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 April 3rd, 2018

6. COMMUNITY SERVICES - MARY KEATING

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

   FI-R-0145-18 RESOLUTION -- Acceptance of a Change in Grant Term of the Illinois Home Weatherization Assistance Program State Grant FY18 Company 5000-Accounting Unit 1490

7. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

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

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

8. DUPAGE CARE CENTER - JANELLE CHADWICK
A. DuPage Care Center Requests That Also Require Finance And/Or County Board Approval

1. HHS-P-0123-18 Recommendation for the approval of a contract purchase order to CareVoyant, Inc., for one (1) year of software maintenance for the CareVoyant software system and first databank annual usage fee, for the DuPage Care Center, for the period May 1, 2018 through April 30, 2019, for a contract not to exceed $77,817.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids.

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

B. DuPage Care Center Requests for Parent Committee Final Approval

1. 2018-108 Recommendation for the approval of a contract purchase order to Smith Medical Partners, for flu vaccines for the DuPage Care Center, for the period April 18, 2018 through November 30, 2018, for a contract amount not to exceed $8,452.80, per quotes obtained by our Pharmacist, Dr. Dale Wagener, member of Managed Healthcare Association.

2. 2018-109 Recommendation for the approval of a contract purchase order to QS/1 Data Systems, for software and software maintenance for the QS/1Data System in the Pharmacy Department, for the DuPage Care Center, for the period May 1, 2018 through April 30, 2019, for a contract total not to exceed $20,000.00, per 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding.

3. Change Order -- Amendment to Contract 2510-0001 SERV Issued to Bottling Group, LLC for canned and bottled beverages to be sold in the three (3) County Cafe's to extend contract through June 30, 2018 and increase in the amount of $3,600.00, resulting in an amended contract total amount of $23,600.00, an increase of 18.00%.

9. TRAVEL REQUESTS - OVERNIGHT - REQUIRE COUNTY BOARD APPROVAL

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

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 -- GPN & Report - Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS) Grant PY19 $154,556

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

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

16. ADJOURNMENT
1. CALL TO ORDER

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

2. ROLL CALL

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

3. PUBLIC COMMENT

Janet Derrick from Loaves & Fishes, Santosh Kumar from Metro Asian Family Services, Sarah Wagner from DuPage P.A.D.S., Sam Fisher from DuPage Habitat for Humanity, and Karen Doyle from Samaritan Interfaith Counseling Center (SamaraCare), all spoke on behalf of their agencies and expressed their gratitude to DuPage County and Mary Keating for the receipt of their Human Service Grant funds. In attendance but not speaking were representatives from West Suburban Community Pantry, ChildServ, Teen Parent Connection Incorporated, Family Shelter Service, and the Ray Graham Association.

4. CHAIRMAN'S REPORT - CHAIR LARSEN

5. APPROVAL OF MINUTES

Health & Human Services - Regular Meeting - Mar 20, 2018 10:15 AM

RESULT: ACCEPTED [UNANIMOUS]
MOVER: Sam Tornatore, Vice Chair
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore
CS Requests That Also Require Finance And/Or County Board Approval

FI-R-0129-18 RESOLUTION -- Contribution to the Northern Illinois Food Bank - Corporate Funds Special Accounts - Company 1000 Accounting Unit 1180 Account 53700 in the amount of $150,000.00

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

7. DUPAGE CARE CENTER - JANELLE CHADWICK

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

HHS-P-0105-18 Recommendation for the approval of a contract purchase order to Medline Industries, Inc., for examination gloves, for the DuPage Care Center, for the period May 1, 2018 through April 30, 2019, for a contract total not to exceed $75,570.40, per lowest, responsible bid #18-047-GV.

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

8. TRAVEL REQUESTS - OVERNIGHT - REQUIRE COUNTY BOARD APPROVAL

Items 8.A. and 8.B. were combined and approved.

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

A. Authorization for Overnight Travel -- Community Services - Communications Specialist to attend the National Conference on Volunteer Engagement & Leadership in St. Paul, Minnesota from June 6, 2018 through June 8, 2018. All expenses to be paid by the Giving DuPage budget.
B. Authorization for Overnight Travel -- Community Services - Weatherization (WX) Assessor/Final Inspector to attend mandatory training at Field Exam Training Center in Champaign, Illinois from May 6, 2018 through May 7, 2018. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of $398.25 - Illinois Home Weatherization Assistance Program DOE Grant Funded.

9. RESIDENCY WAIVERS - JANELLE CHADWICK

10. HUMAN SERVICES GRANT FUND 2018 RECOMMENDATIONS

A. Staff Reports -- Staff Reports - DuPage County Memorandum - Community Services Department - 2018 Human Services Grant Fund

Mary Keating, Director of Community Services, acknowledged the agencies represented at the meeting. Ms. Keating praised Barb Temborius, Community Development Specialist, and Chris Ragona, Manager of Community Development, for their efforts in screening the Human Services Grant Fund (HSGF) applications. Ms. Keating stated that all sixty applicants are being recommended for some financial assistance. Ms. Keating attributes partial success of all sixty applicants receiving funding to working with the county auditor to tighten up the review of the financial aspect and the documentation requirements from the organizations.

Ms. Keating explained that within the last two years, the HSGF brought a policy forward that allows two previous funded agencies that merge into one request up to $80,000, up from a single agency threshold request of $50,000. The Loaves & Fishes merge with Naperville Cares previously benefitted from this policy, and this year, the Project HELP merge with the YWCA will benefit, which was praised for the effort to support government consolidation and accountability.

Ms. Keating mentioned the two organizations that don’t technically meet the threshold of 51% of clients served be DuPage County residents are Family Shelter Services at 43% and Spectrios Institute for Low Vision at 48%. These agencies provide services that are unique to the guidelines of eligibility, providing services that have limited availability in surrounding counties.

To reduce large drops in funding for applicants that stepped down into lower point categories, the scoring process distribution formula was modified this year to 5% increments in funding.

Details are available in the HSGF Memorandum, which is hereto attached, and made part of the minutes packet.

B. HHS-R-0130-18 RESOLUTION -- Allocation of $1,000,000.00 County Funding to Human Service Agencies - 2018
RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Elizabeth Chaplin, District 2
AYES: Chaplin, Grant, Hart, Khouri, Larsen, Tornatore

11. COMMUNITY SERVICES UPDATE - MARY KEATING
Mary Keating stated that the full Community Development Commission will hold their annual meeting at 11:30 am. Ms. Keating urged all County Board members to attend to see a presentation the Community Development staff put together on a story map that does an incredible job showing how the Community Development funds are appropriated.

Informational -- Changes to Family Center Fees - Caring, Coping, and Children (CCC), and Parents and Kids (PAK) - June 1, 2018

Mary Keating explained the Family Center is financially supported by the Access & Visitation Grant that covers services for the never married parents programs, the DuPage County general fund, a filing fee on civil cases for the Neutral Exchange program, and client fees for the parent education course, which is a court ordered requirement for any parent in DuPage County going through divorce with children under the age of 18.

The Family Center administration is reviewing the revenue aspect of the programs, which have not had an increase since 2007, and are recommending an increase in the fees effective for the divorce classes from $50.00 to $100.00 and the never married classes from $10.00 to $50.00 effective June 1, 2018. Staff has looked at surrounding counties and has the support of Robert J. Anderson, presiding Circuit Judge over domestic relations. The anticipation is that the increase in fees will bring an additional $100,000.00 in revenue to the Family Center. Fees for mediation, which are currently free, are also being considered.

The administration is exploring other options utilizing the Family Center facility and Community Services’ staff expertise, such as Elder Care Incoordination.

12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK
Janelle Chadwick, Administrator of the DuPage Care Center, stated the quarterly Medicaid rate went up .52 per resident per day, which is a reflection of the acuity of their patient population and the care the DuPage Care Center provides residents.

The overall quarterly census at the Care Center was budgeted for a population of 326 but has been maintaining a census of 329 to 331. Additionally, the short stay population was budgeted for 22 but caring for a population of 32 to 33.

13. OLD BUSINESS
14. NEW BUSINESS
Member Chaplin commended the DuPage County staff that are working throughout the county after she witnessed a DuPage County staff member at Edwards Hospital. Chairman Larsen stated that the Health Department has partnered with local hospitals to get residents benefitted when they enter through the emergency rooms. Ms. Keating added that the Community Services’ Seniors Department Choices for Care program has staff located in all the DuPage County hospitals that sees all patients being discharged to long term care facilities to explain home based options and their rights in the long-term care facilities.

Ms. Chaplin attended a presentation from a group against teen suicides, the Prevention Leadership Team, and recommended they speak at the Health and Human Services Committee.

15. INFORMATIONAL ITEMS

16. ADJOURNMENT
There being no further business, the meeting was adjourned at 10:53 AM.
Resolution
FI-R-0145-18

ACCEPTANCE OF A CHANGE IN GRANT TERM OF THE
ILLINOIS HOME WEATHERIZATION ASSISTANCE PROGRAM STATE GRANT FY18
COMPANY 5000 - ACCOUNTING UNIT 1490

(Under the administrative direction of
the Community Services Department)

WHEREAS, the County of DuPage heretofore accepted and appropriated the Illinois Home Weatherization Assistance Program State Grant FY18, Company 5000 - Accounting Unit 1490, pursuant to Resolution FI-R-0489-17 for the period July 1, 2017 through June 30, 2018; and

WHEREAS, the County of DuPage has been notified by the Illinois Department of commerce and Economic Opportunity that the grant may be extend to September 30, 2018.

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the expiration date of this grant be extended until September 30, 2018.

Enacted and approved this 24th day of April, 2018 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
Resolution
HHS-R-0146-18

MODIFICATION FIVE TO
COMMUNITY DEVELOPMENT COMMISSION AGREEMENT NSP08-02A

WHEREAS, the Illinois General Assembly has granted COUNTY authority to make all contracts and do all other acts in relation to the property and concerns of the county necessary to the exercise of its corporate powers (Illinois Compiled Statutes, Chapter 55, paragraphs 5/5-1005), and to enter into agreements for the purposes of receiving funds from the United States government under the Housing and Community Development Act of 1974, the National Affordable Housing Act of 1990, and the Housing and Community Development Act of 1992, and COUNTY may disburse those funds and other county funds for community development and other housing program activities (Illinois Complied Statutes, Chapter 55, paragraph 5/5-1093); and

WHEREAS, the United States government has appropriated funds for emergency assistance for the redevelopment of abandoned and foreclosed homes under Title III of the Housing and Economic Recovery Act of 2008 (HERA), to be treated as though such funds were Community Development Block Grant funds under the Housing and Community Development Act of 1974 (the “ACT”) and to be administered through the United States Department of Housing and Urban Development (“HUD”); and

WHEREAS, COUNTY has applied to HUD for HERA funds to be used for a Neighborhood Stabilization Program (NSP); and

WHEREAS, the COUNTY, as part of its application to HUD, has stated that it will select certain non-profit developers to create housing under the NSP; and

WHEREAS, DUPAGE HABITAT FOR HUMANITY, INC., an Illinois not-for-profit corporation, was selected as a developer under the NSP (DEVELOPER); and

WHEREAS, Agreement NSP08-02A was prepared requiring compliance with NSP requirements and said Agreement has been approved by DEVELOPER; and

WHEREAS, SUBGRANTEE has requested Modification Five to increase the maximum allowable median family income from 50% to 80% and said Modification request was approved by the Home Advisory Group on April 3, 2018 and the County Health & Human Services Committee on April 17, 2018.

NOW, THEREFORE, BE IT RESOLVED that Agreement NSP08-02A between COUNTY and DEVELOPER, hereby incorporated by reference, is hereby approved; and

BE IT FURTHER RESOLVED, that the Chairman of the DuPage County Board is authorized and directed to execute the attached modification Agreement NSP08-02A on behalf of DuPage County and the Clerk is hereby authorized and directed to attest to such execution and affix the official seal thereto; and
Resolution
HHS-R-0146-18

BE IT FURTHER RESOLVED that the County Clerk be directed to send one original document of this Resolution to David Neary, Executive Director, DuPage Habitat for Humanity, 1600 E. Roosevelt Road, Wheaton, IL 60187, and one certified copy to the DuPage Community Development Commission.

Enacted and approved this 24th day of April, 2018 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
TO: Robert Larsen, Chairman and Committee Members
    Health and Human Services

FROM: Mary A. Keating, Director,
    Department of Community Services

DATE: April 10, 2018

RE: Habitat for Humanity Rehabilitation Project
    NSP Project Number NSP08-02A
    5th Modification Request – Approval to Increase the Maximum Income
    Limit for an Eligible Homebuyer

Background: This item was approved by the Home Advisory Group on April 3, 2018.

Community Development Commission Agreement NSP08-02A was adopted by Resolution DC-R-0456-15 on July 14, 2015 in the amount of $180,000 to rehabilitate 148 E. Montana, Glendale Heights Illinois. The rehabilitation is complete and a new buyer has been selected by the Habitat Family Selection Committee. Habitat estimates the family will complete the required sweat equity hours and final paperwork within the next 60 days and a closing is expected to be scheduled in late April or early May.

The Habitat family entered into the program in 2017 with an annual income below 50% Area Median Income (AMI). DuPage Habitat income parameters cap participants at 60% AMI when they enter the program and allow flexibility with this cap if the family income increases above the maximum income of program parameters tied to the project or 80% AMI, whichever is lower. The Neighborhood Stabilization Program (NSP) allowed homebuyers to participate with incomes of up to 120% MFI. In the past year, the income of the Habitat family increased due to unexpected overtime income that is not expected to continue in 2018. The family’s AMI is above 50% yet remains below 80% AMI for a family of 4, which is within the Department of Housing & Urban Development’s NSP limits.

Federal Register Notice Vol. 73, No. 194 published Monday, October 6, 2008 stated that not less than 25% of the funds appropriated or otherwise made available under NSP shall be used for the purchase and redevelopment of abandoned or foreclosed homes or residential properties that will be used to house individuals or families whose incomes do not exceed 50% AMI.
If the above referenced agreement is modified, 9 out of 25, or 36% of the residential properties funded through NSP will be occupied by households with incomes at or below 50% AMI.

**Recommendation:** Home Advisory Group recommends that Project *NSP08-02A* be granted a fifth agreement modification to increase the maximum income eligibility of homebuyers from 50% to 80% time extension to March 1, 2018.
March 15, 2018

Chris Ragona
Community Development Manager
DuPage Community Development Commission
421 N. County Farm Road
Wheaton, IL 60187

Re: CDC Agreement NSP08-02A

Dear Mr. Ragona,

DuPage Habitat is requesting a modification to NSP08-02A grant for the 148 E. Montana Glendale Heights, IL 60139. The request is to allow modification of the household income to exceed the 50% Area Median Income (AMI) targeted in the grant. The Perez Family entered into the program in 2017 with an annual income of $36,833, which was below 50% for the family size at the time. DuPage Habitat income parameters cap participants at 60% when they enter the program. We allow flexibility with this cap if their income increases after acceptance to the program, as long as they don’t go above grant parameters tied to the project or 80%, whichever is lower. In the past year, due to a large one time contract awarded to his employer, Marcello Perez’s income increased to $58,005.99. This income is above 50% yet still under 80%AMI for a family of 4 that is HUDs program limits. I am including the most recent certified income eligibility calculator for your reference.

It is entirely likely that his income may adjust down in the coming year should contract conditions return to a lower employment demand by his employer or if they hire additional workers to reduce overtime.

Thank you for your consideration and review of this request for modification. If you need any additional information or have questions, feel free to contact me at 630-510-3737.

Grace and Peace,

Dave Neary
DuPage Habitat for Humanity
Executive Director
MODIFICATION FIVE TO COMMUNITY DEVELOPMENT COMMISSION AGREEMENT NSP08-02A

THIS FIFTH MODIFICATION TO AGREEMENT is entered into this __________ day of ________________, 2018 by and between the COUNTY OF DU PAGE, Illinois (hereinafter called “COUNTY”) and DUPAGE HABITAT (hereinafter called “SUBGRANTEE”). The purpose of this MODIFICATION TO AGREEMENT is to modify an existing agreement between the above parties known as Community Development Commission Agreement NSP08-2A, which was adopted by Resolution DC-R-0456-15 on July 14, 2015, to grant funding in the amount of $180,000 for the purpose of purchasing and rehabbing the property of 148 Montana Glendale Heights, Illinois 60139 (hereinafter, together with any previous modifications thereto, called “Agreement”).

In consideration of the premises of the Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree to the following modification of the terms of the Agreement.

Section II – STATEMENT OF WORK AND ELIGIBLE COSTS is hereby amended to state the following:

A. The PROPERTY shall be sold to a household whose income does not exceed (80%) of the median family income of the Chicago-Naperville-Joliet MSA as published by HUD from time to time, adjusted for family size.
IN WITNESS WHEREOF, the parties hereto have executed this Modification on the dates recited below:

COUNTY OF DU PAGE, a body politic in the State of Illinois

By: ________________________________
   Dan Cronin, Chairman
   DuPage County Board

Date: ________________________________

Attest: ________________________________

SUBGRANTEE: DuPage Habitat for Humanity

BY: ________________________________
   Signature
   Printed Name: Dave Neary
   Title: Executive Director

DATE: ________________________________

ATTEST: ________________________________
   Signature
   Printed Name: ________________________________
   Title: ________________________________
Requisition 25k and over

HHS-P-0123-18

AWARDING RESOLUTION
ISSUED TO CAREVOYANT, INCORPORATED
FOR SOFTWARE MAINTENANCE FOR THE
CAREVOYANT SOFTWARE SYSTEM AND
DATABANK ANNUAL USAGE FEE
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT: $77,817.00)

WHEREAS, an agreement has been negotiated 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 provide software maintenance for the CareVoyant software system and databank annual usage fee for the period May 1, 2018 through April 30, 2019, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that County Contract covering said for software maintenance for the CareVoyant software system and databank annual usage fee for the period May 1, 2017 through April 30, 2018, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to CareVoyant, Incorporated, 1933 North Meecham Road, Suite 600, Schaumburg, Illinois 60173, for a total contract amount not to exceed $77,817.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids.

Enacted and approved this 24th day of April, 2018 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DUPAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
# PROCUREMENT REVIEW CHECKLIST

**REQUISITION**

This form must accompany all County Purchase Requisitions.

## NEW PURCHASE ORDER REQUEST

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<th>Contract Term</th>
<th>Contract Total Amount</th>
<th>Requesting Dept.</th>
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<td>May 1, 2018 - April 30, 2019</td>
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## SOLICITATION METHOD FOR SOURCE SELECTION

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<tr>
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<tr>
<td>County Board</td>
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</table>
Procurement Review Checklist

Procurement Services Division

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

Vendor: CareVoyant, Inc.
Vendor #: 13289

Contract May 1, 2018 - April 30, 2019
Contract Total: $777,817.00

Dept: DuPage Care Center
Contact: Shauna Berman
Phone: 630-784-4261

Assigned Committee: Health and Human Services

Description of Procurement/Scope of Work/Background:
1 year software maintenance for the CareVoyant software system at the DuPage Care Center and First Databank annual usage fee for the period May 1, 2018 through April 30, 2019.

Reason for Procurement:
Provide end-user support, enhancements and upgrade installs for the CareVoyant System.

FUNDING SOURCE

☐ Procurement budgeted for (FY and budget code(s)): 1200-2000-53807

☐ Budget Transfer (Date) ____________ Addtl Information _____________________________

DECISION MEMO NOT REQUIRED

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

☐ RENEWAL, Enter Bid # ____________________________ ☐ Intergovernmental Agreement

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

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

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


DECISION MEMO REQUIRED

☐ Cooperative Procurement (DPC-107) or Government Joint Purchasing Act Procurement (30ILCS525)

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

☐ RENEWAL OF RFP # ____________________________

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

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

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

☐ OTHER THAN LOWEST RESPONSIBLE, BID # ____________________________

PREPARED BY AND APPROVAL(S) (Initials Only)

ck Apr 4, 2018

Recommended for Approval Date It Approval, if required Date
4-5-18

REVIEWED BY (Initials Only)

ZJ

4-9-18

Buyer

Procurement Officer

Chairman's Office

Chief Financial Officer

(Decision Memos Over $25,000)

Date

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

4-10-18

SM

4-13-18

4-11-18

FORM OPTIMIZED FOR ADOBE READER VERSION 9 OR LATER

Packet Pg. 19
**Purchase Requisition**

**Procurement Services Division**

---

### Send Purchase Order To:

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<th>Dept: DuPage Care Center</th>
<th>Division: Administration</th>
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<tr>
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<td>Email: <a href="mailto:shauna.berman@dupageco.org">shauna.berman@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 1933 N. Meecham Road, Suite 600</td>
<td>Address: 400 N. County Farm Road</td>
<td>Room:</td>
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<tr>
<td>City: Schaumburg</td>
<td>State: IL</td>
<td>Zip: 60173</td>
</tr>
<tr>
<td>Phone: 847-925-9148</td>
<td>Fax: 847-925-9419</td>
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</tr>
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### Send Invoices To:

<table>
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<th>Dept: DuPage Care Center</th>
<th>Division: Administration</th>
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</thead>
<tbody>
<tr>
<td>Vendor #: 13289</td>
<td>Attn: Shauna Berman</td>
<td>Email: <a href="mailto:shauna.berman@dupageco.org">shauna.berman@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 1933 N. Meecham Road, Suite 600</td>
<td>Address: 400 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>City: Schaumburg</td>
<td>State: IL</td>
<td>Zip: 60173</td>
</tr>
<tr>
<td>Phone: 847-925-9148</td>
<td>Fax: 847-925-9419</td>
<td></td>
</tr>
</tbody>
</table>

### Send Payments To:

<table>
<thead>
<tr>
<th>Vendor: CareVoyant, Inc.</th>
<th>Dept: DuPage Care Center</th>
<th>Division: Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor #: 13289</td>
<td>Attn: Shauna Berman</td>
<td>Email: <a href="mailto:shauna.berman@dupageco.org">shauna.berman@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 1933 N. Meecham Road, Suite 600</td>
<td>Address: 400 N. County Farm Road</td>
<td>Room:</td>
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<tr>
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<tr>
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<td>Fax: 847-925-9419</td>
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</tr>
</tbody>
</table>

### Ship To:

<table>
<thead>
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<tbody>
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<tr>
<td>Phone: 847-925-9148</td>
<td>Fax: 847-925-9419</td>
</tr>
</tbody>
</table>

### Payment Terms:

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

Use for PO25 only: Contract Administrator

Use for PO25 only: Christine Kliebhan

**PO 25 Delivery Date**

**Requisitioner**

**Contract Start Date**

**Contract End Date**

---

### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extension |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>1 years of software maintenance for the CareVoyant software system at the DuPage Care Center</td>
<td>1 years of software maintenance for the CareVoyant software system at the DuPage Care Center</td>
<td>1200</td>
<td>2000</td>
<td>53807</td>
<td>75,499.00</td>
<td>75,499</td>
<td></td>
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<tr>
<td>2</td>
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<td>EA</td>
<td>First Databank Annual usage fee</td>
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<td>53807</td>
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</table>

**Requisition Total**

$ 77,817

---

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

1-year maintenance program for the CareVoyant software system at the DuPage Care Center for the period May 1, 2018 through April 30, 2019. (includes end-user support, enhancements, licenses (s) and upgrade installs)

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

original RFP 11-001

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

04/17/18 HHS
Requesting Department: DuPage Care Center  
Department Contact: Shauna Berman

Contact Email: shauna.berman@dupageco.org  
Contact Phone: 630-784-4261

Vendor Name: CareVoyant, Inc.  
Vendor #: 13289

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

Purchase of a one year of annual maintenance for the CareVoyant software system at the DuPage Care center for the period May 1, 2018 through April 30, 2019.

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

The CareVoyant Electronic Health Record System was originally implemented at the DuPage Care Center in 2012 to replace previously used software. Five years of maintenance was paid for at the time, which expired on 04/30/17. Then another one year of maintenance was purchased and that will expire on 04/30/18.

DPCC initially considered purchasing another five years of maintenance, however, upon reconsideration due to performance issues with the vendor, which have since been rectified and more models being implemented, DPCC has decided to proceed with another one year maintenance agreement.

Strategic Impact

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

Financial Planning

Annual maintenance will offer end-user support, enhancements, licenses and upgrade installs.

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

P11-001

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

1) Purchase one-year of annual maintenance for the CareVoyant software system currently in use at DPCC.
2) Do not purchase one-year of annual maintenance for the CareVoyant software system currently in use at DPCC, which would leave DPCC without the benefit of end-user support, enhancements and upgrade installs.

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.

FY18: $77,817.00
**JUSTIFICATION FOR SOLE SOURCE**

(PLEASE COMPLETE AND ATTACH TO PURCHASE REQUISITION)

<table>
<thead>
<tr>
<th>REQUISITION #</th>
<th>7060 minute trak # 12422</th>
<th>DEPARTMENT</th>
<th>DuPage Care Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANUFACTURER</td>
<td></td>
<td>PRODUCT #</td>
<td></td>
</tr>
</tbody>
</table>

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

CareVoyant has already installed the Clinical and Financial Software for the DuPage Care Center. CareVoyant has analyzed and continues to collect data for the Clinical Functions of the software.

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

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

DPCC owns the Clinical and Financial module of the CareVoyant medical software that is currently installed & working at the DPCC.

**REQUESTED SOURCE**

**CONTACT**

<table>
<thead>
<tr>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
</table>

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

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

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

---

**Signature on file**

4-9-18

**DEPARTMENT APPROVAL**

4-5-18

**PURCHASING REVIEW**

Date

---

Attachment: CareVoyant, Inc. - Sole Source (HHS-P-0123-18 : CareVoyant, Inc.)
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: CareVoyant, Inc.
Company Contact: Sadasamy Pasupathy
Contact Phone: 847-425-9148
Contact Email: pasu@carevoyant.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 $25,000 or less, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within two calendar years to any incumbent county board member, county board chairman, or countywide elected official whose office the contract or contracts 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, contractors, 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</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

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

Continuing disclosure is required, and I agree to update this disclosure form as follows:

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

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

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

Authorized Signature: ____________________________
Printed Name: Sadasamy Pasupathy
Title: President
Date: 04/05/2018

Attach additional sheets if necessary. Sign each sheet and number each page. Page _______ of ________ (total number of pages)

FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER

Rev 1.1
4/1/16

Packet Pg. 23
Change Order with Resolution
HHS-CO-0006-18

AMENDMENT TO CONTRACT 2486-0001 SERV
ISSUED TO GREAT LAKES COCA-COLA DISTRIBUTION, LLC
FOR CANNED AND BOTTLED BEVERAGES TO BE SOLD
IN THE THREE (3) COUNTY CAFE'S
(EXTEND AND INCREASE CONTRACT $5,400.00)

WHEREAS, contract 2486-0001 SERV was approved by the Health and Human Service Committee on April 4, 2017; and

WHEREAS, the Health and Human Services Committee, recommends changes as stated in the Change Order Notice to increase the contract 2486-0001 SERV in the amount of $5,400.00 and extend the contract through June 30, 2018.

NOW, THEREFORE BE IT RESOLVED that County Board adopts Change Order Notice, dated April 12, 2018, to contract 2486-0001 SERV, issued to Great Lakes Coca-Cola Distribution, LLC for canned and bottled beverages to be sold in the three (3) County Cafe's, for a change order to extend the contract through June 30, 2018 and increase the contract total in the amount of $5,400.00, resulting in an amended contract total amount of $29,800.00, an increase of 22.13%.

Enacted and approved this 24th day of April, 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 #: 2486-0001 SERV
Original Purchase Order Date: May 1, 2017
Change Order #: 1
Vendor Name: Great Lakes Coca-Cola Distribution, LLC
Vendor #: 22566
Dept Contact: Mario Plata
Department: DuPage Care Center

Background and/or Reason for Change Order Request:
Contract purchase order for the purchase of canned and bottled beverages to be sold in three (3) County Cafe's for the period May 1, 2017 through April 30, 2018.
#1 Extend contract through June 30, 2018 - to allow time for proper bidding procedure
#2 Increase 1200-2025-52210 in the amount of $900.00
#3 Increase 1200-2100-52210 in the amount of $4,500.00

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.

INCREASE/DECREASE

A Starting contract value
B Net $ change for previous Change Orders
C Current contract amount (A + B)
D Amount of this Change Order
☐ Increase □ Decrease
E New contract amount (C + D)
F Percent of current contract value this Change Order represents (D / C)
G Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)

22.13%
22.13%

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: 4-20-18 to: 6-30-18
☐ Increase ≥ $2,500.00, or ≥ 10%, of current contract amount □ Funding Source 1200-2025/2100-52210
☐ OTHER - explain below:

4-12-18

cck Prepared By (Initials) 4208 Phone Ext Apr 12, 2018 Date Recommended for Approval (Initials) Phone Ext Date

REVIEWED BY (Initials Only)

Buyer

Procurement Officer

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

4-13-18

4-12-18

4-13-18

4-13-18
Date: Apr 12, 2018
MinuteTraq (IQM2) ID #: 12468
Department Requisition #: 

Requesting Department: DuPage Care Center
Department Contact: Mario Plata

Contact Email: mario.plata@dupageco.org
Contact Phone: 630-784-4416

Vendor Name: Great Lakes Coca-Cola Distribution, LLC
Vendor #: 22566

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

Extend contract purchase order through June 30, 2018 and increase encumbrance in the amount of $5,400.00 to cover purchases made during contract.

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

Contract purchase order for canned and bottled beverages to be sold in three (3) County Cafe's for the period May 1, 2018 through April 30, 2019.

Extension and increase is needed, as it has been determined between Procurement and Dining Services to bid product and will need to move forward through the proper bidding procedure.

**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.

This contract, historically, has always been treated as sole source. With being bid out, the goal is to encourage multiple vending or bottling companies to participate in the process.

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

n/a

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

1. Extend contract purchase order through June 30, 2018 and increase encumbrance in the amount of $5,400.00 to cover purchases made during contract.
2. Do not extend contract purchase order through June 30, 2018 and increase encumbrance in the amount of $5,400.00 to cover purchases made during contract, would eliminate the availability of canned and bottled beverages, thus resulting in a negative impact on revenue.

**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.

FY18 1200-2025-52210 $900.00 and 1200-2100-52210 $4,500.00
Required Vendor Ethics Disclosure Statement
Failure to complete and return this form may result in delay or cancellation of the County's Contractual Obligation.

Date: 3/22/18

Company Name: GREAT LAKES COCA-COLA
Company Contact: RICK VANDERGRAAF
Contact Phone: 636 584-3150
Contact Email: RICK.VANDERGRAAF@COCA-COLA.COM

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

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

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<th>Email</th>
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- With any request for change order except those issued by the county for administrative adjustments

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

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

Authorized Signature
SIGNATURE ON FILE

Printed Name
RICK VANDERGRAAF

Title
MDM

Date
3/22/18

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

2018-108
## PROCUREMENT REVIEW CHECKLIST
### REQUISITION
This form must accompany all County Purchase Requisitions.

### NEW PURCHASE ORDER REQUEST

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 30, 2018</td>
<td>$8,452.80</td>
<td>APRIL 18, 2018 - NOVEMBER 30, 2018</td>
<td>DUPAGE CARE CENTER</td>
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</table>

### SOLICITATION METHOD FOR SOURCE SELECTION

<table>
<thead>
<tr>
<th>Name</th>
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<th>Date and Time</th>
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<tr>
<td>Karen Graczyk</td>
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<td>03/30/2018 1:40 PM</td>
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<tr>
<td>Janelle Chadwick</td>
<td>Completed</td>
<td>03/30/2018 2:50 PM</td>
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<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>04/06/2018 9:25 AM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>04/09/2018 8:47 AM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>04/10/2018 4:49 PM</td>
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<td>Kathy Ostrowski</td>
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<tr>
<td>Health &amp; Human Services</td>
<td>Pending</td>
<td>04/17/2018 10:15 AM</td>
</tr>
</tbody>
</table>
### Procurement Review Checklist

**Procurement Services Division**

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

**Date:** Mar 27, 2018

**MinuteTraq (IQM2) ID #:** 12378

**Vendor:** Smith Medical Partners, LLC  
**Vendor #:** 19652  
**Contract April 18, 2018 - November 30, 2018**  
**Contract Total:** $8,452.80

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

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

Flucel Vax Quad MDV 5ml flu vaccines for the DuPage Care Center for the period April 18, 2018 through November 30, 2018. The Illinois Department of Public aid request nursing facilities to purchase the flu vaccine from their pharmacies, which in turn bill Medicare.

Reason for Procurement

The DuPage Care Center offers annual vaccines or influenza to it's residents as well as the staff. Vaccination is the most effective way of preventing influenza in the elderly. Staff are offered the vaccination to help prevent the transmission of influenza from staff to resident.

Dr. Dale Wagener, Pharmacist obtains quotes for better pricing.

- Procurement budgeted for (FY and budget code(s)): 1200-2065-52300
- Budget Transfer (Date)  
- Add'l Information

### DECISION MEMO NOT REQUIRED

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

### DECISION MEMO REQUIRED

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

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

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>Approval, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>cdk</td>
<td>Mar 28, 2018</td>
<td>QC</td>
<td>3/29/18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4/11/18</td>
<td>JM</td>
<td>4/9-18</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Chairman's Office</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-10-18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Purchase Requisition

**Procurement Services Division**

### Send Purchase Order To:

**Vendor:** Smith Medical Partners  
**Vendor #:** 19652-R01  
**Address:** 960 Lively Blvd.  
**City:** Wood Dale  
**State:** IL  
**Zip:** 60191  
**Phone:** 800-292-9653

---

### Send Invoices To:

**Vendor:** Smith Medical Partners  
**Vendor #:** 19652-R01  
**Address:** 960 Lively Blvd.  
**City:** Wood Dale  
**State:** IL  
**Zip:** 60191  
**Phone:** 800-292-9653

---

### Send Payments To:

**Vendor:** Smith Medical Partners  
**Vendor #:** 19652-R01  
**Address:** 960 Lively Blvd.  
**City:** Wood Dale  
**State:** IL  
**Zip:** 60191  
**Phone:** 800-292-9653

---

### Send Invoices To:

**Vendor:** Smith Medical Partners  
**Vendor #:** 19652-R01  
**Address:** 960 Lively Blvd.  
**City:** Wood Dale  
**State:** IL  
**Zip:** 60191  
**Phone:** 800-292-9653

---

### Send Payments To:

**Vendor:** Smith Medical Partners  
**Vendor #:** 19652-R01  
**Address:** 960 Lively Blvd.  
**City:** Wood Dale  
**State:** IL  
**Zip:** 60191  
**Phone:** 800-292-9653

---

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

per quotes that the Pharmacy Department obtained, as the Pharmacist belongs to the MHA group for better pricing.

---

### Header Comments:

Flu vaccines for the DuPage Care Center for the period April 18, 2018 through November 30, 2018.

---

### User Department Internal Notes:

April 17, 2018 HHS

---

### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extension |
<table>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>60</td>
<td>EA</td>
<td>Flucel Vax Quad MDV 5ml</td>
<td></td>
<td>1200</td>
<td>2085</td>
<td>52300</td>
<td></td>
<td></td>
<td>140.88</td>
<td>8,452</td>
</tr>
</tbody>
</table>
## Required Vendor Ethics Disclosure Statement

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

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>H.D. Smith Holding Co., dba Smith Medical Partners, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Contact:</td>
<td>Claudia Silva</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>1-800-292-9653 x3223</td>
</tr>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:claudia.silva@smphosp.com">claudia.silva@smphosp.com</a></td>
</tr>
</tbody>
</table>

**Bid/Contract/PO #:**

### 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>
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<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 officers or employees in relation to the contractor bid and shall update such disclosure with any changes that may occur.

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<th>Lobbyists, Agents and Representatives and all individuals who are or will be having contact with county officers or employees in relation to the contract or bid</th>
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**Continuing disclosure is required, and I agree to update this disclosure form as follows:**

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

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

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

**Authorized Signature**

**SIGNATURE ON FILE**

**Printed Name**

Cassie Richardson

**Title**

Supervisor Clinic/Physician Office Accounts

**Date**

4-5-2018

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

2018-109
## PROCUREMENT REVIEW CHECKLIST

### REQUISITION

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 29, 2018</td>
<td>$20,000.00</td>
<td>MAY 1, 2018 - APRIL 30, 2019</td>
<td>DUPAGE CARE CENTER</td>
</tr>
</tbody>
</table>

### SOLICITATION METHOD FOR SOURCE SELECTION

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Graczyk</td>
<td>Completed</td>
<td>03/29/2018 2:32 PM</td>
</tr>
<tr>
<td>Janelle Chadwick</td>
<td>Completed</td>
<td>03/29/2018 2:37 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>04/03/2018 3:11 PM</td>
</tr>
<tr>
<td>Donald Carlsen</td>
<td>Completed</td>
<td>04/03/2018 3:13 PM</td>
</tr>
<tr>
<td>Wendi Wagner</td>
<td>Completed</td>
<td>04/03/2018 3:21 PM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>04/13/2018 1:18 PM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>04/13/2018 2:16 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>04/13/2018 3:01 PM</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>Pending</td>
<td>04/17/2018 10:15 AM</td>
</tr>
<tr>
<td>Technology Committee</td>
<td>Pending</td>
<td>04/24/2018 9:00 AM</td>
</tr>
</tbody>
</table>
## Procurement Review Checklist

**Procurement Services Division**

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

### Vendor Information
- **Vendor:** JM Smith Corporation dba QS1 Data Systems
- **Vendor #:** 11439
- **Contract:** May 1, 2018 - April 30, 2019
- **Total:** $20,000.00
- **Dept:** DuPage Care Center
- **Contact:** Dale Wagener
- **Phone:** 630-784-4275
- **Assigned Committee:** Health and Human Services

### Description of Procurement/Scope of Work
The Pharmacy Department uses the QS1 Data System to electronically store prescriptions. This system keeps track of patient information, inventory, and billing. We purchase a maintenance agreement each year to keep the system up to date on pricing, clinical information, and regulatory information.

### Reason for Procurement
This software allows new prescriptions and refills quick and easy. HIPPA-compliant system makes processing claims, reporting, managing inventory, and maintaining and updating data easier. QS1 offers a range of integrated services and systems that enhance workflow and patient safety in our pharmacy while providing the comprehensive management tools necessary for better service and profitability. The DPCC Pharmacy has utilized the QS1 system since 1998 with little to no interruptions in service. The system is flexible enough to interface with new technology and is adaptable with the needs to our inpatient and outpatient needs of our Pharmacy Department.

### Funding Source
- [ ] Procurement budgeted for (FY and budget code(s)): 1200-2085-53250 & 1200-2085-53807
- [ ] Add'l Information

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

### Decision Memo Required
- [ ] Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS525)
- [ ] EXPLANATION OF REQUEST FOR PROPOSAL RFP # (include Evaluation Summary if applicable)
- [ ] RENEWAL OF RFP #
- [ ] PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 5/10/2 (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)
- **cdk**
- **Prepared By:** 3-25-18
- **Recommended for Approval:** 4-11-18
- **Revised:** 4-13-18

### Reviewed By
- **Buyer:** 4-12-18
- **Procurement Officer:** 4-13-18
- **Chief Financial Officer (Decision Memos Over $25,000):** 4-13-18

---

**FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER**
## Purchase Requisition

**Procurement Services Division**

**Date:** Mar 22, 2018

**MinuteTraq (IQM2) ID #:** 12373

**Department Req #:** 7

**RFP, Bid or Quote #:**

### Send Purchase Order To:

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Vendor #</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>JM Smith Corporation dba QS1 Data Systems</td>
<td>11439</td>
<td>PO Box 75154</td>
<td>Charlotte, NC</td>
<td>IL</td>
<td>28275</td>
<td>630-784-4275</td>
<td></td>
</tr>
</tbody>
</table>

**Attn:**

**Email:**

### Send Invoices To:

<table>
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<tr>
<th>Vendor</th>
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</tbody>
</table>

**Attn:** Dale Wagener

**Email:** dale.wagener@dupageco.org

### Send Payments To:

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Vendor #</th>
<th>Address</th>
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**Attn:**

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</tbody>
</table>

**Attn:** Dale Wagener

**Email:** dale.wagener@dupageco.org

### Ship To:

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Vendor #</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Fax</th>
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</table>

**Attn:** Dale Wagener

**Email:** dale.wagener@dupageco.org

### Payment Terms:

<table>
<thead>
<tr>
<th>Payment Terms</th>
<th>F.O.B.</th>
<th>PO 20 Delivery Date</th>
<th>Requisitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>F.O.B.</td>
<td></td>
<td></td>
<td>Christine Kliebhan</td>
</tr>
</tbody>
</table>

### Use for:

<table>
<thead>
<tr>
<th>Contract Administrator</th>
<th>Contract Start Date</th>
<th>Contract End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine Kliebhan</td>
<td>May 1, 2018</td>
<td>April 30, 2019</td>
</tr>
</tbody>
</table>

### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acct # | Sub-Accts and/or Activity # | Unit Price | Extension |
<table>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Software and software maintenance for the QS/1 Data System in the Pharmacy Department</td>
<td>1200 2085 53250</td>
<td>8,000.00</td>
<td>8,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>EA</td>
<td>Software and software maintenance for the QS/1 Data System in the Pharmacy Department</td>
<td>1200 2085 53807</td>
<td>12,000.00</td>
<td>12,000</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Requisition Total:** $20,000

### Header Comments:

Software and software maintenance for the QS/1 Data System in the Pharmacy Department for the period of May 1, 2018 through April 30, 2019. Also, to include miscellaneous other charges as necessary, per 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding.

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

### User Department Internal Notes:

April 17, 2018  HHS
REQUISITION # 7054  minute trak 12373  DEPARTMENT  DuPage Care Center
MANUFACTURER QS/1 Data Systems  PRODUCT #

DESCRIBE ITEM BEING JUSTIFIED AND ITS FUNCTION:
Pharmacy System Software maintenance, clinical update services, price update service and power line claim billing

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

REQUESTED SOURCE QS/1 Data Systems  CONTACT Debbie Hawkins
PHONE 864-253-8620  WEBSITE qs1.com

WHAT NECESSARY AND UNIQUE FEATURES DOES THIS VENDOR’S PRODUCT OR SERVICE PROVIDE WHICH ARE NOT AVAILABLE FROM OTHER VENDORS? (Please be specific)
This service is specific to the brand of pharmacy software used in the in-patient pharmacy.

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

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

DEPARTMENT APPROVAL DATE  PURCHASING REVIEW DATE
Required Vendor Ethics Disclosure Statement

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

Date: 3-22-2018

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

\[ \text{NONE} \text{ (check here) - If no contributions have been made} \]

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<th>Amount/Value</th>
<th>Date Made</th>
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\[ \text{NONE} \text{ (check here) - If no contacts have been made} \]

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

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

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

Authorized Signature

Signature on file

Printed Name

Baylor E. Horn

Title

Manager, Accounting

Date

3-22-18

Attach additional sheets if necessary. Sign each sheet and number each page. Page of (total number of pages)
Request for Change Order
Procurement Services Division
Attach copies of all prior Change Orders

Purchase Order #: 2510-0001 SERV  Original Purchase Order Date: May 1, 2017  Change Order #: 1
Department: DuPage Care Center
Vendor Name: Bottling Group LLC  Vendor #: 11614
Dept Contact: Mario Plata

Background and/or Reason for Change Order Request:
Contract purchase order for the purchase of canned and bottled beverages to be sold in three (3) County Cafe's for the period May 1, 2017 through April 30, 2018.
#1 Extend contract through June 30, 2018 - to allow time for proper bidding procedure
#2 Increase 1200-2025-52210 in the amount of $800.00
#3 Increase 1200-2100-52210 in the amount of $2,800.00

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 of the County of DuPage and authorized by law.

| A  | Starting contract value | $20,000.00 |
| B  | Net $ change for previous Change Orders | $0.00 |
| C  | Current contract amount (A + B) | $20,000.00 |
| D  | Amount of this Change Order | ☒ Increase ☐ Decrease | $3,600.00 |
| E  | New contract amount (C + D) | $23,600.00 |
| F  | Percent of current contract value this Change Order represents (D / C) | 18.00% |
| G  | Cumulative percent of all Change Orders (B+D/C); (60% maximum on construction contracts) | 18.00% |

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: 4-7-18 to: 6-30-19
☒ Increase ≥ $2,500.00, or ≥ 10%, of current contract amount ☒ Funding Source 1200-2025/2100-52210
☐ OTHER - explain below:

Prepared By (Initials)  4208  Phone Ext  Apr 12, 2018  Date
Recommended for Approval (Initials)  Phone Ext  Date

Reviewed By (Initials Only)

Buyer

Procurement Officer

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

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

Packet Pg. 39
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: Apr 12, 2018
MinuteTraq (IQM2) ID #: 12469
Department Requisition #: 

Requesting Department: DuPage Care Center
Department Contact: Mario Plata
Contact Email: mario.plata@dupageco.org
Contact Phone: 630-784-4416
Vendor Name: Bottling Group, LLC
Vendor #: 11614

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

Extend contract purchase order through June 30, 2018 and increase encumbrance in the amount of $3,600.00 to cover purchases made during contract.

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

Contract purchase order for canned and bottled beverages to be sold in three (3) County Cafe’s for the period May 1, 2018 through April 30, 2019.

Extension and increase is needed, as it has been determined between Procurement and Dining Services to bid product and will need to move forward through the proper bidding procedure.

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

Customer Service

This contract, historically, has always been treated as sole source. With being bid out, the goal is to encourage multiple vending or bottling companies to participate in the process.

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

n/a

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

1. Extend contract purchase order through June 30, 2018 and increase encumbrance in the amount of $3,600.00 to cover purchases made during contract.
2. Do not extend contract purchase order through June 30, 2018 and increase encumbrance in the amount of $3,600.00 to cover purchases made during contract, would eliminate the availability of canned and bottled beverages, thus resulting in a negative impact on revenue.

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.

FY18 1200-2025-52210 $800.00 and 1200-2100-52210 $2,800.00
The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

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

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

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

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

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

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

Authorized Signature

SIGNATURE ON FILE

Printed Name

Title

Date

Packet Pg. 41
Other Action Item

17-18-466

<table>
<thead>
<tr>
<th>Request Date: 4/9/2018</th>
<th>Account Code: 5000-1430</th>
</tr>
</thead>
</table>

Purpose of Trip: (explain fully the necessity of making the trip)
To attend the IACAA Conference, which will have weatherization sessions and roundtable devoted to upcoming program changes and new funding through the utility companies

Destination: Springfield, IL

<table>
<thead>
<tr>
<th>Date of Departure: 5/7/2018</th>
<th>Date of Return Arrival: 5/8/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please include a detailed explanation if different from official business dates)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please indicate the estimated amount for each applicable expense.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration: $400.00</td>
</tr>
<tr>
<td>Transportation: $210.00</td>
</tr>
<tr>
<td>Lodging: $140.00</td>
</tr>
<tr>
<td>Rental Car: 0</td>
</tr>
<tr>
<td>Reference Materials: 0</td>
</tr>
<tr>
<td>Meals: (Per Diems) $80.00</td>
</tr>
<tr>
<td>Total: $830.00</td>
</tr>
</tbody>
</table>

Enacted and approved this 24th day of April, 2018 at Wheaton, Illinois.

_____________________________________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
DuPage County

Grant Proposal Notification

GRANT NAME: Homeless Management Information Systems Grant PY19

GRANTING ENTITY: HUD

COUNTY DEPARTMENT: Community Services

PARENT COMMITTEE: Health and Human Services

DEPARTMENT CONTACT: Gina Stratford-Ahmed

AMOUNT REQUESTED: $154,556

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

Narrative (Purpose of grant; justification of need):
Participation in a HUD approved Homeless Management Information System is mandated by HUD for all agencies receiving federal funds through the Continuum of Care & Emergency Solutions Grant programs. DuPage County, in addition to 24 other agencies, participates in the ServicePoint System, a community-wide information management system. This grant covers licensing, software, and hardware costs associated with ServicePoint, in addition to payroll costs to fund a Homeless Management Information System Manager and a Database & Report Specialist currently on staff.

| Grant proposal submission due date (MM/DD/YYYY) | 8/30/2017 |
| Project or project phase period covered by grant: | | |
| Start Date: | Completion Date: | 9/1/2018 | 8/31/2019 |
| Year: | Duration (years) | | |
| If awarded, will this grant require the hiring of additional staff or personnel? | Yes ☐ No ☑ |
| If yes, please list: | |
| How many new positions will be created: | |
| If the grant covers salary or salary & benefits, how many years will the position(s) be retained beyond the grant closing: | 0 |
| What fund will be used to compensate personnel after the project period ends: | N/A |
| Are matching funds required? | Yes ☐ No ☑ |
| If yes, please answer the following questions: | |
| Percentage of funding required by granting agency | 20% |
| County's match amount: | (auto fill) $ 38,639.00 |
| *Department may seek additional funding in the future to provide match amount | |
| County fund that will provide the matching requirement: | 1000-1750 & 5000-1470 |
| Grant amount request | (auto fill) $154,556.00 |
| All other funding already allocated for project or project phase | |
| Total project or project phase cost | (auto fill) $193,195.00 |

☐ Please check this box if you are interested in having a grant writer prepare this grant proposal

Packet Pg. 44
Purpose of Grant: The Homeless Management Information System (HMIS) Grant is funded through the U.S. Department of Housing and Urban Development. The purpose of the grant is to help cover the licensing, software, and hardware costs associated with ServicePoint, a community-wide information management system database that is required by US HUD to be used when providing services to the homeless population. The grant also partially covers payroll costs for 1 HMIS Manager and 1 Database & Report Specialist currently on staff at the County.

Proposal Due Date: 8/30/2017  Project Period: 09/01/18 - 08/31/19

Matching Requirement: ☒ Yes  ☐ No  Explain: 20% - See Other Information

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 would be the 17th year that the grant has been awarded to DuPage County. The grant program is managed through the Department of Community Services – Gina Strafford-Ahmed, Administrator of Intake & Referral. The grant request for this formula grant is $154,556. A 20% match ($38,639) is required, which would be provided in-kind from General Fund 1000-1750, and Grant Funds 5000-1470. The total program cost would be $193,195.

For more information on the purpose of the grant and the justification of need, please see the Grant Proposal Notification Form submitted by Michelle Tunk, Finance, or Gina Strafford-Ahmed, Community Services.
DuPage County

Grant Proposal Notification

GRANT NAME: Supportive Housing Program PY19

GRANTING ENTITY: Illinois Department of Human Services

COUNTY DEPARTMENT: Community Services

PARENT COMMITTEE: Health and Human Services

DEPARTMENT CONTACT: Joan Fox

AMOUNT REQUESTED: $131,567

TYPE OF GRANT (please check): □ Competitive □ Continuation □ Formula
Narrative (Purpose of grant; justification of need):
The goal of the Supportive Housing Program is to strengthen, through supportive services, the ability of low-income individuals and families to retain permanent housing. Supportive services address the special needs that have prevented participants from achieving permanent housing within the community. Supportive services may include, but are not limited to those relating to alcohol and substance abuse, mental health, transportation, education and training.

<table>
<thead>
<tr>
<th>Grant proposal submission due date (MM/DD/YYYY)</th>
<th>3/30/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date: Completion Date:</td>
<td>7/1/2018  6/30/2019</td>
</tr>
<tr>
<td>Year: Duration (years)</td>
<td></td>
</tr>
<tr>
<td>If period is unknown, estimate the year the project or project phase will begin and anticipated duration:</td>
<td></td>
</tr>
<tr>
<td>If awarded, will this grant require the hiring of additional staff or personnel?</td>
<td>Yes [ ] No [☑]</td>
</tr>
<tr>
<td>If yes, please list:</td>
<td></td>
</tr>
<tr>
<td>How many new positions will be created:</td>
<td></td>
</tr>
<tr>
<td>If the grant covers salary or salary &amp; benefits, how many years will the position(s) be retained beyond the grant closing:</td>
<td>0</td>
</tr>
<tr>
<td>What fund will be used to compensate personnel after the project period ends:</td>
<td>N/A</td>
</tr>
<tr>
<td>Are matching funds required?</td>
<td>Yes [ ] No [☑]</td>
</tr>
<tr>
<td>If yes, please answer the following questions:</td>
<td></td>
</tr>
<tr>
<td>Percentage of funding required by granting agency</td>
<td>25%</td>
</tr>
<tr>
<td>County's match amount: (auto fill) $</td>
<td>32,892.00</td>
</tr>
<tr>
<td>*Department may seek additional funding in the future to provide match amount</td>
<td></td>
</tr>
<tr>
<td>County fund that will provide the matching requirement:</td>
<td>1000-1750</td>
</tr>
<tr>
<td>Grant amount request (auto fill) $</td>
<td>131,567.00</td>
</tr>
<tr>
<td>All other funding already allocated for project or project phase</td>
<td></td>
</tr>
<tr>
<td>Total project or project phase cost (auto fill) $</td>
<td>164,459.00</td>
</tr>
</tbody>
</table>

☐ Please check this box if you are interested in having a grant writer prepare this grant proposal.
Grant Proposal Notification Report 018-18

Submitted on: 4/10/2018                          Submitted by: Michelle Tunk, Finance

Purpose of Grant: The Supportive Housing Program PY19 Grant is funded through the Illinois Department of Human Services. The goal of the program is to assist low-income individuals and families to retain permanent housing through supportive services that address special needs that have prevented them from achieving permanent housing. Supportive services may include those relating to alcohol and substance abuse, mental health, transportation, education, and training. Grant funds would be used to cover payroll costs for a full-time case manager and to fund supportive services as stated above.

Proposal Due Date: 3/30/2018   Project Period: 07/01/18 - 06/30/19

Matching Requirement:  Yes   No   Explain:  25% FY18-FY19 1000-1750

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.): The award request is $131,567 and requires a 25% match of $32,892, for a total program cost of $164,459. The match would be funded from the Department of Community Services, Company 1000 and Accounting Unit 1750. The grant program would be managed through the Department of Community Services – Joan Fox, Administrator of Housing Supports and Self-Sufficiency.

For more information on the purpose of the grant and the justification of need, please see the Grant Proposal Notification Form submitted by Michelle Tunk, Finance or Joan Fox, Community Services.
DuPage County

Grant Proposal Notification

GRANT NAME: Homeless Prevention Program PY19

GRANTING ENTITY: Illinois Department of Human Services

COUNTY DEPARTMENT: Community Services

PARENT COMMITTEE: Health and Human Services

DEPARTMENT CONTACT: Joan Fox

AMOUNT REQUESTED: $77,110

TYPE OF GRANT (please check): □ Competitive □ Continuation □ Formula
Narrative (Purpose of grant; justification of need):
The purpose of this grant is to provide rental, mortgage, or security deposit assistance to low income families residing in DuPage County for over a one year period of time. The households will be currently homeless, at the risk of becoming homeless or previously homeless.

Grant proposal submission due date (MM/DD/YYYY) 3/30/2018

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

Project or project phase period covered by grant: 7/1/2018 - 6/30/2019

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

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

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

If yes, please list:

- Case Manager Coordinator
- Division Assistant I

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:

<table>
<thead>
<tr>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>0</td>
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</table>

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

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

Are matching funds required?

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

If yes, please answer the following questions:

Percentage of funding required by granting agency 0%

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

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

County fund that will provide the matching requirement:

Grant amount request (auto fill) $77,110.00

All other funding already allocated for project or project phase

Total project or project phase cost (auto fill) $77,110.00

☐ Please check this box if you are interested in having a grant writer prepare this grant proposal
Grant Proposal Notification Report 019-18

Submitted on: 4/10/2018 Submitted by: Michelle Tunk, Finance

Purpose of Grant: The Homeless Prevention Program PY19 Grant is funded through the Illinois Department of Human Services. The goal of the program is to assist low income DuPage County residents who are currently homeless, at risk of becoming homeless, or were previously homeless by providing rental, mortgage, or security deposit assistance. Grant funding will be used to pay for rent, mortgage, and security deposits for income-eligible clients.

Proposal Due Date: 3/30/2018 Project Period: 07/01/18 - 06/30/19

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 funding would be the 22nd year of being awarded to DuPage County. The award request is $77,110. It is managed through the Department of Community Services – Joan Fox, Administrator of Housing Supports and Self-Sufficiency.

For more information on the purpose of the grant and the justification of need, please see the Grant Proposal Notification Form submitted by Michelle Tunk, Finance or Joan Fox, Community Services.