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 17th, 2018

6. COMMUNITY SERVICES - MARY KEATING

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

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

7. DUPAGE CARE CENTER - JANELLE CHADWICK

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

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

2. HHS-P-0148-18 Recommendation for the approval of a contract purchase order to Prescription Supply, Inc., for secondary pharmaceuticals for In-House Close Shop Pharmacy for the period May 21, 2018 through May 20, 2019, for a total contract not to exceed $170,000.00, per sole responsible bid #18-067-DT.
3. HHS-P-0149-18 Recommendation for the approval of a contract purchase order to Sysco Chicago, Inc., for Primary Food Supplies and Chemicals for the DuPage Care Center Dining Services, JTK Administration Building and Judicial Office Facility Building Cafe's, for the period June 1, 2018 through May 31, 2019, for a contract total not to exceed $1,111,000.00, per sole qualified offeror per proposal #P18-045-GV.

B. DuPage Care Center Requests for Parent Committee Final Approval

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

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

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

8. TRAVEL REQUESTS - OVERNIGHT - REQUIRE COUNTY BOARD APPROVAL

A. Authorization for Overnight Travel -- Community Development Administrator to attend the Illinois Home Weatherization Assistance Program (IHWAP) Policy and Procedure Workshop in Springfield, Illinois from May 15, 2018 through May 16, 2018. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of $370.00. Weatherization grant funded 5000-1400

B. Authorization for Overnight Travel -- Community Development Assessor/Final Inspector to attend the Illinois Home Weatherization Assistance Program (IHWAP) Policy and Procedure Workshop in Springfield, Illinois from May 15, 2018 through May 16, 2018. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of $315.18. Weatherization grant funded 5000-1400

C. Authorization for Overnight Travel -- Senior Community Development Specialist to attend the annual National Conference on Ending Homelessness in Washington, DC from July 22, 2018 through July 25, 2018. Expenses to include registration, transportation, lodging, and per diems for approximate total of $2,045.00. Funded by the HUD Continuum of Care Planning grant 5000-1510
D. Authorization for Overnight Travel -- Community Services Information and Referral Coordinator to attend the Department of Commerce and Economic Opportunity (DCEO) Community Service Block Grant (CSBG) mandatory 2019 grant training in Springfield, Illinois from June 5, 2018 through June 7, 2018. Expenses to include lodging and per diem for approximate total of $300.00. CSBG grant funded.

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

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

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

9. CONSENT ITEMS

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

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

10. RESIDENCY WAIVERS - JANELLE CHADWICK

11. COMMUNITY SERVICES UPDATE - MARY KEATING

12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

13. OLD BUSINESS

14. NEW BUSINESS

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

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

3. PUBLIC COMMENT

4. CHAIRMAN'S REPORT - CHAIR LARSEN

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

5. APPROVAL OF MINUTES

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

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

 Packet Pg. 5

6. COMMUNITY SERVICES - MARY KEATING

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

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

7.  COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

Member Khouri entered at 10:18 a.m.

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

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

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

8.  DUPAGE CARE CENTER - JANELLE CHADWICK

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

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

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

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

B. DuPage Care Center Requests for Parent Committee Final Approval

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

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

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

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

9. TRAVEL REQUESTS - OVERNIGHT - REQUIRE COUNTY BOARD APPROVAL

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

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

10. RESIDENCY WAIVERS - JANELLE CHADWICK

11. COMMUNITY SERVICES UPDATE - MARY KEATING

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

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

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

13. OLD BUSINESS

14. NEW BUSINESS

15. INFORMATIONAL ITEMS

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

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

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

16. ADJOURNMENT

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

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

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

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

Enacted and approved this 22nd day of May, 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

<table>
<thead>
<tr>
<th>Purchase Order #: 2770-0001</th>
<th>Original Purchase Order Date: Jul 1, 2017</th>
<th>Change Order #: 2</th>
<th>Department: Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Name: Healthy Air Heating and Air, Inc.</td>
<td>Vendor #: 14166</td>
<td>Dept Contact: Jennifer Chan</td>
<td></td>
</tr>
</tbody>
</table>

**Background and/or Reason for Change Request:**

Increase contract by $190,154 by increasing Line 1 5000-1430-53090 17-221028 53090 by $112,194; increasing Line 2 5000-1400-53090 17-401028 53090 by $29,032, and increasing Line 3 5000-1490-53090 18-251028 53090 by $48,928. The value of the contract must be increased due to greater than expected need for architectural services for the PY18 Weatherization Program.

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

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

<table>
<thead>
<tr>
<th>INCREASE/DECREASE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A Starting contract value</td>
<td>$72,500.00</td>
</tr>
<tr>
<td>B Net $ change for previous Change Orders</td>
<td>$50,371.00</td>
</tr>
<tr>
<td>C Current contract amount (A + B)</td>
<td>$122,871.00</td>
</tr>
<tr>
<td>D Amount of this Change Order</td>
<td>Increase</td>
</tr>
<tr>
<td>E New contract amount (C + D)</td>
<td>$313,025.00</td>
</tr>
<tr>
<td>F Percent of current contract value this Change Order represents (D / C)</td>
<td>154.76%</td>
</tr>
<tr>
<td>G Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)</td>
<td>331.76%</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 $2,500.00, or ≥ 10%, of current contract amount
- [ ] Funding Source
- [ ] OTHER - explain below:

### JNC

<table>
<thead>
<tr>
<th>SJC 6459</th>
<th>4/16/18</th>
<th>MK 6459</th>
<th>4/16/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared By (Initials)</td>
<td>Phone Ext</td>
<td>Date</td>
<td>Recommended for Approval (Initials)</td>
</tr>
</tbody>
</table>

### REVIEWS BY (Initials Only)

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

<table>
<thead>
<tr>
<th>Chief Financial Officer (Decision Memos Over $25,000)</th>
<th>4/25/18</th>
<th>Chairman's Office (Decision Memos Over $25,000)</th>
<th>4-25-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>
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 greater than anticipated need for architectural services for the 2018 Weatherization Program. Contracts for mechanical services and appliances will be decreased to cover the offset.

---

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

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

---

Strategic Impact

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 low their utility bills. There is no reason not to allow eligible households to receive energy improvement assistance when we are offsetting the costs from the mechanical and appliance contracts to solve this issue.

---

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

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

Date: 7/24/2017
Bid/Contract #: 17-130-GV

Company Name: HEALTHY AIR HEATING AND AIR INC
Company Contact: PIOTR BLASZCZYK
Contact Phone: 630-927-2211
Contact Email: HEALTHYAIRING@BCCGLOBAL.NET

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

1. Every contractor, vendor or entity 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, shall provide to Procurement Services a written disclosure of all political campaign contributions made by such contractor, vendor, or entity 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, vendor or entity shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters, counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees in which the contracting person has made contributions.

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

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

Conducting disclosure as 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 the reissuance of budgetary adjustments 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/Council/OrdinancesPolicy/

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

Authorized Signature: [Signature on File]

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

Attach additional sheets if necessary. Sign each sheet and number each page. Page N/A of N/A (total number of pages).
Requisition 25k and over

HHS-P-0147-18

AWARDING RESOLUTION TO
WAREHOUSE DIRECT, INCORPORATED
FOR HAND SOAP, HAND SANITIZER, LOTION,
SHAMPOO AND BODY WASH
FOR THE DUPAGE CARE CENTER
(TOTAL CONTRACT AMOUNT: $62,639.92)

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

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

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

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

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

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

**REQUISITION**

This form must accompany all County Purchase Requisitions.

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

**SOLICITATION METHOD FOR SOURCE SELECTION**

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

- Karen Graczyk  Completed  04/17/2018 3:15 PM
- Janelle Chadwick  Completed  04/20/2018 9:50 AM
- Kathy Ostrowski  Completed  04/20/2018 5:26 PM
- James McGuire  Completed  04/23/2018 11:25 AM
- Paul Rafac  Completed  04/25/2018 9:37 AM
- Kathy Ostrowski  Completed  04/26/2018 1:02 PM
- Health & Human Services  Pending  05/01/2018 10:15 AM
- Finance Committee  Pending  05/08/2018 8:00 AM
- County Board  Pending  05/08/2018 10:00 AM
Procurement Review Checklist

Vendor #: 10068  Phone: 630-784-4273  Assigned  
Dept: DuPage Care Center  Contact: Vinit Patel  Committee: Health and Human

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

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

FUNDING SOURCE

X Procurement budgeted for (FY and budget code(s)): 1200-2035-52280

DECISION MEMO NOT REQUIRED

X LOWEST RESPONSIBLE QUOTE # or BID # 18-055-GV  (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)

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)

cdk  April 17, 2018  4/17/18
Prepared By  Recommended For Approval  Date  IT Approval, If Required  Date

REVIEWED BY (Initials Only)

Buyer  4/23/18  4-23-18
Date  Procurement Office  Date

Chief Financial Officer (Decision Memos Over $25,000)  4-25-18  Chairman's Office (Decision Memos Over $25,000)  Date
## Purchase Requisition

### Procurement Services Division

**Date:** Apr 17, 2018  
**MinuteTraq (IQM2) ID #:** 12496  
**Department Req #:** 7  
**RFP, Bid or Quote #:** 18-055

### Send Purchase Order To:
- **Vendor:** Warehouse Direct, Inc.  
  - Vendor #:  
- **Attn:** Steve Hyde  
  - Email: stevehyde@warehousedirect.com  
- **Address:** 2001 S. Mt. Prospect Road  
  - City: Des Plaines  
  - State: IL  
  - Zip: 60018  
- **Phone:** 847-631-7193  
  - Fax: 847-631-0791

### Send Invoices To:
- **Vendor:** Warehouse Direct, Inc.  
  - Vendor #:  
- **Attn:** Steve Hyde  
  - Email: stevehyde@warehousedirect.com  
- **Address:** 2001 S. Mt. Prospect Road  
  - City: Des Plaines  
  - State: IL  
  - Zip: 60018  
- **Phone:** 847-631-7193  
  - Fax: 847-631-0791

### Send Payments To:
- **Vendor:** Warehouse Direct, Inc.  
  - Vendor #:  
- **Attn:** Steve Hyde  
  - Email: stevehyde@warehousedirect.com  
- **Address:** 2001 S. Mt. Prospect Road  
  - City: Des Plaines  
  - State: IL  
  - Zip: 60018  
- **Phone:** 847-631-7193  
  - Fax: 847-631-0791

### Ship To:
- **Dept:** Convalescent Center  
  - **Division:** Environmental Services  
- **Attn:** Steve Hyde  
  - Email: stevehyde@warehousedirect.com  
- **Address:** 2001 S. Mt. Prospect Road  
  - City: Des Plaines  
  - State: IL  
  - Zip: 60018  
- **Phone:** 847-631-7193  
  - Fax: 847-631-0791

### Payment Terms
- **F.O.B.:**  
- **Destination:**  
- **PO 20 Delivery Date:**  
- **Requisitioner:** Christine Kliebhan

### Use for
- **Contract Administrator:** Christine Kliebhan
- **Contract Start Date:** May 28, 2018  
  - **Contract End Date:** May 27, 2020

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

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

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

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

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

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

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

Company Name: Warehouse Direct
Contact Phone: 847-631-7193

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

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

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

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

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

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

Authorized Signature: Steven Hyde
Printed Name: Steven Hyde
Title: Sales Rep
Date: 4/6/18

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

FORM OPTIMIZED FOR ADOBE READER VERSION 9 OR LATER

Rev 1.1
4/1/16

Bid Contract/PO #: 18-055-GV
Page 18 of 24
COUNTY OF DU PAGE, ILLINOIS

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

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

<table>
<thead>
<tr>
<th>Full Name of Bidder</th>
<th>WAREHOUSE DIRECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Business Address</td>
<td>2001 S. MT. PROSPECT RD</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>DES PLAINES IL 60018</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>847-631-7193</td>
</tr>
<tr>
<td>Fax Number</td>
<td>847-631-0791</td>
</tr>
<tr>
<td>Bid Contact Person</td>
<td>STEVE HYDE</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:STEVE.HYDE@WAREHOUSEDIRECT.COM">STEVE.HYDE@WAREHOUSEDIRECT.COM</a></td>
</tr>
</tbody>
</table>

TO: The DuPage County Procurement Services Division

The undersigned certifies that he is:

- [ ] the Owner/Sole Proprietor
- [ ] a Member of the Partnership
- [√] an Officer of the Corporation
- [ ] a Member of the Joint Venture

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

(Signature of President or Partner)

(Signature of Secretary or Partner)

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

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

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

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

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

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

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

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

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

TOTAL BID AMOUNT: $ 62,639.92
Total (in figures)
Sixty Two Thousand Six Hundred Thirty Nine Dollars and Ninety Two Cents.
(Print or Type)

DELIVERY: __5-7__ DAYS AFTER RECEIPT OF ORDER

X SIGNATURE ON FILE
(Signature and Title)

CORPORATE SEAL
(If available)

BID MUST BE SIGNED AND NOTARIZED
FOR CONSIDERATION

Subscribed and sworn to before me this 10 day of April AD, 2018

SIGNATURE ON FILE
(Notary Public)

"OFFICIAL SEAL"
DEBRA L. GORMAN
Notary Public, State of Illinois
My Commission Expires: 11-28-21
Requisition 25k and over

HHS-P-0148-18

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

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

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

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

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

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

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

**REQUISITION**

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>NEW PURCHASE ORDER REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE SUBMITTED</strong></td>
</tr>
<tr>
<td>April 17, 2018</td>
</tr>
</tbody>
</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

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

- Karen Graczyk  Completed  04/17/2018 3:47 PM
- Janelle Chadwick  Completed  04/20/2018 9:51 AM
- Kathy Ostrowski  Completed  04/20/2018 5:08 PM
- James McGuire  Completed  04/23/2018 10:15 AM
- Paul Rafac  Completed  04/25/2018 9:30 AM
- Kathy Ostrowski  Completed  04/26/2018 1:04 PM
- Health & Human Services  Pending  05/01/2018 10:15 AM
- Finance Committee  Pending  05/08/2018 8:00 AM
- County Board  Pending  05/08/2018 10:00 AM
Procurement Review Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions
Attach Required Vendor Ethics Disclosure Statement

Vendor: Prescription Supply, Inc.  
Vendor #:  
Contract: May 21, 2018 - May 20, 2019  
Contract Total: $170,000.00  
Dept: DuPage Care Center  
Contact: Dale Wagener  
Phone: 630-784-4275  
Assigned Committee: Health and Human Services

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

Reason for Procurement:  
Wholesale pharmaceuticals that have competitive pricing

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

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

Basis of Decision Memo (attach Decision Memo)
☐ EXPLANATION OF REQUEST FOR PROPOSAL RFP #  
(INCLUDE EVALUATION SUMMARY IF APPROPRIATE)
☐ 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)

Prepared By:  
Date: Apr 17, 2018  
Recommended for Approval:  
Date:  
If Approval, if required:  
Date:  

Reviewed By (Initials Only)

Buyer:  
Date: 4-23-18  
Procurement Officer:  
Date: 4-23-18

Chief Financial Officer:  
(Date (Decision Memos Over $25,000):  
Date: 4-25-18  
Chairman's Office:  
(Date (Decision Memos Over $25,000):  
Date:  

Date: Apr 17, 2018  
MinuteTraq (IQM2) ID #: 12504

Attachment: Prescription Supply - Checklist (HHS-P-0148-18 : Prescription Supply, Inc.)
## Purchase Requisition
### Procurement Services Division

**Send Purchase Order To:**
- **Vendor:** Prescription Supply, Inc.
- **Vendor #:**
- **Attn:** Elaine Polizzi
- **Email:** EPolizzi@prescriptionsupply.com
- **Address:** 2233 Tracy Road
- **City:** Northwood
- **State:** OH
- **Zip:** 43619
- **Phone:** 419-661-6600
- **Fax:** 419-661-6617

**Send Invoices To:**
- **Vendor:** Prescription Supply, Inc.
- **Vendor #:**
- **Attn:** Elaine Polizzi
- **Email:** EPolizzi@prescriptionsupply.com
- **Address:** 2233 Tracy Road
- **City:** Northwood
- **State:** OH
- **Zip:** 43619
- **Phone:** 419-661-6600
- **Fax:** 419-661-6617

**Send Payments To:**
- **Vendor:** Prescription Supply, Inc.
- **Vendor #:**
- **Attn:** Nicole Sieving
- **Email:** nsieving@prescriptionsupply.com
- **Address:** 2233 Tracy Road
- **City:** Northwood
- **State:** OH
- **Zip:** 43619
- **Phone:** 419-661-6600 x119
- **Fax:** 419-661-6617

**Ship To:**
- **Vendor:** Prescription Supply, Inc.
- **Vendor #:**
- **Attn:** Dale Wagener
- **Email:** dale.wagener@dupageco.org
- **Address:** 400 N. County Farm Road
- **City:** Wheaton
- **State:** IL
- **Zip:** 60187
- **Phone:** 630-784-4275
- **Fax:** 630-784-4275

**Payment Terms**
- **F.O.B.:**
- **PO 20 Delivery Date:**
- **Requisitioner:** Christine Kliebhan

**Use for Contract Administrator**
- **PO25 only:** Christine Kliebhan

**PO25 only**
- **PO25 only:** Christine Kliebhan

**LN** | **Qty** | **UOM** | **Item Detail (Product #)** | **Description** | **FY** | **Dept #** | **Acct Unit** | **Acct #** | **Sub-Accts and/or Activity #** | **Unit Price** | **Extension** |
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<tr>
<td>1</td>
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<td>EA</td>
<td>Secondary Pharmaceuticals for In-House Close Shop Pharmacy</td>
<td>1200</td>
<td>2085</td>
<td>52300</td>
<td>170,000.00</td>
<td>170,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Header Comments** (these comments will appear on the PO20 and PO25 Purchase Order):
Secondary Pharmaceuticals for In-House Close Shop Pharmacy for the period May 21, 2018 through May 20, 2019, for a total contract amount not to exceed $170,000.00, per bid 18-067-DT, per sole bid #18-067-DT.

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

**User Department Internal Notes** (these comments will NOT appear on the Purchase Order):
May 1, 2018 HHS  
May 8, 2018 County Board

---

**7.A.2.b**

---

**Attachment:** Prescription Supply, Inc Requisition (HHS-P-0148-18 : Prescription Supply, Inc.)
COUNTY OF DU PAGE, ILLINOIS

Required Vendor Ethics Disclosure Statement

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

Company Name: Prescription Supply, Inc.
Company Contact: Elaine Polizzi
Contact Phone: 800-777-0761 ext 219
Contact Email: EPolizzi@Prescriptionsupply.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 order to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of $25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and 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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<tr>
<th>Add</th>
<th>Recipient</th>
<th>Donor</th>
<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.

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

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

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

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

Authorized Signature

SIGNATURE ON FILE

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

Attach additional sheets if necessary. Sign each sheet and number each page. Page 1 of 1 (total number of pages)
**BID #18-067-DT**  
SECONDARY PHARMACEUTICALS  
BID OPENING DATE: APRIL 13, 2018 2:00 P.M.

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

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

INVITATIONS SENT: 7  
PLAN HOLDERS: 57  
AD DATE: 03/30/18
Requisition 25k and over

HHS-P-0149-18

ISSUED TO SYSCO CHICAGO, INCORPORATED
FOR PRIMARY SUPPLIER OF FOOD, SUPPLIES AND CHEMICALS
FOR THE DUPAGE CARE CENTER DINING SERVICES,
JTK ADMINISTRATION AND JUDICIAL OFFICE FACILITY CAFE'S
(TOTAL CONTRACT AMOUNT: $1,111,000.00)

WHEREAS, proposals have been evaluated and processed in accordance with County Board policy; and

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

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

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

________________________________
DANIEL J. CRONIN, CHAIRMAN
DUPAGE COUNTY BOARD

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

**REQUISITION**

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>NEW PURCHASE ORDER REQUEST</th>
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</tr>
<tr>
<td><strong>CONTRACT TOTAL AMOUNT</strong></td>
</tr>
</tbody>
</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

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

Karen Graczyk  
Completed 04/04/2018 3:14 PM

Janelle Chadwick  
Completed 04/06/2018 9:52 AM

Kathy Ostrowski  
Completed 04/20/2018 2:33 PM

James McGuire  
Completed 04/23/2018 5:09 PM

Paul Rafac  
Completed 04/25/2018 9:36 AM

Tom Cuculich  
Completed 04/25/2018 9:36 AM

Kathy Ostrowski  
Completed 04/27/2018 1:40 PM

Health & Human Services  
Pending 05/01/2018 10:15 AM

Finance Committee  
Pending 05/08/2018 8:00 AM

County Board  
Pending 05/08/2018 10:00 AM
# Procurement Review Checklist

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

---

**Vendor:** Sysco Chicago, Inc.

**Vendor #:**

**Contract:** June 1, 2018 - May 31, 2019

**Term:** 2019

**Contract Total:** 1,111,000

**Dept:** DuPage Care Center

**Contact:** Mario Plate

**Phone:** 630-784-4416

**Assigned Committee:** Health and Human Services

---

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

Primary Food Supplies and Chemicals for the DuPage Care Center Dining Services, 421 and 505 Campus Cafe’s for the period June 1, 2018 through May 31, 2019, per Sole Qualified Offeror per proposal P18-045-GV.

---

### Reason for Procurement

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

---

### FUNDING SOURCE

- [ ] Procurement budgeted for (FY and budget code(s)): 1200-2025/2100/52200, 52210 & 52280

- [ ] Budget Transfer (Date) ____________ Add'l Information ____________

---

### DECISION MEMO NOT REQUIRED

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

- [ ] RENEWAL, Enter Bid # ____________ Intergovernmental Agreement

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

- [ ] PER 55 ILCS 5/5-1022 ‘Competitive Bids’ (d) IT/Telecom purchases under $35,000.00 [ ] Public Utility

- [ ] PER 55 ILCS 5/5-1022 ‘Competitive Bids’ (c) not suitable for competitive bidding. Explain below:

---

### DECISION MEMO REQUIRED

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

- [x] EXPLANATION OF REQUEST FOR PROPOSAL RFP # P18-045-GV ____________ (include Evaluation Summary if applicable)

- [ ] RENEWAL of RFP # ____________

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

- [ ] OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)

- [ ] REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)

- [ ] OTHER THAN LOWEST RESPONSIBLE, BID # ____________

---

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

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>cdk</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>IT Approval, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Apr 2, 2018</td>
<td></td>
<td>4/3/18</td>
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### REVIEWED BY (Initials Only)

<table>
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<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
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<td>4/20/18</td>
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<th>Date</th>
<th>Chairman's Office</th>
<th>Date</th>
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<td>(Decision Memos Over $25,000)</td>
<td>4-25-18</td>
<td>(Decision Memos Over $25,000)</td>
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**Purchase Requisition**

**Procurement Services Division**

---

**Send Purchase Order To:**

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<tr>
<th>Vendor: Sysco Chicago, Inc.</th>
<th>Vendor #:</th>
<th>Dept: DuPage Care Center</th>
<th>Division: Dining Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn:</td>
<td>Email:</td>
<td>Attn: Mario Plata</td>
<td>Email: <a href="mailto:mario.plata@dupageco.org">mario.plata@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 250 Wieboldt Dr</td>
<td></td>
<td>Address: 400 N. County Farm Rd</td>
<td>Room:</td>
</tr>
<tr>
<td>Phone: 847-699-5447</td>
<td></td>
<td>Phone: 630-784-4416</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

**Send Invoices To:**

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<td></td>
<td>Phone: 630-784-4416</td>
<td>Fax:</td>
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**Payment Terms**

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<th>Contract End Date</th>
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<td>Christine Kliebhan</td>
<td>June 1, 2018</td>
<td>May 31, 2019</td>
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**Payment Terms**

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<tbody>
<tr>
<td></td>
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**PO 25 only**

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<th>Acct</th>
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<td>EA</td>
<td>operating supplies &amp; materials</td>
<td>operating supplies &amp; materials</td>
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<td>2025</td>
<td>52200</td>
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<td>food &amp; beverages</td>
<td>food &amp; beverages</td>
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<td>2025</td>
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<td>food &amp; beverages</td>
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<td>52280</td>
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**Requisition Total** $1,111,000

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

Primary food supplies and chemicals for the DuPage Care Center Dining Services and 421 and 505 campus cafeterias for the period June 1, 2018 through May 31, 2019, per sole qualified offeror per proposal #P18-045-GV.

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

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

May 1, 2018 HHS May 8, 2018 County Board
Action Requested - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.

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

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

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

Strategic Impact

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

Sysco Chicago, Inc. was the sole Offeror.

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

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

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

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

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

COUNTY OF DU PAGE, ILLINOIS

Required Vendor Ethics Disclosure Statement

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

Company Name: SYSCO Chicago, Inc.  
Company Contact: MARK LEE, CFO
Contact Phone: 847-699-5438  
Contact Email: lee.mark@chi.sysco.com

Date: 3/14/18
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.

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

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

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

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

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

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

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

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

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

Authorized Signature: [Signature]

Printed Name: MARK LEE
Title: VP FINANCE/CFO
Date: MARCH 10, 2018

Attach additional sheets if necessary. Sign each sheet and number each page. Page 3 of 4 (total number of pages)

Rev 1.1 4/1/16
Requisition under 25k dollars

2018-124
### 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>
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<tbody>
<tr>
<td>April 3, 2018</td>
<td>$12,500.00</td>
<td>JUNE 1, 2018 - MAY 31, 2019</td>
<td>DUPAGE CARE CENTER</td>
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**SOLICITATION METHOD FOR SOURCE SELECTION**

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

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

<table>
<thead>
<tr>
<th>Vendor: Northwestern Medicine - Central DuPage Hospital</th>
<th>Vendor #:</th>
<th>Contract Term: 6/1/18 - 5/31/19</th>
<th>Contract Total: $12,500.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: DuPage Care Center</td>
<td>Contact: Clementine Nelson</td>
<td>Phone: 630-784-4251</td>
<td>Assigned Committee: Health and Human Services</td>
</tr>
</tbody>
</table>

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

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

## FUNDING SOURCE

- [x] Procurement budgeted for (FY and budget code(s)): 1200-2050-53070
- [ ] Budget Transfer (Date) _______ Add'l Information _______

## DECISION MEMO NOT REQUIRED

- [ ] LOWEST RESPONSIBLE QUOTE # or BID # ________________ (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)
- [ ] RENEWAL, Enter Bid # _____________________________ [x] 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
- [x] 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 (30ILCS25)
- [ ] EXPLANATION OF REQUEST FOR PROPOSAL RFP # __________________ (include Evaluation Summary if applicable)
- [ ] RENEWAL OF RFP # __________________
- [ ] PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)
- [ ] OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)
- [ ] REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)
- [x] OTHER THAN LOWEST RESPONSIBLE, BID # __________________

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

- **cdk** Prepared By Mar 28, 2018
- **Jo** Recommended for Approval 3/29/18
- [ ] IT Approval, if required Date

## REVIEWED BY (Initials Only)

- **n** Buyer 4/23/18
- **m** Procurement Officer Date
- **d** Chief Financial Officer 4/25/18
- [ ] Chairman's Office Date
- **s** (Decision Memos Over $25,000) Date

---

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

**Procurement Services Division**

**Date:** Mar 29, 2018  
**MinuteTraq (IQM2) ID #:** 12404  
**Department Req #:** 7  
**RFP, Bid or Quote #:**

**Send Purchase Order To:**

<table>
<thead>
<tr>
<th>Vendor:</th>
<th>Northwestern Medicine - Central DuPage Hospital</th>
<th>Vendor #:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn:</td>
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<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>25 Winfield Road</td>
<td>City: Winfield</td>
<td>State: IL</td>
</tr>
<tr>
<td>Phone:</td>
<td>630-933-2607</td>
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</tr>
<tr>
<td>Address:</td>
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<td>City: Wheaton</td>
<td>State: IL</td>
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<td>Phone:</td>
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<td>Address:</td>
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**Ship To:**

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<thead>
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<tbody>
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<td>Email:</td>
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<tr>
<td>Address:</td>
<td>400 N. County Farm Road</td>
<td>City: Wheaton</td>
<td>State: IL</td>
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<td>Phone:</td>
<td>630-784-4251</td>
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<td>June 1, 2018</td>
<td>May 31, 2019</td>
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**PO25 only**

** Ln | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acct Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extension |
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<td>EA</td>
<td>Pass Thru Medicare Part A Costs for Services rendered to the DuPage Care Center Residents per the Approved &quot;Medicare Physician fee Schedule and/or the Proposed Median Cost per Hospital Out Patient Services&quot;</td>
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<td>53070</td>
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<td>12,500</td>
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</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.

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

**Date:** 4.9.18

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

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

**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>
</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:  
https://www.dupageco.org/CountyBoard/Policies/

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

**Authorized Signature**  
Michael Muller

**Printed Name**  
Michael Muller

**Title**  
Director, Procurement

**Date**  
4.9.18

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

2018-125
**PROCUREMENT REVIEW CHECKLIST**

**REQUISITION**

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 3, 2018</td>
<td>$16,200.00</td>
<td>JUNE 1, 2018 - MAY 31, 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 and Time</th>
</tr>
</thead>
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<tr>
<td>Karen Graczyk</td>
<td>Completed</td>
<td>04/03/2018 4:37 PM</td>
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<tr>
<td>Janelle Chadwick</td>
<td>Completed</td>
<td>04/04/2018 8:55 AM</td>
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<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>04/20/2018 5:29 PM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>04/23/2018 11:17 AM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>04/25/2018 9:41 AM</td>
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<td>Completed</td>
<td>04/26/2018 12:44 PM</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>Pending</td>
<td>05/01/2018 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

### Vendor Information
- **Vendor**: Medline Industries, Inc.
- **Vendor #:**: 10299
- **Dept**: DuPage Care Center
- **Contact**: Clementine Nelson
- **Phone**: 630-784-4251
- **Contract**: June 1, 2018 - May 31, 2019
- **Contract Total**: $16,200.00
- **Assigned Committee**: Health and Human Services

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

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

### FUNDING SOURCE
- Procurement budgeted for (FY and budget code(s)): 1200-2050-52200 and 1200-2085-52200
- Budget Transfer (Date) ___________________ Addl Information

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

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

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

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>IT Approval, if required</th>
<th>Date</th>
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<tr>
<td></td>
<td>Mar 29, 2018</td>
<td></td>
<td>3/29/18</td>
<td></td>
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### REVIEWED BY (Initials Only)

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
<td>4/23/18</td>
<td></td>
<td>4-23-18</td>
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<table>
<thead>
<tr>
<th>Chief Financial Officer</th>
<th>Date</th>
<th>Chairman's Office</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>4-25-18</td>
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</tbody>
</table>
## Purchase Requisition
**Procurement Services Division**

**Date:** Mar 29, 2018

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

**Department Req #:** 7

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

### Send Purchase Order To:
- **Vendor:** Medline Industries Inc.  Vendor #: 10299
- **Dept:** DuPage Care Center
- **Division:** Nursing/Pharmacy
- **Attn:** Marsha Corl Email: mcorl@medline.com
- **Address:** One Medline Place
- **City:** Mundelein  State: IL  Zip: 60060
- **Phone:** 866-212-2822  Fax: 847-949-2497

### Send Invoices To:
- **Vendor:** Medline Industries Inc.  Vendor #: 10299
- **Dept:** DuPage Care Center
- **Division:** Nursing/Pharmacy
- **Attn:** Clementine Nelson and Dale Wagener  Email: clementine.nelson@dupageco.org dale.wagener@dupageco.org
- **Address:** 400 N. County Farm Road  Room:
- **City:** Wheaton  State: IL  Zip: 60187
- **Phone:** 630-784-4251 and 630-784-4275  Fax:

### Send Payments To:
- **Vendor:** Medline Industries Inc.  Vendor #: 10299
- **Dept:** DuPage Care Center
- **Division:** Nursing/Pharmacy
- **Attn:** Email: rball@medline.com
- **Address:** Dept CH 14400
- **City:** Palatine  State: IL  Zip: 60055-4400
- **Phone:** 847-643-4045  Fax: 847-970-4028

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

### Payment Terms
- **PER 50 ILCS 505/1**
- **F.O.B.**
- **PO 20 Delivery Date**
- **Requisitioner**

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

### 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>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Various paper and plastics for the Nursing Department</td>
<td></td>
<td>1200</td>
<td>2050</td>
<td>52200</td>
<td></td>
<td></td>
<td>15,200.00</td>
<td>15,200</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>EA</td>
<td>Various paper and plastics for the Pharmacy Department</td>
<td></td>
<td>1200</td>
<td>2085</td>
<td>52200</td>
<td></td>
<td></td>
<td>1,000.00</td>
<td>1,000</td>
</tr>
</tbody>
</table>

### Requisition Total: $16,200.00

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

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

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

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

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

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

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

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

MEDLINE INDUSTRIES

SIGNATURE
Michael O’Ryan
DATE
3/32/18

COUNTY OF DU PAGE, ILLINOIS

SIGNATURE
Glenda Vasak
DATE
Buyer II

Packet Pg. 43
Required Vendor Ethics Disclosure Statement

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

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Medline Industries, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone</td>
<td>806-219-2829</td>
</tr>
<tr>
<td>Company Contact</td>
<td>Michael D. Ryan</td>
</tr>
<tr>
<td>Contact Email</td>
<td><a href="mailto:medline@medline.com">medline@medline.com</a></td>
</tr>
</tbody>
</table>

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

1. Every contractor, vendor, or subcontractor who 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 $50,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent County Board member, County Board Chairman, or Countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the County Board. For purposes of this disclosure requirement, “contractor or vendor” includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

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

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

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

<table>
<thead>
<tr>
<th>Add Line</th>
<th>Lobbyists, Agents and Representatives and all individuals who are or will have contact with the contractor, subcontractor or employee in any relationship to the contractor or subcontractor</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Continuing disclosure is required, and I agree to update this disclosure form as follows:
- If information changes, within five (5) days of change, or prior to county action, whichever is sooner
- 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 orders except those issued by the county for administrative adjustments

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

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

**Signature on file**

Printed Name: Michael D. Ryan

Title

Date: 3-8-2018

Attach additional sheets if necessary. Sign each sheet and number each page. Page 10 of 22. (total number of pages)
Requisition under 25k dollars

2018-126
## PROCUREMENT REVIEW CHECKLIST

### REQUISITION

This form must accompany all County Purchase Requisitions.

### NEW PURCHASE ORDER REQUEST

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 3, 2018</td>
<td>$16,800.00</td>
<td>JUNE 1, 2018 - MAY 31, 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>04/03/2018 4:38 PM</td>
</tr>
<tr>
<td>Janelle Chadwick</td>
<td>Completed</td>
<td>04/04/2018 8:55 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>04/20/2018 5:41 PM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>04/25/2018 9:06 AM</td>
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<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>04/25/2018 9:42 AM</td>
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<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>04/26/2018 12:34 PM</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>Pending</td>
<td>05/01/2018 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 29, 2018
MinuteTraq (IQM2) ID #: 12407

Vendor: EZ Way, Inc.  Contract: June 1, 2018 - May 31, 2019  Contract Total: $16,800.00
Vendor #: 11607  Term: 2019  Assigned Committee: Health and Human Services

Dept: DuPage Care Center  Contact: Clementine Nelson  Phone: 630-784-4251

Description of Procurement/Scope of Work/Background
Repair and maintenance of the EZ Way patient lifters for the period June 1, 2018 through May 31, 2019.

Reason for Procurement
The DuPage Care Center owns the patient lifters that are utilized on a daily basis to provide resident care.

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

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

DETECTION 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)

CDX 3/29/18
Prepared By  Date  Recommended for Approval  Date  IT Approval, if required  Date

REVIEWED BY (Initials Only)

Buyer  4/23/18  Procurement Officer  4/23/18
Date  Date

Chief Financial Officer  4/25/18  Chairman’s Office  4/25/18
(Decision Memos Over $25,000)  (Decision Memos Over $25,000)  Date  Date

FORM OPTIMIZED FOR ADOBE READER VERSION 9 OR LATER
Packet Pg. 47
Purchase Requisition
Procurement Services Division

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

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

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

Payment Terms
PER 50 ILCS 505/1
Use for PO25 only

F.O.B.
Destination
Contract Administrator

PO 20 Delivery Date
Contract Start Date
June 1, 2018
Contract End Date
May 31, 2019
Use for PO25 only

Requisitioner
Christine Kliebhan

Header Comments (these comments will appear on the PO20 and PO25 Purchase Order):
Repair and maintenance of the EZ Way patient lifters for the period June 1, 2018 through May 31, 2019, for a contract amount not to exceed $16,800.00, per 55 ILCS 5/5-1022 ‘Competitive Bids’ (c) not suitable for competitive bidding. Also to include miscellaneous other charges as necessary, via shipping and handling on some orders.

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

User Department Internal Notes (these comments will NOT appear on the Purchase Order):
May 1, 2018 HHS

<table>
<thead>
<tr>
<th>LN</th>
<th>Qty</th>
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<th>Item Detail (Product #)</th>
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<th>Dept #</th>
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<th>Acct #</th>
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Requisition Total $16,800
# JUSTIFICATION FOR SOLE SOURCE

(Please complete and attach to purchase requisition)

<table>
<thead>
<tr>
<th>REQUISITION #</th>
<th>7057</th>
<th>MANUFACTURER</th>
<th>EZ Way Inc.</th>
<th>DEPARTMENT</th>
<th>DuPage Care Center</th>
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<tbody>
<tr>
<td>Product #</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12407</td>
</tr>
</tbody>
</table>

### DESCRIBE ITEM BEING JUSTIFIED AND ITS FUNCTION:

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

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

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

### REQUESTED SOURCE

<table>
<thead>
<tr>
<th>EZ Way, Inc.</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE</td>
<td>800-627-8940</td>
</tr>
<tr>
<td>WEBSITE</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

N/A

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

N/A
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: EZ Way Inc
Contact Phone: 608-516-3382
Contact Email: leisha_stilwell@ezlifits.com

Packet Pg. 50

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.

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

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

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

<table>
<thead>
<tr>
<th>Lobbyists, Agents and Representatives and all individuals who are or will be having contact with county officers or employees in relation to the contract or bid</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisha Stilwell</td>
<td>608-516-3382</td>
<td><a href="mailto:leisha_stilwell@ezlifits.com">leisha_stilwell@ezlifits.com</a></td>
</tr>
</tbody>
</table>

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

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

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

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

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

Authorized Signature: Leisha Stilwell
Printed Name: Leisha Stilwell
Title: Territory Sales Manager
Date: 3-30-18

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

17-18-525

Request Date: 4/13/2018  Account Code: 5000-1400

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

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

Destination: Springfield, IL

Date of Departure: 5/15/2018  Date of Return Arrival: 5/16/2018

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

Please indicate the estimated amount for each applicable expense.

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

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

__________________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
**Other Action Item**

**17-18-526**

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

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

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

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

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

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

---

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

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

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

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
Request Date: 4/17/2018  
Account Code: 5000-1510

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

Destination: Washington, DC

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

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

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

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

_______________________________  
DANIEL J. CRONIN, CHAIRMAN  
DU PAGE COUNTY BOARD

Attest: _________________________________  
PAUL HINDS, COUNTY CLERK
Other Action Item
17-18-528

Request Date: 4/25/2018  Account Code: 5000-1650

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

Destination: Springfield, IL

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

Please indicate the estimated amount for each applicable expense.

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

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

__________________________________
DANIEL J. CRONIN, CHAIRMAN
DUPAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
Other Action Item
17-18-529

Request Date: 4/25/2018    Account Code: 5000-1650

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

Destination: Springfield, IL

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

Please indicate the estimated amount for each applicable expense.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Estimated Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>0</td>
</tr>
<tr>
<td>Transportation</td>
<td>0</td>
</tr>
<tr>
<td>Lodging</td>
<td>$200.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous Expenses (parking, mileage, etc.)</td>
<td>$225.00</td>
</tr>
<tr>
<td>Reference Materials</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$100.00</td>
</tr>
</tbody>
</table>
| Total                                      | $525.00          

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

DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: PAUL HINDS, COUNTY CLERK
**Other Action Item**

17-18-534

<table>
<thead>
<tr>
<th>Request Date:</th>
<th>4/25/2018</th>
<th>Account Code:</th>
<th>5000-1650</th>
</tr>
</thead>
</table>

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

To attend the DCEO CSBG mandatory grant training

**Destination:** Springfield, IL

<table>
<thead>
<tr>
<th>Date of Departure:</th>
<th>6/5/2018</th>
<th>Date of Return Arrival:</th>
<th>6/7/2018</th>
</tr>
</thead>
</table>

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

---

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

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

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

______________________________

DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: ____________________________

PAUL HINDS, COUNTY CLERK
Request Date: 4/26/2018  
Account Code: 5000-1650  

**Purpose of Trip:** (explain fully the necessity of making the trip)  
To take the Certified Community Action Professional (CCAP) certification exam.

Destination: Springfield, IL  

| Date of Departure: 6/19/2018 | Date of Return Arrival: 6/20/2018 | (Please include a detailed explanation if different from official business dates) |

---

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

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

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

______________________________

DANIEL J. CRONIN, CHAIRMAN  
DU PAGE COUNTY BOARD  

Attest: ________________________________

PAUL HINDS, COUNTY CLERK
## Request for Change Order

**Procurement Services Division**

*Attach copies of all prior Change Orders*

<table>
<thead>
<tr>
<th>Purchase Order #: 2772-0001</th>
<th>Original Purchase Order Date: Jul 1, 2017</th>
<th>Change Order #: 2</th>
<th>Department: Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vendor Name:</strong> Appliance, Carpet, Parts LLC D/B/A Custom Appliance &amp; Custom Carpet Wholesalers</td>
<td><strong>Vendor #: 14140</strong></td>
<td><strong>Dept Contact:</strong> Jennifer Chan</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

### INCREASE/DECREASE

| A | Starting contract value | $27,120.00 |
| B | Net $ change for previous Change Orders | $18,845.00 |
| C | Current contract amount (A + B) | $45,965.00 |
| D | Amount of this Change Order | Decrease ($24,377.00) |
| E | New contract amount (C + D) | $21,588.00 |
| F | Percent of current contract value this Change Order represents (D / C) | -53.03% |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) | -20.40% |

### 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: __________________________
- [ ] OTHER - explain below:

---

**CONSENT AGENDA**

MAY 8, 2018

*Packet Pg. 58*
Request for Change Order
Procurement Services Division

Attach copies of all prior Change Orders

Purchase Order #: 2771-0001-Serv
Original Purchase Order Date: Jul 1, 2017
Change Order #: 3

Vendor Name: Healthy Air Heating and Air, Inc.
Vendor #: 14166

Department: Community Services
Dept Contact: Jennifer Chan

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

IN ACCORDANCE WITH 720 ILCS 5/33E-9

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

INCREASE/DECREASE

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

DECISION MEMO NOT REQUIRED

☐ Cancel entire order
☐ 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 ___________________________

☐ OTHER - explain below:

[Space for explanation]

Prepared By (Initials) 6459 4/16/18 AMK 6459 4/18
Phone Ext Date Recommended for Approval (Initials) Phone Ext Date

REVIEWED BY (Initials Only)

[Signature] 4/23/18 GM 4-23-18
Buyer Date Procurement Officer Date

Chief Financial Officer (Decision Memos Over $25,000) 1APR17 P1:06
Date Chairman's Office (Decision Memos Over $25,000) 1APR17 P1:06
Date

FORM OPTIMIZED FOR ADOBE READER VERSION 9 OR LATER
DuPage County

Grant Proposal Notification

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

GRANTING ENTITY: ILDCEO

COUNTY DEPARTMENT: Community Services

PARENT COMMITTEE: HHS

DEPARTMENT CONTACT: Jennifer Chan

AMOUNT REQUESTED: $2,856,548

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

Grant proposal submission due date (MM/DD/YYYY): 4/27/2018

Start Date: 7/1/2018
Completion Date: 6/30/2019

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

If awarded, will this grant require the hiring of additional staff or personnel?
If yes, please list:
How many new positions will be created:
If the grant covers salary or salary & benefits, how many years will the position(s) be retained beyond the grant closing:
What fund will be used to compensate personnel after the project period ends:

Are matching funds required?
If yes, please answer the following questions:
Percentage of funding required by granting agency
County’s match amount: (auto fill) $ -
*Department may seek additional funding in the future to provide match amount
County fund that will provide the matching requirement:

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

All other funding already allocated for project or project phase

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

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

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

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

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

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

Matching Requirement: ☐ Yes      ☒ No    Explain: ________________________________

Headcount Requirement: ☐ Yes      ☒ No    Explain ________________________________

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

The following potential issues are noted:

1. There are no issues with this grant.

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

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