budgeted funds, allowing for sufficient budget to be available for actual payroll expense.

Signature on file  
12/28/2017  
Department Head

Signature on file  
12-18  
Chief Financial Officer

Activity ___________________  
(optional)

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

Finance Department Use Only  
Fiscal Year 2017  
Budget Journal # Acctg Perio

Enter By/Date ___________________  
Released By/Date ___________________  
Posted By/Date ___________________
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective March 1, 2018

From: 1200

<table>
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<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Available Balance</th>
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<td>1,500.00</td>
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Total $157,119.00

To: 1200

<table>
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<th>Accounting Unit</th>
<th>Account</th>
<th>Title</th>
<th>Amount</th>
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<td>(8280)</td>
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<td>-</td>
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Total $157,119.00

Reason for Request:
To transfer budgeted funds, allowing for sufficient budget to be available for actual payroll expense.

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

Packet Pg. 48

Attachment: Budget Transfers Care Center - Payroll $157,119 - R (17-18-129 : Budget Transfer - DuPage Care Center - Miscellaneous Expenses)
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective March 1, 2016

From: 1200

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<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
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To: 1200

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<td><strong>$1,031,723.00</strong></td>
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</tr>
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Reason for Request: To transfer budgeted funds, allowing for sufficient budget to be available for actual payroll expense.

Signature on file

Department Head

Signature on file

Chief Financial Officer

Packet Pg. 49
DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective September 21, 2016

From: 1200  

<table>
<thead>
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<th>Accounting Unit</th>
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<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2040</td>
<td>54010</td>
<td></td>
<td>BUILDING IMPROVEMENTS</td>
<td>$23,459.00</td>
<td>323842.12</td>
<td>297,383.12</td>
<td>1-9-18</td>
</tr>
<tr>
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</tbody>
</table>

Total: $23,459.00

To: 1200

<table>
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<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>2000</td>
<td>52100</td>
<td></td>
<td>I.T. EQUIPMENT-SMALL VALUE</td>
<td>$10,263.00</td>
<td>(10,366.35)</td>
<td>1,65</td>
<td>1-9-18</td>
</tr>
<tr>
<td>2050</td>
<td>52320</td>
<td></td>
<td>MEDICAL/DENTAL/LAB SUPPLIES</td>
<td>$1,683.00</td>
<td>56,381.47</td>
<td>(55,398.47)</td>
<td>1-9-18</td>
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<tr>
<td>2050</td>
<td>53070</td>
<td></td>
<td>MEDICAL SERVICES</td>
<td>$6,445.00</td>
<td>(6,444.42)</td>
<td>58</td>
<td>1-9-18</td>
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<tr>
<td>2085</td>
<td>52300</td>
<td></td>
<td>DRUGS &amp; VACCINE SUPPLIES</td>
<td>$5,068.00</td>
<td>368,882.75</td>
<td>(363,814.75)</td>
<td>1-9-18</td>
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</tbody>
</table>

Total: $23,459.00

Reason for Request:

To allow monies to be transferred to cover for final FY17 purchases for furniture/equipment small value, medical supplies, new hire physicals for employees and medical services and pharmaceuticals

Attachment: Budget Transfers Care Center - Misc. $23,459 - R (17-18-131 : Budget Transfer - DuPage Care Center - Miscellaneous)
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective September 21, 2016

From: 1000

Company #

Finance Dept Use Only

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Available Balance</th>
<th>Date of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1640</td>
<td>50000</td>
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<td>REGULAR SALARIES</td>
<td>$22,739.00</td>
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<td>8/18</td>
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<tr>
<td>1640</td>
<td>52200</td>
<td></td>
<td>OPERATING SUPPLIES &amp; MATERIALS</td>
<td>$147.00</td>
<td>147.18</td>
<td>8/18</td>
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<tr>
<td>1640</td>
<td>53090</td>
<td></td>
<td>OTHER PROFESSIONAL SERVICES</td>
<td>$15.00</td>
<td>15</td>
<td>8/18</td>
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<td>1640</td>
<td>53500</td>
<td></td>
<td>MILEAGE EXPENSE</td>
<td>$260.00</td>
<td>260.00</td>
<td>8/18</td>
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</tbody>
</table>

Total $23,151.00

To: 1000

Company #

Finance Dept Use Only

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Available Balance</th>
<th>Date of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1640</td>
<td>50040</td>
<td></td>
<td>PART TIME HELP</td>
<td>$23,151.00</td>
<td>(40,685.80) (17,534.80)</td>
<td>8/18</td>
</tr>
</tbody>
</table>

Total $23,151.00

Reason for Request:
To transfer funds between accounts to cover projected deficits through 11/30/17.

Signature on file

Department Head

Date

Activity (optional)

Signature on file

Chief Financial Officer

Date

Finance Department Use Only

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

Packet Pg. 51
DuPage County, Illinois
BUDGET ADJUSTMENT
Effective September 21, 2016

From: 5000

<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>1450</td>
<td>53820</td>
<td></td>
<td>GRANT SERVICES</td>
<td>$9,700.00</td>
<td>4,140,074.02</td>
<td>4,130,374.02</td>
<td>13/18</td>
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</tbody>
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Total $9,700.00

To: 5000

<table>
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<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>1450</td>
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<td>PART TIME HELP</td>
<td>$4,000.00</td>
<td>877.58</td>
<td>4877.58</td>
<td>13/18</td>
</tr>
<tr>
<td>1450</td>
<td>51010</td>
<td></td>
<td>EMPLOYER SHARE I.M.R.F.</td>
<td>$1,800.00</td>
<td>3586.75</td>
<td>5086.75</td>
<td>12/18</td>
</tr>
<tr>
<td>1450</td>
<td>51030</td>
<td></td>
<td>EMPLOYER SHARE SOCIAL SECURITY</td>
<td>$500.00</td>
<td>2116.44</td>
<td>2616.44</td>
<td>12/18</td>
</tr>
<tr>
<td>1450</td>
<td>51040</td>
<td></td>
<td>EMPLOYEE MED &amp; HOSP INSURANCE</td>
<td>$3,700.00</td>
<td>641.09</td>
<td>4341.09</td>
<td>12/18</td>
</tr>
</tbody>
</table>

Total $9,700.00

Reason for Request:
Payroll costs higher than expected at time of budget due to the restructuring of HOME Activities.

Signature on file

Department Head
Signature on file

Chief Financial Officer
Date 12/18

Finance Department Use Only
Fiscal Year 2018
Budget Journal # ________ Acctg Period ________
Entered By/Date ________ Released By/Date ________ Posted By/Date ________
## Request for Change Order

**Procurement Services Division**

**Attach copies of all prior Change Orders**

### Purchase Order: #2159-0001-Serv

- **Original Purchase Order Date:** Nov 9, 2016
- **Change Order #:** 1
- **Department:** CDC

**Vendor Name:** Bowman System LLC  
**Vendor #:** 11970  
**Dept Contact:** Christine Pedersen

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

- Change order to decrease $15,900.00 and close contract expired on 10/31/2017, Act#5000-1470-53820-ESG16HMIS15-53820.

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

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

### INCREASE/DECREASE

<table>
<thead>
<tr>
<th>A</th>
<th>Starting contract value</th>
<th>$52,569.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Net $ change for previous Change Orders</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Current contract amount (A + B)</td>
<td>$52,569.00</td>
</tr>
<tr>
<td>D</td>
<td>Amount of this Change Order</td>
<td>Decrease</td>
</tr>
<tr>
<td>E</td>
<td>New contract amount (C + D)</td>
<td>$36,669.00</td>
</tr>
<tr>
<td>F</td>
<td>Percent of current contract value this Change Order represents (D / C)</td>
<td>-30.25%</td>
</tr>
<tr>
<td>G</td>
<td>Cumulative percent of all Change Orders (B+D/A) (60% maximum on construction contracts)</td>
<td>-30.25%</td>
</tr>
</tbody>
</table>

### DECISION MEMO NOT REQUIRED

- [ ] Cancel entire order
- [ ] Close Contract
- [ ] Contract Extension (29 days)  
- [X] Consent Only
- [ ] Change budget code from:  
  - to:  
- [ ] Increase/Decrease quantity from:  
  - to:  
- [ ] Price shows:  
  - should be:  
- [X] Decrease remaining encumbrance and close contract
- [ ] Increase encumbrance and close contract
- [ ] Decrease encumbrance
- [ ] Increase encumbrance

### DECISION MEMO REQUIRED

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

**NR:** 6463  
**Prepared By (Initials):**  
**Phone Ext:**  
**Date:** Dec 15, 2017

**Recommended for Approval (Initials):**  
**Phone Ext:**  
**Date:**  
**6149:**  
**Date:** 12-18-17

### REVIEWED BY (Initials Only)

- **Buyer:**  
  - Date: 1-5-18
- **Procurement Officer:**  
  - Date: 1-5-18
- **Chief Financial Officer** (Decision Memos Over $25,000)  
  - Date: 1-8-18

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

---

**CONSENT AGENDA**

**Packet Pg. 53**

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**Packet Pg. 53**

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**Packet Pg. 53**

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**Packet Pg. 53**

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FORM OPTIMIZED FOR ADOBE READER VERSION 0 OR LATER
DuPage County

Grant Proposal Notification

GRANT NAME: Liheap ComEd Rate Relief Program Grant FY18

GRANTING ENTITY: Illinois Association of Community Action Agencies

COUNTY DEPARTMENT: Community Services

PARENT COMMITTEE: HHS

DEPARTMENT CONTACT: Jennifer Chan

AMOUNT REQUESTED: $15,000

TYPE OF GRANT (please check): □ Competitive  □ Continuation  □ Formula
DuPage County
Grant Proposal Notification Form

**Narrative (Purpose of grant; justification of need):**
DuPage County is a subrecipient of Illinois Association of Community Action Agencies (IACAA) grant with ComEd to assist them in administering the ComEd Care Programs. ComEd offsets electrical costs to address special circumstances and hardships among DuPage County low-income residential households. For its administrative services under the agreement, IACAA will pay a monthly fee equal to 9% of the funds approved by ComEd on eligible customers’ benefit applications submitted for each month. The fees that DuPage County collects offsets the salary and benefit costs of an I & R Specialist in the regular Liheap grant fund.

<table>
<thead>
<tr>
<th>Grant proposal submission due date (MM/DD/YYYY)</th>
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</table>

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

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>Completion Date:</th>
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<tbody>
<tr>
<td>01/02/18</td>
<td>12/31/18</td>
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<tr>
<th>Year:</th>
<th>Duration (years)</th>
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If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

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

If yes, please list:

<table>
<thead>
<tr>
<th>Full-Time</th>
<th>Part-Time</th>
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</table>

How many new positions will be created:

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**Are matching funds required?**

If yes, please answer the following questions:

Percentage of funding required by granting agency

<table>
<thead>
<tr>
<th>County’s match amount:</th>
<th>(auto fill)</th>
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<tbody>
<tr>
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<td>$</td>
</tr>
<tr>
<td>*Department may seek additional funding in the future to provide match amount</td>
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</table>

County fund that will provide the matching requirement:

<table>
<thead>
<tr>
<th>Grant amount request</th>
<th>(auto fill)</th>
<th>15,000.00</th>
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<table>
<thead>
<tr>
<th>All other funding already allocated for project or project phase</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Total project or project phase cost</th>
<th>(auto fill)</th>
<th>15,000.00</th>
</tr>
</thead>
</table>

☐ Please check this box if you are interested in having a grant writer prepare this grant proposal
Grant Proposal Notification Report 002-18

Submitted on: 1/09/2018                                    Submitted by: Kim Mehring, Finance

Purpose of Grant: Commonwealth Edison Company (ComEd) has contracted with Illinois Association of Community Action Agencies (IACAA) to administer the ComEd Care Program, a program designed to offset electrical costs to low-income residential households experiencing hardship. DuPage County, as a sub recipient of IACAA through the LIHEAP ComEd Rate Relief Program Grant FY17, will perform services related to the identification of Eligible Customers to participate in the Program. For its administrative services, IACAA will pay a monthly fee equal to 9% of the funds approved by ComEd on eligible customers’ benefit applications submitted. This funding would partially support an Information and Referral Specialist II in the regular LIHEAP grant fund.

Proposal Due Date: N/A                                      Project Period: 01/2/2018-12/31/2018

Matching Requirement: □ Yes  ☒ No  Explain: _______________

Headcount Requirement: □ Yes  ☒ No  Explain: _______________

Funding Origination Source: □ Federal  □ State  □ Private  ☒ Corporate

The following potential issues are noted:

1. There are no known issues with this grant.

Other information (i.e. collaboration, allocation of funding, etc.): This recurring grant is in its 11th year of funding. The exact amount of grant funding may change as the amount is based upon the applications submitted within the program. An appropriation of $15,000 for this grant year is based upon past grant year funding received. Unexpended appropriated funds at the end of the grant term will expire.

For more information on the purpose of the grant and the justification of need, please see the Grant Proposal Notification Form submitted by Kim Mehring, Finance Dept. or Kerri Halsall, Community Development Dept.
Requisition under 25k dollars

2018-46
**PROCUREMENT REVIEW CHECKLIST**

**REQUISITION**

This form must accompany all County Purchase Requisitions.

---

### NEW PURCHASE ORDER REQUEST

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TERM</th>
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<tr>
<td>December 29, 2017</td>
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<table>
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<tr>
<th>CONTRACT TOTAL AMOUNT</th>
<th>REQUESTING DEPT.</th>
<th>FACILITIES MANAGEMENT</th>
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</thead>
<tbody>
<tr>
<td>$18,839.75</td>
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</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

*No Decision Memo Required*  Per Cooperative Agreement

- Laura Grobe: Completed 12/29/2017 1:19 PM
- Tim Harbaugh: Completed 12/29/2017 1:48 PM
- Nick Kottmeyer: Completed 01/02/2018 11:06 AM
- Mary Keating: Completed 01/02/2018 3:40 PM
- Kathy Ostrowski: Completed 01/03/2018 2:45 PM
- James McGuire: Completed 01/03/2018 2:46 PM
- Paul Rafac: Completed 01/03/2018 4:07 PM
- Kathy Ostrowski: Completed 01/08/2018 2:52 PM
- Public Works Committee: Pending 01/16/2018 9:15 AM
- Health & Human Services: Pending 01/16/2018 10:15 AM
## Purchase Requisition

**Procurement Services Division**

**Date:**
Dec 28, 2017

**MinuteTraq (IQM2) ID #:**
11620

**Department Req #:**

**RFP, Bid or Quote #:**
P15-150

### Send Purchase Order To:

- **Vendor:** Allsteel Inc. C/O Midwest Office Interiors  
  **Vendor #:** 12412  
  **Attn:**  
  **Address:** 10330 Argonne Woods Drive, Suite 600  
  **City:** Woodridge  
  **State:** IL  
  **Zip:** 60175  
  **Phone:**  
  **Fax:**

### Send Invoices To:

- **Vendor:** ALLSTEEL INC  
  **Vendor #:** 12412  
  **Attn:**  
  **Address:** 13358 Collections Center Dr  
  **City:** Chicago  
  **State:** IL  
  **Zip:** 60693  
  **Phone:**  
  **Fax:**

### Send Payments To:

- **Vendor:** ALLSTEEL INC  
  **Vendor #:** 12412  
  **Attn:**  
  **Address:** 13358 Collections Center Dr  
  **City:** Chicago  
  **State:** IL  
  **Zip:** 60693  
  **Phone:**  
  **Fax:**

### Send To:

- **Dept:** Facilities Management  
  **Division:**  
  **Attn:** Tim Harbaugh  
  **Email:** laura.grobe@dupageco.org  
  **Address:** 421 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
  **Phone:** 630-407-5700  
  **Fax:** 630-407-5701

### Shipment Details:

- **F.O.B.:**  
  **Destination:** JTK Administration Building

### Payment Terms:

- **PER 50 I LCS 505/1**

### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acct # | Sub-Accts and/or Activity # | Unit Price | Extension |
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Allsteel workstations/furnishings</td>
<td>5000</td>
<td>1720</td>
<td>52000</td>
<td>18-703552000</td>
<td>18,839.75</td>
<td>18,839.75</td>
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</tbody>
</table>

**Requisition Total:** $18,839.75

### Header Comments:

Furnish & deliver Allsteel workstations and necessary furnishings, for Phase III of the Community Services Space Improvement project, at the JTK Administration Building

### Special Instructions/Comments to Buyer or Approver:

### User Department Internal Notes:

PW 1/16/18, HHS 1/16/18  
Job #1606101

**Decision Memo**

**Procurement Services Division**

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

---

**Date:** Dec 28, 2017

**MinuteTraq (IQM2) ID #:** 11620

**Department Requisition #:**

---

<table>
<thead>
<tr>
<th>Requesting Department:</th>
<th>Facilities Management for Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:laura.grobe@dupageco.org">laura.grobe@dupageco.org</a></td>
</tr>
<tr>
<td>Department Contact:</td>
<td>Laura Grobe</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>407-5665</td>
</tr>
<tr>
<td>Vendor Name:</td>
<td>Allsteel Inc. C/O Midwest Office Interiors</td>
</tr>
<tr>
<td>Vendor #:</td>
<td>12412</td>
</tr>
</tbody>
</table>

---

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

**Recommendation for the approval of a contract purchase order issued to Allsteel C/O Midwest Office Interiors, to furnish and deliver Allsteel workstations and necessary furnishings, as part of Phase III of the Community Services Space Improvement project, at the JTK Administration Building, for a contract total amount not to exceed $18,839.75, per Lead Agency National IPA Proposal #P15-150-DT (CCU Grant Funded)**

---

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

The Community Services Space Improvement Project Phase III overall goals for the redesign are the following: private offices with doors for all Managers; Managers and all of their staff are located together; office staff are closer to windows; SCM field staff have a larger work space to be able to process paperwork; a conference room; common area for office supplies and kitchenette that is not next to staff desks; copiers, fax machines and cabinet space are all strategically located near the staff that use them the most; bad carpet squares replaced; spaces for growth so the redesign is not obsolete at completion; and replace some chairs.

---

**Strategic Impact**

**Customer Service**

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

Phase III of the Community Services Space Improvement project continues improvement in office layout and efficiency, and increases privacy for supervisory positions.

---

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

After an extensive review of DuPage County’s furniture procurement process, this order will follow the revised procedure as approved. Existing Community Service furniture is Allsteel, which is available under the National IPA contract. Midwest Office Interiors has agreed to the new County procurement process, and in addition to providing the design and coordination for the order, also sourced multiple bids for the labor/install. This proposal and any work performed related to this proposal will be provided in accordance with the terms, conditions and criteria established by DuPage County Lead Agency Proposal #P15-150-DT and National IPA Contract No. P15-150-DT - Office Furniture and Filing Systems.

---

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

Staff recommends securing a contract with Allsteel c/o Midwest Office Interiors to furnish and deliver Allsteel workstations and necessary furnishings. Having the option to procure this service pursuant to the Lead Agency National IPA Proposal #P15-150-DT and DuPage County's revised furniture procurement process gives Facilities Management the flexibility to obtain this service from a previously vetted vendor.

The other option would be to hire a professional architectural service to design the space, prepare specifications and documents for bid, review the bids for award and to oversee the installation of the workstations and furnishings. Staff does not recommend this option as it does not guarantee that quality will be equivalent or that prices will be lower.

---

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

Grant funded - Monies have been budget for this project in 5000-1720-52000 18-703552000 (CCU Grant Funded)
Lead Agency: County of DuPage, IL  
RFP Issued: September 11, 2015  
Response Due Date: October 28, 2015  

Solicitation: RFP P15-150-DT  
Pre-Proposal Date: September 29, 2015  
Proposals Received: 6  

Awarded to: Allsteel  

The County of DuPage Department of Procurement issued RFP P15-150-DT on September 11, 2015, to establish a national cooperative contract for systems furniture, free-standing furniture, seating, filing systems/equipment, interior solutions and related product and support services.

Notice of the solicitation was sent to potential offerors, as well as advertised in the following:

- County of DuPage, Illinois Department of Procurement website  
- Onvia DemandStar  
- Daily Herald – IL  
- The Olympian, WA  
- Daily Journal of Commerce, OR  
- The Salt Lake Tribune, UT  
- Richmond Times-Dispatch, VA  
- Albany Times Union, NY  
- The State, SC  
- Hawaii Tribune-Herald, HI  
- National IPA website  

On October 28, 2015 proposals were received from the following offerors:

- Allsteel  
- Aurora Storage Solutions  
- Kimball Office  
- National Office Furniture  
- Office Depot/Office Max  
- Spacesaver Corporation
The proposals were evaluated using the evaluation criteria established in the RFP. The County of DuPage Procurement Division recommended awarding contracts to Allsteel, Kimball Office, National Office Furniture and Spacesaver Corporation.

On February 9, 2016, the County of DuPage Board passed resolutions approving contracts with Allsteel, Kimball Office, National Office and Spacesaver Corporation effective April 1, 2016.

Contracts include: Seating, tables, systems/desking, filing/storage & wood casegoods, collaboration, accessories and related equipment and support services such as design and installation.

Term:
Initial three (3) year agreement from April 1, 2016 through March 31, 2019 with the option to renew for two (2) additional one-year periods through March 31, 2021

Pricing/Discount:
Pricing is a discount off list price and discounts vary by size of order and delivery requirements. Discounts for orders over $400,000 are negotiable. The discount matrix will be viewable on website.

Ordering/Delivery/Installation:
Allsteel, Inc. authorized dealers nationwide assist with selection, specification, delivery and installation. Allsteel, Inc. regional showrooms throughout the United States have many products on-hand for an in person look at Allsteel, Inc. furniture solutions.

Link to Allsteel Office website: www.allsteeloffice.com
# National IPA Discount Matrix

**Allsteel Inc. National IPA Bid #P15-150-DT**

<table>
<thead>
<tr>
<th>Products</th>
<th>List per Order</th>
<th>Discount From List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stride Systems, Terrace DNA, Concensys, Optimize, Further, Involve Casegoods, Approach, Stride Desking, Stride Benching, Pedestals, Overheads, Worksurfaces, Electrical &amp; Accessories, Altitude Tables</td>
<td>$1 - $100,000</td>
<td>69.5%</td>
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<tr>
<td></td>
<td>$100,001 - $400,000</td>
<td>71.0%</td>
</tr>
<tr>
<td></td>
<td>$400,001 &amp; Above</td>
<td>Negotiable</td>
</tr>
<tr>
<td>Lateral Files, Vertical Files, Storage (Towers, Bookcases, &amp; Cabinets), Align Lateral, Align Storage, Align Credenzas, Stride Storage, Involve Storage</td>
<td>$1 - $100,000</td>
<td>64.0%</td>
</tr>
<tr>
<td></td>
<td>$100,001 - $400,000</td>
<td>65.0%</td>
</tr>
<tr>
<td></td>
<td>$400,001 &amp; Above</td>
<td>Negotiable</td>
</tr>
<tr>
<td>Trooper, Tolleson, &amp; Nimble Seating</td>
<td>$1 - $100,000</td>
<td>64.0%</td>
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<tr>
<td></td>
<td>$100,001 - $400,000</td>
<td>64.0%</td>
</tr>
<tr>
<td></td>
<td>$400,001 &amp; Above</td>
<td>Negotiable</td>
</tr>
<tr>
<td>#19, Relate, Sum, Scout, Seek, Inspire, &amp; Access Seating</td>
<td>$1 - $100,000</td>
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<tr>
<td></td>
<td>$100,001 - $400,000</td>
<td>61.0%</td>
</tr>
<tr>
<td></td>
<td>$400,001 &amp; Above</td>
<td>Negotiable</td>
</tr>
<tr>
<td>Acuity, MIMEO, Lyric &amp; Quip Seating</td>
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<td>58.0%</td>
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</tr>
<tr>
<td></td>
<td>$400,001 &amp; Above</td>
<td>Negotiable</td>
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<tr>
<td>Get Set, Merge, &amp; Aware Tables</td>
<td>$1 - $100,000</td>
<td>64.0%</td>
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<td>$100,001 - $400,000</td>
<td>64.0%</td>
</tr>
<tr>
<td></td>
<td>$400,001 &amp; Above</td>
<td>Negotiable</td>
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<tr>
<td>Wood Casegoods (Align Wood), Stride Painted Wood Casegoods Veneer</td>
<td>$1 - $100,000</td>
<td>60.0%</td>
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<td>$400,001 &amp; Above</td>
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<tr>
<td>Gather Seating, Gather Tables, Harvest Tables, Clarity Seating, Parallel Seating, New Product Offering</td>
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<td></td>
<td>$100,001 - $400,000</td>
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<tr>
<td></td>
<td>$400,001 &amp; Above</td>
<td>Negotiable</td>
</tr>
<tr>
<td>Accessories (Wand &amp; Link Lights, Ergonomic tools)</td>
<td>$1 - $100,000</td>
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<td>$100,001 - $400,000</td>
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<td>$400,001 &amp; Above</td>
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## 4. Price Proposal

### Allsteel

#### Price Worksheet_Revised

<table>
<thead>
<tr>
<th>Category</th>
<th>Discount 1</th>
<th>Discount 2</th>
<th>Negotiable</th>
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<tbody>
<tr>
<td>Seating</td>
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<td>64.00%</td>
<td>Negotiable</td>
</tr>
<tr>
<td>Acrylic &amp; Mirrors</td>
<td>69.00%</td>
<td>69.00%</td>
<td>Negotiable</td>
</tr>
<tr>
<td>Tables</td>
<td>64.00%</td>
<td>64.00%</td>
<td>Negotiable</td>
</tr>
<tr>
<td>Systems/Desk/Maximize</td>
<td>69.00%</td>
<td>71.00%</td>
<td>Negotiable</td>
</tr>
<tr>
<td>Filing/Storage</td>
<td>64.00%</td>
<td>64.00%</td>
<td>Negotiable</td>
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</table>

---

**Note:** Discounts are from List Price. Tier 1 discounts for orders over $400,000 are negotiable. Product value of each order. Discounts for orders over $400,000 are negotiable. Requires a minimum of $10,000 per order. Additional terms and conditions apply.
### Furniture Discount Structure

Discounts are from List Price. They are based on List Product Value of each order. Discounts for orders over $400,000 are negotiable.

#### Systems
- (See Systems/Dealing Aids)
  - 60.00%
  - 71.00%
  - Negotiable

#### Interior Solutions
- (See Systems)

#### Mobile Wall Systems
- (See Systems)

#### Redefined Products & Services
- (See Systems)

#### Collaboration
- (See Systems)
  - 61.00%
  - 54.00%
  - Negotiable

#### Wood Casegoods
  - Wood Casegoods (e.g., Wood Offering), Stands
  - Printed Wood Storage, Stands
  - 60.00%
  - 60.00%
  - Negotiable

#### Accessories
- Accessories (Ward & Unit, Light), Ergonomic Tools
  - 55.00%
  - 57.00%
  - Negotiable

---

4. Price Proposal

**Allsteel**
### Additional Charges

<table>
<thead>
<tr>
<th>Description</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Inside Delivery-Upper Levels Non-Seating</td>
<td>Negotiable on a per project basis</td>
</tr>
<tr>
<td>Inside Delivery-Upper Levels Seating</td>
<td>Negotiable on a per project basis</td>
</tr>
<tr>
<td>Union &amp; Prevailing Wages Non-Seating</td>
<td>Prevailing Wages discount will be dock delivery plus line item quote of install.</td>
</tr>
<tr>
<td>Union &amp; Prevailing Wages Seating</td>
<td>Prevailing Wages discount will be dock delivery plus line item quote of install.</td>
</tr>
<tr>
<td>Major Metro Market and Upper Floor Installation</td>
<td>Negotiable on a per project basis</td>
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<tr>
<td>Installation outside of a 100 mile range of a the servicing dealer</td>
<td>Negotiable on a per project basis</td>
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4. Price Proposal

Allsteel®
### Supplemental Services

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<th>Service</th>
<th>Description</th>
<th>Rate</th>
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<tr>
<td>Project Management Services</td>
<td>(NTE = Not to Exceed)</td>
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<tr>
<td>Furniture Project Management</td>
<td></td>
<td>NTE $90.00/hr but quoted per job</td>
</tr>
<tr>
<td>Furniture Project Coordination</td>
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<td>NTE $90.00/hr but quoted per job</td>
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<tr>
<td>Reconfiguration Services</td>
<td></td>
<td>NTE $125.00/hr but quoted per job</td>
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<tr>
<td>Design (outside of standard services)</td>
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<td>NTE $90.00/hr but quoted per job</td>
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<tr>
<td>Strategic Planning Services</td>
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<td>NTE 120.00/hr but quoted per job</td>
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<tr>
<td>Occupancy Planning Services</td>
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<td>Occupancy Planner</td>
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<tr>
<td>Build Out Project Management Services</td>
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<td>NTE $90.00/hr</td>
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<tr>
<td>Fixtures, Furniture and Equipment Management Services</td>
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<tr>
<td>Fixtures, Furniture and Equipment Storage Services</td>
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<td>To be quoted per job</td>
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4. Price Proposal

Allsteel
### Proposal

**PROPOSAL: 38622**  
**DATE: 12/21/17**  
**PROJECT#: 742-157**

<table>
<thead>
<tr>
<th>#</th>
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<td><em>Tag(s):</em> Mary Keating</td>
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</table>
## Proposal

**PROPOSAL: 38622**

**DATE: 12/21/17**

**PROJECT#: 742-157**

<table>
<thead>
<tr>
<th>#</th>
<th>QTY</th>
<th>PRODUCT</th>
<th>DESCRIPTION</th>
<th>SELL</th>
<th>EXTENDED</th>
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<tbody>
<tr>
<td>3</td>
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<td>Permanent-Wall Hanger Kit 65H - Pair</td>
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<td>.P02 CLR: Flint</td>
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<td><strong>Discount Off List: 59.50 %</strong></td>
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<tr>
<td>5</td>
<td>3</td>
<td>CBG</td>
<td>Gussets (1 Pr)</td>
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<td>.P02 CLR: Flint</td>
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<td></td>
<td></td>
<td></td>
<td><strong>Tag(s): Mary Keating</strong></td>
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</tr>
</tbody>
</table>
### Proposal

**PROPOSAL:** 38622  
**DATE:** 12/21/17  
**PROJECT #:** 742-157

#### PROPOSAL FOR:

<table>
<thead>
<tr>
<th>DuPage County Community Services</th>
<th>Du Page County Attn: Geoff Matteson</th>
</tr>
</thead>
<tbody>
<tr>
<td>421 N County Farm Road</td>
<td>421 N County Farm Road</td>
</tr>
<tr>
<td>Wheaton, IL 60187</td>
<td>Wheaton, IL 60187</td>
</tr>
<tr>
<td>Community Services - 300 East</td>
<td>Community Services - 300 East</td>
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</tbody>
</table>

#### SALESPEOPLE

<table>
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#### CUSTOMER F/O

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#### QUOTE VALID

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**Proposal**

**PROPOSAL:** 38622  
**DATE:** 12/21/17  
**PROJECT #:** 742-157

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List Price: 51.00  
Discount Off List: 69.51%

Tag(s): Mary Keating  
List Price: 64.00  
Discount Off List: 69.50%

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List Price: 287.00  
Discount Off List: 69.50%
## Proposal

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**DATE:** 12/21/17  
**PROJECT #:** 742-157


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**CONTINUED...**
### Proposal

**PROPOSAL:** 38622  
**DATE:** 12/21/17  
**PROJECT #:** 742-157

**PROPOSAL FOR:**  
DuPage County  
Community Services  
421 N County Farm Road  
Wheaton, IL 60187

**INSTALL AT:**  
Du Page County  
Attn: Geoff Matteson  
421 N County Farm Road  
Wheaton, IL 60187  
Community Services - 300 East

**SALESPERSON:** Cheryl Fischer  
**CUSTOMER P/O:**  
**QUOTE VALID:** 01/31/18

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- Tag(s): Private Office  
- List Price: 808.00  
- Discount Off List: 64.00 %

| 24 | 9   | 801550 | Permanent-Wall Hanger Kit 65H - Pair | 35.99 | 323.91 |

- Tag(s): Private Office  
- List Price: 623.00  
- Discount Off List: 69.50 %

| 25 | 6   | 831124 | Flat Bracket 24D | 14.03 | 84.18 |

- Tag(s): Private Office  
- List Price: 46.00  
- Discount Off List: 69.50 %
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**Proposition**

**PROPOSAL:** 38622  
**DATE:** 12/21/17  
**PROJECT:** 742-157

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<tr>
<td>DuPage County</td>
<td>Du Page County</td>
</tr>
<tr>
<td>Community Services</td>
<td>Attn: Geoff Mattson</td>
</tr>
<tr>
<td>421 N County Farm Road</td>
<td>421 N County Farm Road</td>
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<tr>
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<td>32</td>
<td>6</td>
<td>T52454S</td>
<td>Primary 24Dx54W Flat Eg Lam w/Grommets</td>
<td>117.73</td>
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<td>.LT5B Lam: Canyon Zephyr</td>
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<td>.E9 Edg: Flint</td>
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<td>.P Plastic Grommet</td>
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## Proposal

**PROPOSAL #:** 38622  
**DATE:** 12/21/17  
**PROJECT #:** 742-157

### Proposal Details

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<th>Package</th>
<th>Description</th>
<th>Price</th>
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<tr>
<td>33</td>
<td>Jetty 48x72 24L/30R LH Flat Eg w/Grommet</td>
<td>$265.96</td>
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<tr>
<td>34</td>
<td>Jetty 72x48 30L/24R RH Flat Eg w/Grommet</td>
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<td>35</td>
<td>Corner Cove 72x48-24L/24R Extld LH Flat w/Groms</td>
<td>$244.91</td>
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---

**SALESPERSON:** Cheryl Fischer  
**CUSTOMER P/O:**  
**QUOTE VALID:** 01/31/18  

**INSTALL AT:**  
- Du Page County  
- Attn: Geoff Matteson  
- 421 N County Farm Road  
- Wheaton, IL 60187  
- Community Services - 300 East

**PROPOSAL FOR:**  
- DuPage County  
- Community Services  
- 421 N County Farm Road  
- Wheaton, IL 60187

---

**Product Details:**

- **T54722JL:** Jetty 48x72 24L/30R LH Flat Eg w/Grommet  
  - L1 Core Lam Opt  
  - Lam: Canyon Zephyr  
  - Edg: Flint  
  - Plastic Grommet

- **T5722EL:** Corner Cove 72x48-24L/24R Extld LH Flat w/Groms  
  - L1 Core Lam Opt  
  - Lam: Canyon Zephyr  
  - Edg: Flint  
  - Plastic Grommet

---

**Tags:** Private Office

**List Price:** 872.00

**Discount Off List:** 69.50%
# | QTY | PRODUCT | DESCRIPTION          | SELL   | EXTENDED |
---|-----|---------|----------------------|--------|----------|
36 | 3   | T5722ER | Corner Cove 46x72-24L/24R Ext: RH  | 244.91 | 734.73   |
     |     |         | Flat w/Grom          |        |          |
     |     |         | $(L1CORE) L1 Core Lam Opt |        |          |
     |     |         | .LT5B Lam: Canyon Zephyr |        |          |
     |     |         | .E9 Edg: Flint        |        |          |
     |     |         | .P Plastic Grommet    |        |          |
     |     |         | Tag(s): Private Office|        |          |
     |     |         | List Price: 803.00    |        |          |
     |     |         | Discount Off List: 69.50%|      |          |
37 | 6   | Z5SC54  | 42W External Supt Channel for 54W W/S | 17.69  | 106.14   |
     |     |         | Tag(s): Private Office|        |          |
     |     |         | List Price: 58.00     |        |          |
     |     |         | Discount Off List: 69.50%|      |          |
38 | 12  | 861860  | Tackboard 60W 18H     | 68.01  | 816.12   |
     |     |         | $(A) Grd A FAB        |        |          |
     |     |         | .TP9 FAB: Tempest     |        |          |
     |     |         | 70 CLR: Tumbleweed    |        |          |
     |     |         | Tag(s): Private Office|        |          |
     |     |         | List Price: 223.00    |        |          |
     |     |         | Discount Off List: 69.50%|      |          |
# PROPOSAL FOR: | INSTALL AT:
--- | ---
DuPage County Community Services 421 N County Farm Road Wheaton, IL 60187 | Du Page County Attn: Geoff Matteson 421 N County Farm Road Wheaton, IL 60187 Community Services - 300 East

<table>
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<tr>
<th>#</th>
<th>QTY</th>
<th>PRODUCT</th>
<th>DESCRIPTION</th>
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<td>12</td>
<td>A870860</td>
<td>Tasklight w/elec Ballast for 60W .X</td>
<td>87.53</td>
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<td>40</td>
<td>12</td>
<td>OH1560FD</td>
<td>15H x60W Flipper Door Overhead-No Pull .CM</td>
<td>254.67</td>
<td>3,056.04</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>System: On Modular Concensys</td>
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</table>
| | | | $(P1) Pl Paint Opt $
| | | | .P02 CLR: Flint | | |
| | | | .OMT omt 2 Cores To Ord key Alike | | |
| | | | Tag(s): Private Office | | |
| | | | List Price: 835.00 | | |
| | | | Discount Off List: 69.50 % | | |
| 41 | 1 | LKFE7SLV | Lock Core Kit Silver - 7 Cores 2 Keys $(KEYNUM) | 230.58 | 230.58 |
| | | | Key Number .X170 Key Number 170 | | |
| | | | .6 Quantity: 6 | | |
| | | | Tag(s): Private Office APE01 Private | | |
| | | | List Price: 756.00 | | |
| | | | Discount Off List: 69.50 % | | |
| | | | Subtotal for (6) PRIVATE OFFICES | | 15,895.83 |
**Proposal**

**PROPOSAL: 38622**

**DATE:** 12/21/17

**PROJECT#: 742-157**

<table>
<thead>
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<th>DESCRIPTION</th>
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+++LABOR ON PROPOSAL 38622B+++  

Installation available from Midwest Office Interiors
Thank you for the opportunity!

SUBTOTAL....: 18,839.75

TOTAL 18,839.75

ACCEPTED BY ____________________________

DATE ACCEPTED ________
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

<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.

• 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>
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</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 affirm that I have received, have read, and agree to comply with these requirements.

Signature on file

Title

Government Program Manager

Date

Jun 16, 2017

Attach additional sheets if necessary. Sign each sheet and number each page. Page of (total number of pages)
## Procurement Review Checklist

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

### Vendor Information

<table>
<thead>
<tr>
<th>Vendor: Allsteel Inc. C/O Midwest Office Interiors</th>
<th>Vendor #: 12412</th>
<th>Contract Term:</th>
<th>Contract Total: $18,839.75</th>
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<tbody>
<tr>
<td>Dept: Facilities Management for Community Services</td>
<td>Contact: Laura Grobe</td>
<td>Phone: 407-56665</td>
<td>Assigned Committee: PW 1/16/18 HHS 1/16/18</td>
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### Description of Procurement/Scope of Work/Background

Recommendation for the approval of a contract purchase order issued to Allsteel C/O Midwest Office Interiors, to furnish and deliver Allsteel workstations and necessary furnishings, as part of Phase III of the Community Services Space Improvement project, at the JTK Administration Building, for a contract total amount not to exceed $18,839.75, per Lead Agency National IPA Proposal #P15-150-DT (CCU Grant Funded).

### Reason for Procurement

Phase III of the Community Services Space improvement project continues improvement in office layout and efficiency, and increases privacy for supervisory positions.

### FUNDING SOURCE

- [x] Procurement budgeted for (FY and budget code(s)): 5000 1720 52000 18-7035 52000
- [ ] 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 $55,000.00 [ ] Public Utility
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

### DECISION MEMO REQUIRED

- [x] Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS525)
- [x] Per Coop (DPC4-107) select one below:
  - National IPA/TCPM #
  - P15-150-DT
- [ ] 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>
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<tr>
<th>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval Date</th>
<th>IT Approval, if required Date</th>
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### REVIEWED BY (Initials Only)

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

Date