1. CALL TO ORDER
2. ROLL CALL
3. PUBLIC COMMENT
4. CHAIRMAN'S REMARKS
5. MINUTES APPROVAL

A. Animal Services Committee - Regular Meeting - Tuesday October 16th, 2018

6. PROCUREMENT REQUISITIONS

A. 2018-279 Recommendation for the approval of a contract purchase order to Animals Deserving of Proper Treatment dba A.D.O.P.T Pet Shelter to provide low cost spays/neuters, for DuPage Animal Services, for the period December 1, 2018 through November 30, 2019 for a contract total not to exceed $6,500.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids. Total contract amount will vary as it is based on FY 2018 and is dependent upon the program utilization of DuPage residents. (A Pet Population Fund (PPF) program partner)

B. 2018-280 Recommendation for the approval of a purchase order to Midwest Veterinary Partners, LLC, dba Bensenville Animal Clinic, to provide low cost spays/neuters, for DuPage Animal Services, for the period December 1, 2018 through November 30, 2019 for a contract total not to exceed $7,400.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids. Total contract amount will vary as it is based on FY 2018 spend and is dependent upon the program utilization of DuPage residents. (Pet Population Fund (PPF) program partner)

C. 2018-281 Recommendation for the approval of a purchase order to Glen Ellyn Animal Hospital, LTD, to provide low cost spays/neuters, for DuPage Animal Services, for the period December 1, 2018 through November 30, 2019 for a contract total not to exceed $13,000.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids. Total contract amount will vary as it is based on FY 2018 spend and is dependent upon the program utilization of DuPage residents. (Pet Population Fund (PPF) program partner)
D. 2018-282 Recommendation for the approval of a contract purchase order to Lombard Veterinary Hospital, to provide low cost spays/neuters for DuPage Animal Services, for the period December 1, 2018 through November 30, 2019 for a contract total not to exceed $17,600.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids. Total contract amount will vary as it is based on FY 2018 spend and is dependent upon the program utilization of DuPage residents. (A Pet Population Fund (PPF) program partner)

E. 2018-283 Recommendation for the approval of a contract purchase order to Pecoraco Veterinary Services, dba Knoll Animal Hospital to provide low cost spays/neuters, for DuPage Animal Services, for the period December 1, 2018 through November 30, 2019 for a contract total not to exceed $7,100.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids. Total contract amount will vary as it is based on FY 2018 spend and is dependent upon the program utilization of DuPage residents. (A Pet Population Fund (PPF) program partner)

F. 2018-284 Recommendation for the approval of a contract purchase order to Spay Illinois Pet Well Clinics, to provide low cost spays/neuters, for DuPage Animal Services, for the period December 1, 2018 through November 30, 2019 for a contract total not to exceed $11,300.00, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids. Total contract amount will vary as it is based on FY 2018 spend and is dependent upon the program utilization of DuPage citizens. (Pet Population Fund (PPF) program partner)

G. 2018-285 Recommendation for the approval of a contract purchase order to Cello Partnership d/b/a Verizon Wireless, for cellular wireless and data services for the DuPage County Animal Services, for the period December 1, 2018 through November 30, 2019 for a contract total not to exceed $8,000.00, Contract let pursuant to the Intergovernmental Joint Purchasing Act - State of Illinois Master Contract #CMS793372P.

H. 2018-286 Recommendation for the approval of a contract purchase order to the City of Wheaton, to provide water utility service for the DuPage Animal Services, for the period December 1, 2018 through November 30, 2019, for a contract total not to exceed $7,000.00. Public Utility.

7. OTHER ACTION ITEMS
A. Budget Transfers -- Recommendation to approve four (4) budget transfers for Animal Services 1100-1300: Transfer of funds from account no. 52000 (Equip Small Value) to account no. 52280 (Cleaning Supplies) in the total amount of $100.00 as the amount needed for FY 2018 was underestimated. Transfer of funds from account no. 54999 (New Program Requests) to account no. 52220 (Apparel) in the total amount of $3,000.00 due additional apparel required for Front Office staff and ACOs including new ACO. Transfer of funds from account no. 54999 (New Program Requests) to account no. 52320 (Medical/Dental/Lab Supplies) in the total amount of $13,000.00 as amount needed for animal care in FY 2018 was underestimated. The amount used YTD includes supplies and test kits for the Specialty Veterinary Vehicle. Going forward, supplies will be taken from Grant DAFSVV. Transfer of funds from account no. 54999 (New Program Requests) to account no. 53810 (Custodial Services) in the total amount of $8,500.00 as the amount needed for animal care in FY 2018 was underestimated.

B. Grant Proposal Notifications -- GPN #054-18 - DuPage Animal Friends Unrestricted Grant FY19 - DuPage Animal Friends - Animal Services - $50,000.00

C. Grant Proposal Notifications -- GPN #055-18 - PetSmart Charities Spay/Neuter Restricted Grant FY19 - PetSmart Charities - Animal Services - $49,785.00

D. Grant Proposal Notifications -- GPN #058-18 - DuPage Animal Friends Foundation Coordinator Grant FY19 - DuPage Animal Friends - Animal Services - $20,000.00

E. FI-R-0958-18 RESOLUTION -- Acceptance and Appropriation of the DuPage Animal Friends Foundation Coordinator FY19 Grant, Company 5000 - Accounting Unit 1310, in the amount of $20,000.00

8. ADMINISTRATIVE UPDATE

9. OLD BUSINESS

10. NEW BUSINESS

11. ADJOURNMENT
1. CALL TO ORDER

10:30 AM meeting was called to order by Chairman Brian J Krajewski at 10:30 AM.

2. ROLL CALL

PRESENT: Anderson, Eckhoff, Krajewski, Noonan, Puchalski, Wiley
ABSENT: 

3. PUBLIC COMMENT

No Public Comment

4. CHAIRMAN'S REMARKS

Chairman Krajewski let the Committee know about various puppy mill/pet store ordinance meetings along with those municipalities publicly supporting the Springfield bill SB2280. This includes but is not limited to Lisle, York Township, and Downers Grove. Dr. Barbara Hanek, Administrator Veterinarian, was invited to speak at the meetings in Lisle and Downers Grove.

5. MINUTES APPROVAL

A. Animal Services Committee - Regular Meeting - Oct 2, 2018 10:30 AM

| RESULT: | ACCEPTED [UNANIMOUS] |
| MOVER:  | Sean T Noonan, District 2 |
| SECONDER: | Kevin Wiley, District 6 |
| AYES: | Anderson, Eckhoff, Krajewski, Noonan, Puchalski, Wiley |

6. PROCUREMENT REQUISITIONS
A. AS-P-0274-18 Recommendation for the approval of a contract purchase order to Pethealth Services Inc., for new shelter database software for a five (5) year period beginning October 23, 2018, for a contract total not to exceed $243,850.00, per most qualified offeror per proposal 18-094-JM. Future required customized modules will be added via a Change Order.

RESULT: APPROVED [UNANIMOUS]
MOVER: Kevin Wiley, District 6
SECONDER: Sean T Noonan, District 2
AYES: Anderson, Eckhoff, Krajewski, Noonan, Puchalski, Wiley

7. OTHER ACTION ITEMS

A. Change Order -- Amendment to Purchase Order 2588-0001-SERV issued to IDEXX for SNAP testing kits to DuPage Animal Services to increase the encumbrance $1,750.00 resulting in an amended contract total not to exceed $9,250.00, an increase of 23.33%

RESULT: APPROVED [UNANIMOUS]
MOVER: Donald Puchalski, District 1
SECONDER: Grant Eckhoff, Vice Chair
AYES: Anderson, Eckhoff, Krajewski, Noonan, Puchalski, Wiley

B. Budget Transfers -- Recommendation to approve five (5) budget transfers for Animal Services 1100-1300: Transfer of funds from account no. 54999 (New Program Requests) to account no. 52200 (Operating Supplies) in the total amount of $7,000.00 as the amount needed for FY 2018 was underestimated. Transfer of funds from account no. 54999 (New Program Requests) to account no. 52210 (Food & Beverage) in the total amount of $1,600.00 as the amount needed for FY 2018 was underestimated. Transfer of funds from account no. 54110 (Equipment & Machinery) and account no. 54999 (New Program Requests) to account no. 53807 (Software) in the total amount of $60,900.00 for the new shelter software due to the fact that 2018 funds for the project were originally budgeted under Equip. & Mach. and transfer of funds from New Programs is required as we underestimated amount needed for the implementation phase. Transfer of funds from account no. 54999 (New Program Requests) to account no. 53830 (Other Contractual Expenses) in the total amount of $3,100.00 due to needed journal entry to allocate yearly credit card fees.

RESULT: APPROVED [UNANIMOUS]
MOVER: Sean T Noonan, District 2
SECONDER: Grant Eckhoff, Vice Chair
AYES: Anderson, Eckhoff, Krajewski, Noonan, Puchalski, Wiley
8. ADMINISTRATIVE UPDATE

Dr. Hanek updated the Committee on her recent travel to the University of IL, College of Veterinary Medicine Fall Conference. She met with the Dean and discussed collaborative initiatives between Animal Services and the College of Veterinary Medicine. One initiative is to invite senior veterinary students to the shelter who want hands on experience with shelter medicine. Another regards the lack of guidelines in shelter construction for exotic animals. Dr. Hanek would like to work with veterinarians at College of Veterinary Medicine as well as the shelter's exotic veterinarian to establish national guidelines. She also met with the USDA lead veterinarian to discuss a medical rescue/emergency response core. Member Wiley asked how Animal Services defines what is considered an exotic animal. Dr. Hanek stated that the shelter classifies species such as ferrets, reptiles, birds, etc. exotic.

Laura Flamion, Operations Manager, let the Committee know that interviews for the open Animal Control Officer position will begin next week. Staff are working with the IT Department to clean up the data in the current shelter database for migration into the new software platform approved earlier. Ms. Flamion is also talking with other Animal Control's that use this software to get a better idea of the software implementation process from the client side.

Ms. Flamion went on to inform the members that this has been a busy quarter for remittances as staff are trying to catch up so that accurate statements can be issues to the veterinarians at the end of the year. Member Anderson asked if were any staff in other County departments that may be in a slow period that could assist with the catch up. Thomas Cuculich, Chief of Staff, said that he has coordinated that in the past and can assist as needed.

9. OLD BUSINESS

Chairman Krajewski stated that the budget approved at the last Animal Services Committee Meeting (10/2) was not the one approved by the Board Chairman a few months ago. Chairman Krajewski and staff have discussed with Finance and decided that they will not go forward seeking changes to the old version unless another department also needs changes made to their budget.

10. NEW BUSINESS

No New Business

11. ADJOURNMENT

The meeting was adjourned at 10:44 AM by Chairman Krajewski.
Requisition under 25k dollars

2018-279
**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>
<th>SOLOICATION METHOD FOR SOURCE SELECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 11, 2018</td>
<td>$6,500.00</td>
<td>12/1/2018 - 11/30/2019</td>
<td>ANIMAL SERVICES COMMITTEE</td>
<td>Amanda Talsma: Completed 10/11/2018 2:07 PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Laura Flamion: Completed 10/12/2018 8:56 AM</td>
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<td></td>
<td>Kathy Ostrowski: Completed 10/15/2018 4:21 PM</td>
</tr>
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<td>James McGuire: Completed 10/17/2018 9:07 AM</td>
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<td>Paul Rafac: Completed 10/30/2018 12:17 PM</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Kathy Ostrowski: Completed 10/31/2018 3:40 PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Animal Services Committee: Pending 11/20/2018 10:30 AM</td>
</tr>
</tbody>
</table>
## Purchase Requisition

**Procurement Services Division**

### Send Purchase Order To:
- **Vendor:** ADOPT  
  **Vendor #:** 12943  
  **Attn:** Chris Stirn  
  **Email:** chris@adoptpetshelter.org  
  **Address:** 420 Industrial Dr.  
  **City:** Naperville  
  **State:** IL  
  **Zip:** 60563  
  **Phone:** 630-355-2299

### Send Invoices To:
- **Dept:** Animal Services  
  **Division:**  
  **Attn:** Carrie Rzewnicki  
  **Email:** Caroline.Rzewnicki@dupageco.org  
  **Address:** 120 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
  **Phone:** 630-407-2800  
  **Fax:** 630-407-2801

### Send Payments To:
- **Vendor:** ADOPT  
  **Vendor #:** 12943  
  **Attn:**  
  **Email:**  
  **Address:** 420 Industrial Dr.  
  **City:** Naperville  
  **State:** IL  
  **Zip:** 60563  
  **Phone:** 630-355-2299  
  **Fax:**

### Ship To:
- **Dept:** Animal Services  
  **Division:**  
  **Attn:** Carrie Rzewnicki  
  **Email:** Caroline.Rzewnicki@dupageco.org  
  **Address:** 120 N. County Farm Road  
  **Room:**  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
  **Phone:** 630-407-2800  
  **Fax:** 630-407-2801

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

### PO50 ILC5 505/1
- **Contract Administrator:**  
- **Contract Start Date:** Dec 1, 2018  
- **Contract End Date:** Nov 30, 2019  
- **Use for:** PO25 only

### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extension |
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Reimbursement for no cost spay/neuter surgery via restricted PPF account</td>
<td>19</td>
<td>1100</td>
<td>1300</td>
<td>53075</td>
<td></td>
<td></td>
<td>4,000.00</td>
<td>4,000</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>EA</td>
<td>Reimbursement for no cost vaccinations/pre-surgery exams/microchip</td>
<td>19</td>
<td>1100</td>
<td>1300</td>
<td>53070</td>
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<td></td>
<td>2,500.00</td>
<td>2,500</td>
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</table>

**Requisition Total:** $6,500

---

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

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

**User Department Internal Notes** (these comments will NOT appear on the Purchase Order):
Low Income Spay/Neuter Program

DuPage County Animal Care and Control works with local veterinarians to help families participating in the food stamp program throughout Illinois sterilize their pets. Participation in the program is voluntary. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The reimbursements will be updated to reflect the changes that we are requesting.

Reimbursement Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat Neuter</td>
<td>$150.00</td>
</tr>
<tr>
<td>Cat Spay</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Neuter</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Spay</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vaccinations/Microchip/Fecal</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Highlights of the program:

- Clients are approved for program through DCACC, and are given a voucher to bring with them to the spay/neuter appointment.
- Vaccinations, microchipping, and fecal exam are performed the day of surgery.
- Original dated invoice will be sent to DCACC for reimbursement showing a minimum of client’s name and contact information, pet’s name and information, all services performed, invoice number, date of appointment and total due for reimbursement.
- Rabies Vaccination Certificates will be sent to DCACC, along with the invoice, for issuing of rabies tag to the client (veterinary hospitals will not issue rabies tags to these clients).

Please contact DCACC at (630) 407-2800 and dial ‘0’ to speak with a staff member if you have any questions.

Sincerely,

Kelsey Thompson
Lead Intake/Adoption Client Services Coordinator
DuPage County Animal Care and Control
Low Income Spay / Neuter Program

Qualifying Residents:
The DuPage County Animal Care and Control Low Income Spay / Neuter Program is specifically designed to help DuPage County families. State mandated fees have been collected to create a Pet Population Control Fund. The state mandated criteria was designed to help families participating in the food stamp program throughout Illinois sterilize their pets. DCACC has chosen to organize this effort locally in partnership with area Veterinarians to minimize the number of unwanted litters of puppies and kittens in the community.

DCACC Involvement:
DCACC staff will answer all questions regarding the program. DCACC staff will match qualified clients / patients with area veterinarians. DCACC will provide a voucher to qualified clients to bring with them the day of the procedure to the participating veterinarian that will perform the surgery and pre-surgical work. The voucher will be valid for 6 months from the day of their program approval visit at DCACC and must be presented the day of the procedure. Duplicate vouchers will not be issued.

Veterinarian Participation:
Participation in the program by DuPage County veterinarians is voluntary. The program will be in place as long as funding is available. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The program standards are in place to ensure that uniform and high quality care is offered to patients. Veterinarians / Hospital Staff will approve all documentation provided by DCACC, to ensure client eligibility and provide pre-surgical requirements at the time of the spay / neuter appointment. Participating veterinarians will provide all of the vaccination, microchip and fecal exam requirements while funding is available. Veterinarians will perform pre-surgical blood-work including heartworm test, and FeLV/FIV test. The client will complete all hospital consent forms and typical paperwork the day of the procedure. The veterinarian may cancel or postpone the procedure due to any reason deemed necessary according to their professional judgment.

Animal Health:
Included in the program is a pre-surgical evaluation, updating of the vaccines and implantation of a microchip by the participating veterinarian. Any animal participating in the program for spay / neuter must be free of any contagious disease, and generally in good health the day of the scheduled procedure. As stated above, the veterinarian may postpone or cancel the spay / neuter procedure should an animal be deemed in poor health or without proper pre-surgical care as outlined in the program standards, or for any other reason deemed necessary according to their professional judgment.
Program Funding:
Funding for the program is from new revenue collected through animal control agencies across the state, starting in January 2006 according to Public Act 94-0639, the Illinois Public Health and Safety Animal Population Control Act (aka, “Anna’s Law”), which established a state wide low income spay / neuter program. Funds may be either used in the county of origin or made available for the statewide program. All funds raised in DuPage County, according to Anna’s Law, will be available for use in DuPage County. The program will be limited by the available funding on an annual basis, and available on a first come basis.

Procedure:
Step One: Resident must qualify for program through proof of residency and proof of currently participating in the food stamp program and receive voucher from DCACC.
Step Two: Appointment made at participating veterinary hospital.
Step Three: Pre-surgical evaluation, updated vaccines, microchip and spay / neuter Surgery.
Step Four: Veterinarian receives reimbursement according to established payment schedule. Rabies tags will be issued by DuPage County Animal Control.

Canine Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations Performed by Participating Veterinarian as needed</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-way distemper</td>
<td>Puppy series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months 3 year within past 36 months</td>
<td>Must have current rabies tag,</td>
</tr>
<tr>
<td>Bordetella</td>
<td>Within past 6 months</td>
<td>Intranasal or sub-q</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
<tr>
<td>Participating Veterinarian</td>
<td>Heartworm Test</td>
<td>Additional Comments</td>
</tr>
<tr>
<td>All pre-surgical blood-work including a heartworm test will be provided the day of the surgery</td>
<td>Within 6 months of procedure (If not current, will be included with pre-surgical blood work)</td>
<td>Proof of 12 months of year-round parasite prevention the test is not required.</td>
</tr>
</tbody>
</table>
Feline Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FVRCP (Feline distemper)</td>
<td>Kitten series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months</td>
<td>Must have current rabies tag</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian</th>
<th>FeLV/FIV Test</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-surgical blood-work including a FeLV / FIV test will be provided the day of the surgery</td>
<td>IF done within 6 months of procedure not required. (If not current, will be included with pre-surgical blood work)</td>
<td>No Additional Charge for pre-surgical blood work or FeLV/ FIV test.</td>
</tr>
</tbody>
</table>

Surgical Requirements Canine & Feline

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Surgical Examination</td>
<td>Performed by veterinarian, day of procedure</td>
<td></td>
</tr>
<tr>
<td>Pre-Surgical Blood-work including heartworm test and FeLV/FIV test</td>
<td>BUN, Creat, ALT, Alk Phos, GLU, Na, K, PCV, Heartworm Test or FeLV/FIV test. Performed by veterinarian, day of procedure</td>
<td>Additional tests may be recommended, depending on patient age and general health</td>
</tr>
<tr>
<td>IV catheterization</td>
<td>Not required</td>
<td>Used at veterinarians discretion</td>
</tr>
<tr>
<td>Standard Induction &amp; Gas Anesthesia</td>
<td>Isoflurane or Sevoflurane</td>
<td></td>
</tr>
<tr>
<td>Surgical Monitoring</td>
<td>Respiratory and cardiac monitoring</td>
<td></td>
</tr>
<tr>
<td>Pre-Operative Pain Management</td>
<td>NSAID minimally</td>
<td>Use of additional pain medications will be at the veterinarians discretion</td>
</tr>
<tr>
<td>Post-Operative Recovery</td>
<td>Under supervision of trained staff</td>
<td></td>
</tr>
<tr>
<td>Release</td>
<td>Post-Operative Instructions given to client, including emergency care information.</td>
<td>Complications will be managed by hospital providing services unless they arise after-hours</td>
</tr>
</tbody>
</table>
FREE Spay/Neuter Program

A Program for DuPage County Residents with a Valid LINK Card

Includes:
- Spay/Neuter Surgery
- Vaccinations
- Microchip

No Cost. It’s FREE!

Spay or Neuter Your Pets for FREE!

To Participate:
1. Visit the DCACC shelter anytime 8am-4pm Monday-Friday (no appointment needed)
2. Provide the following:
   - Driver’s License or Photo I.D. with Current Address
   - Most Recent Utility Bill or Lease Agreement if Current Address is not listed on I.D.
   - Valid LINK Card
   - Social Security Number
3. Schedule an appointment with one of the 10 area participating veterinarians
4. Bring your DCACC voucher & your pet to the vet hospital for their surgical appointment
5. Enjoy your pet without the worry of unwanted litters!

Questions?
Call: (630) 407-2800
Procurement Review Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions
Attach Required Vendor Ethics Disclosure Statement

<table>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: Animal Services</td>
<td>Contact: Amanda Talsma</td>
<td>Phone: x2819</td>
<td>Assigned Committee: Animal Services</td>
</tr>
</tbody>
</table>

We incur costs ranging from $250.00 - $400.00 each to offer the service of no cost spay/neuter to those DuPage County residents with a Link card. Per the State of IL, we have a restricted Pet Population Fund (PPF) that can only be used for this service. We partner with multiple veterinary hospitals/clinics to provide the vaccinations and surgery. When a citizen is given a voucher for a no cost spay/neuter, there is a list of the partner veterinarians they can choose from that will perform the surgery. ADOPT is one of our PPF partner veterinarians. There is no way for us to predetermine the volume any one veterinarian will have in a given year. The requested Contract Total is based on the YTD spend at ADOPT.

Reason for Procurement: To reimburse Bensenville Animal Clinic for their services as a PPF partner.

FUNDING SOURCE

- Procurement budgeted for (FY and budget code(s)): FY2019: 1100-1300-53075 and 1100-1300-53070, Proc Lev 120

DECISION MEMO NOT REQUIRED

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

We do not bid out our PPF partners. They come to us and agree to charge certain fees for different spay/neuter services. This program is open to any DuPage County veterinary hospital/clinic.

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)

- Prepared By: Amanda Talsma Date: 10/1/18
- Recommended for Approval Date: 10/11/18
- IT Approval, if required Date: 
- REVIEWED BY (Initials Only)

- Buyer: Date: 10/16/18
- Procurement Officer Date: 10-17-18
- Chief Financial Officer Date: 10-30-18
- (Decision Memos Over $25,000)
- Chairman's Office Date: 10-30-18
- (Decision Memos Over $25,000)

FORM OPTIMIZED FOR ADOBE READER VERSION 9 OR LATER

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: A.D.O.P.T. Pet Shelter
Contact Phone: 630-355-2299 ext 235
Company Contact: Chris Stirm
Contact Email: chris@adopptpetshelter.org

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

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

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

<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>
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</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:
http://www.dupageco.org/CountyBoard/Policies/

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

Authorized Signature  

PRINTED NAME

Chris Stirm

TITLE

Executive Director

DATE

Oct 4, 2018

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

2018-280
## 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>
<th>COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 11, 2018</td>
<td>$7,400.00</td>
<td>12/1/2018 - 11/30/2019</td>
<td>ANIMAL SERVICES</td>
<td>Committee</td>
</tr>
</tbody>
</table>

### SOLICITATION METHOD FOR SOURCE SELECTION

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Talsma</td>
<td>Completed</td>
<td>10/11/2018 2:08 PM</td>
</tr>
<tr>
<td>Laura Flamion</td>
<td>Completed</td>
<td>10/12/2018 8:56 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>10/16/2018 12:08 PM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>10/17/2018 9:08 AM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>10/30/2018 12:21 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>10/31/2018 3:25 PM</td>
</tr>
<tr>
<td>Animal Services Committee</td>
<td>Pending</td>
<td>11/20/2018 10:30 AM</td>
</tr>
</tbody>
</table>
# Purchase Requisition

**Procurement Services Division**

<table>
<thead>
<tr>
<th><strong>Send Purchase Order To:</strong></th>
<th><strong>Send Invoices To:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vendor:</strong> Midwest Veterinary Partners, LLC dba Bensenville Animal Clinic</td>
<td>Dept: Animal Services</td>
</tr>
<tr>
<td>Vendor #: 29003</td>
<td>Division:</td>
</tr>
<tr>
<td>Attn: Matthew Davis</td>
<td>Email: <a href="mailto:Matthew.Davis@midwestvetpartners.vet">Matthew.Davis@midwestvetpartners.vet</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:matthew.davis@midwestvetpartners.vet">matthew.davis@midwestvetpartners.vet</a></td>
<td></td>
</tr>
<tr>
<td>Address: 1032 West Irving Park Rd.</td>
<td></td>
</tr>
<tr>
<td>City: Bensenville</td>
<td>State: IL</td>
</tr>
<tr>
<td>Zip: 60106</td>
<td></td>
</tr>
<tr>
<td>Phone: 630-766-0620</td>
<td>Fax:</td>
</tr>
<tr>
<td>Vendor #: 29003</td>
<td>Attn: Carrie Rzewnicki</td>
</tr>
<tr>
<td>Email: <a href="mailto:Carrie.Rzewnicki@dupageco.org">Carrie.Rzewnicki@dupageco.org</a></td>
<td></td>
</tr>
<tr>
<td>Address: 120 N. County Farm Road</td>
<td></td>
</tr>
<tr>
<td>City: Wheaton</td>
<td>State: IL</td>
</tr>
<tr>
<td>Zip: 60187</td>
<td></td>
</tr>
<tr>
<td>Phone: 630-407-2800</td>
<td>Fax:</td>
</tr>
<tr>
<td>Dept: Animal Services</td>
<td>Division:</td>
</tr>
<tr>
<td>Address: 120 N. County Farm Road</td>
<td></td>
</tr>
<tr>
<td>City: Wheaton</td>
<td>State: IL</td>
</tr>
<tr>
<td>Zip: 60187</td>
<td></td>
</tr>
<tr>
<td>Phone: 630-407-2800</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

**Send Payments To:**

<table>
<thead>
<tr>
<th><strong>Ship To:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vendor:</strong> Midwest Veterinary Partners, LLC dba Bensenville Animal Clinic</td>
</tr>
<tr>
<td>Vendor #: 29003</td>
</tr>
<tr>
<td>Attn: Tina</td>
</tr>
<tr>
<td>Email: <a href="mailto:tinalmatuk@gmail.com">tinalmatuk@gmail.com</a></td>
</tr>
<tr>
<td>Address: 1032 West Irving Park Rd.</td>
</tr>
<tr>
<td>City: Bensenville</td>
</tr>
<tr>
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<tr>
<td>Zip: 60187</td>
</tr>
<tr>
<td>Phone: 630-407-2800</td>
</tr>
</tbody>
</table>

**Payment Terms**

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

**Use for**

<table>
<thead>
<tr>
<th>Contract Administrator</th>
<th>Contract Start Date</th>
<th>Contract End Date</th>
<th>Use for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Talsma</td>
<td>Dec 1, 2018</td>
<td>Nov 30, 2019</td>
<td>PO25 only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LN</th>
<th>Qty</th>
<th>UOM</th>
<th>Item Detail (Product #)</th>
<th>Description</th>
<th>FY</th>
<th>Dept #</th>
<th>Acctg Unit</th>
<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
<th>Unit Price</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Reimbursement for no cost spay/neuter surgery via restricted PPF account</td>
<td>19</td>
<td>1100</td>
<td>1300</td>
<td>53075</td>
<td></td>
<td></td>
<td>5,000.00</td>
<td>5,000</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>EA</td>
<td>Reimbursement for no cost vaccinations/pre-surgery exams/microchip</td>
<td>19</td>
<td>1100</td>
<td>1300</td>
<td>53070</td>
<td></td>
<td></td>
<td>2,400.00</td>
<td>2,400</td>
</tr>
<tr>
<td>3</td>
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</tr>
</tbody>
</table>

**Requisition Total** $7,400

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

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

**User Department Internal Notes** (these comments will NOT appear on the Purchase Order):
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**The full text for the county’s ethics and procurement policies and ordinances are available at:**
http://www.dupageco.org/CountyBoard/Policies/

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

Authorized Signature: 

**SIGNATURE ON FILE**

Printed Name: 

Matthew Davis

Title: 

CFO

Date: 

5/14/18

Attach additional sheets if necessary. Sign each sheet and number each page. Page _____ of ______ (total number of pages)
Low Income Spay/Neuter Program

DuPage County Animal Care and Control works with local veterinarians to help families participating in the food stamp program throughout Illinois sterilize their pets. Participation in the program is voluntary. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The reimbursements will be updated to reflect the changes that we are requesting.

Reimbursement Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat Neuter</td>
<td>$150.00</td>
</tr>
<tr>
<td>Cat Spay</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Neuter</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Spay</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vaccinations/Microchip/Fecal</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Highlights of the program:

- Clients are approved for program through DCACC, and are given a voucher to bring with them to the spay/neuter appointment.
- Vaccinations, microchipping, and fecal exam are performed the day of surgery.
- Original dated invoice will be sent to DCACC for reimbursement showing a minimum of client’s name and contact information, pet’s name and information, all services performed, invoice number, date of appointment and total due for reimbursement.
- Rabies Vaccination Certificates will be sent to DCACC, along with the invoice, for issuing of rabies tag to the client (veterinary hospitals will not issue rabies tags to these clients).

Please contact DCACC at (630) 407-2800 and dial ‘0’ to speak with a staff member if you have any questions.

Sincerely,

Kelsey Thompson
Lead Intake/Adoption Client Services Coordinator
DuPage County Animal Care and Control
Low Income Spay / Neuter Program

Qualifying Residents:
The DuPage County Animal Care and Control Low Income Spay / Neuter Program is specifically designed to help DuPage County families. State mandated fees have been collected to create a Pet Population Control Fund. The state mandated criteria was designed to help families participating in the food stamp program throughout Illinois sterilize their pets. DCACC has chosen to organize this effort locally in partnership with area Veterinarians to minimize the number of unwanted litters of puppies and kittens in the community.

DCACC Involvement:
DCACC staff will answer all questions regarding the program. DCACC staff will match qualified clients / patients with area veterinarians. DCACC will provide a voucher to qualified clients to bring with them the day of the procedure to the participating veterinarian that will perform the surgery and pre-surgical work. The voucher will be valid for 6 months from the day of their program approval visit at DCACC and must be presented the day of the procedure. Duplicate vouchers will not be issued.

Veterinarian Participation:
Participation in the program by DuPage County veterinarians is voluntary. The program will be in place as long as funding is available. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The program standards are in place to ensure that uniform and high quality care is offered to patients. Veterinarians / Hospital Staff will approve all documentation provided by DCACC, to ensure client eligibility and provide pre-surgical requirements at the time of the spay / neuter appointment. Participating veterinarians will provide all of the vaccination, microchip and fecal exam requirements while funding is available. Veterinarians will perform pre-surgical blood-work including heartworm test, and FeLV/FIV test. The client will complete all hospital consent forms and typical paperwork the day of the procedure. The veterinarian may cancel or postpone the procedure due to any reason deemed necessary according to their professional judgment.

Animal Health:
Included in the program is a pre-surgical evaluation, updating of the vaccines and implantation of a microchip by the participating veterinarian. Any animal participating in the program for spay / neuter must be free of any contagious disease, and generally in good health the day of the scheduled procedure. As stated above, the veterinarian may postpone or cancel the spay / neuter procedure should an animal be deemed in poor health or without proper pre-surgical care as outlined in the program standards, or for any other reason deemed necessary according to their professional judgment.
Program Funding:
Funding for the program is from new revenue collected through animal control agencies across the state, starting in January 2006 according to Public Act 94-0639, the Illinois Public Health and Safety Animal Population Control Act (aka, “Anna’s Law”), which established a state wide low income spay / neuter program. Funds may be either used in the county of origin or made available for the statewide program. All funds raised in DuPage County, according to Anna’s Law, will be available for use in DuPage County. The program will be limited by the available funding on an annual basis, and available on a first come basis.

Procedure:
Step One: Resident must qualify for program through proof of residency and proof of currently participating in the food stamp program and receive voucher from DCACC.

Step Two: Appointment made at participating veterinary hospital.

Step Three: Pre-surgical evaluation, updated vaccines, microchip and spay / neuter Surgery.

Step Four: Veterinarian receives reimbursement according to established payment schedule. Rabies tags will be issued by DuPage County Animal Control.

Canine Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations Performed by Participating Veterinarian as needed</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-way distemper</td>
<td>Puppy series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months 3 year within past 36 months</td>
<td>Must have current rabies tag,</td>
</tr>
<tr>
<td>Bordetella</td>
<td>Within past 6 months</td>
<td>Intranasal or sub-q</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian</th>
<th>Heartworm Test</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-surgical blood-work including a heartworm test will be provided the day of the surgery</td>
<td>Within 6 months of procedure (If not current, will be included with pre-surgical blood work)</td>
<td>Proof of 12 months of year-round parasite prevention the test is not required.</td>
</tr>
</tbody>
</table>
Feline Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FVRCP (Feline distemper)</td>
<td>Kitten series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months</td>
<td>Must have current rabies tag</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian FeLV/FIV Test</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-surgical blood-work including a FeLV / FIV test will be provided the day of the surgery</td>
<td>IF done within 6 months of procedure not required. (If not current, will be included with pre-surgical blood work) No Additional Charge for pre-surgical blood work or FeLV / FIV test.</td>
</tr>
</tbody>
</table>

Surgical Requirements Canine & Feline

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Surgical Examination</td>
<td>Performed by veterinarian, day of procedure</td>
<td></td>
</tr>
<tr>
<td>Pre-Surgical Blood-work including heartworm test and FeLV/FIV test</td>
<td>BUN, Creat, ALT, Alk Phos, GLU, Na, K, PCV, Heartworm Test or FeLV/FIV test. Performed by veterinarian, day of procedure</td>
<td>Additional tests may be recommended, depending on patient age and general health</td>
</tr>
<tr>
<td>IV catheterization</td>
<td>Not required</td>
<td>Used at veterinarians discretion</td>
</tr>
<tr>
<td>Standard Induction &amp; Gas Anesthesia</td>
<td>Isoflurane or Sevoflurane</td>
<td></td>
</tr>
<tr>
<td>Surgical Monitoring</td>
<td>Respiratory and cardiac monitoring</td>
<td></td>
</tr>
<tr>
<td>Pre-Operative Pain Management</td>
<td>NSAID minimally</td>
<td>Use of additional pain medications will be at the veterinarians discretion</td>
</tr>
<tr>
<td>Post-Operative Recovery</td>
<td>Under supervision of trained staff</td>
<td></td>
</tr>
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<td>Release</td>
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<td>Complications will be managed by hospital providing services unless they arise after-hours</td>
</tr>
</tbody>
</table>
FREE Spay/Neuter Program

A Program for DuPage County Residents with a Valid LINK Card

Includes:
- Spay/Neuter Surgery
- Vaccinations
- Microchip

No Cost. It’s FREE!

Spay or Neuter Your Pets for FREE!

To Participate:
1. Visit the DCACC shelter anytime 8am-4pm Monday-Friday (no appointment needed)
2. Provide the following:
   - Driver’s License or Photo I.D. with Current Address
   - Most Recent Utility Bill or Lease Agreement if Current Address is not listed on I.D.
   - Valid LINK Card
   - Social Security Number
3. Schedule an appointment with one of the 10 area participating veterinarians
4. Bring your DCACC voucher & your pet to the vet hospital for their surgical appointment
5. Enjoy your pet without the worry of unwanted litters!

Questions?
Call:
(630) 407-2800

DuPage County Animal Care & Control
120 N. County Farm Road
Wheaton, IL 60187
www.dupageco.org/animalcontrol

**Procurement Review Checklist**

**Procurement Services Division**

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

**Vendor:** Midwest Veterinary Partners LLC dba Bensenville Animal Clinic  
**Vendor #:** 29003  
**Contract Term:** 12/1/2018 - 11/30/2019  
**Contract Total:** $7,400.00

<table>
<thead>
<tr>
<th>Dept:</th>
<th>Animal Services</th>
<th>Contact:</th>
<th>Amanda Talsma</th>
<th>Phone: x2819</th>
</tr>
</thead>
</table>

**Description of Procurement/Scope of Work/Background:** We incur costs ranging from $250.00 - $400.00 each to offer the service of no cost spay/neuter to those DuPage County residents with a Link card. Per the State of IL, we have a restricted Pet Population Fund (PPF) that can only be used for this service. We partner with multiple veterinary hospitals/clinics to provide the vaccinations and surgery. When a citizen is given a voucher for a no cost spay/neuter, there is a list of the partner veterinarians they can choose from that will perform the surgery. Bensenville Animal Clinic is one of our PPF partner veterinarians. There is no way for us to predetermine the volume any one veterinarian will have in a given year. The requested Contract Total is based on the YTD spend at Bensenville Animal Clinic.

**Reason for Procurement:** To reimburse Bensenville Animal Clinic for their services as a PPF partner.

**FUNDING SOURCE**

- Procurement budgeted for (FY and budget code(s)): FY2019: 1100-1300-53075 and 1100-1300-53070, Proc Lev 120
- Budget Transfer (Date)...

**DECISION MEMO NOT REQUIRED**

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

We do not bid out our PPF partners. They come to us and agree to charge certain fees for different spay/neuter services. This program is open to any DuPage County veterinary hospital/clinic.

**DECISION MEMO REQUIRED**

- Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS5525)  
- EXPLANATION OF REQUEST FOR PROPOSAL RFP #  
- RENEWAL OF RFP #  
- PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)  
- OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)  
- REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)  
- OTHER THAN LOWEST RESPONSIBLE, BID #

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

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>IT Approval, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/14/18</td>
<td>DKA</td>
<td>10/11/18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/14/18</td>
<td></td>
<td>10-17-18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Financial Officer</th>
<th>Date</th>
<th>Chairman's Office</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10-30-18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Forms optimized for Acrobat and Adobe Reader version 9 or later**

Rev 1.8  
9/11/17

6.B.d  
Packet Pg. 26
Requisition under 25k dollars

2018-281
# Procurement Review Checklist

**Requisition**

This form must accompany all County Purchase Requisitions.

## New Purchase Order Request

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Contract Term</th>
<th>Contract Total Amount</th>
<th>Requesting Dept.</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 11, 2018</td>
<td>12/1/2018 - 11/30/2019</td>
<td>$13,000.00</td>
<td>Animal Services Committee</td>
</tr>
</tbody>
</table>

## Solicitation Method for Source Selection

- **Amanda Talsma**: Completed 10/11/2018 2:08 PM
- **Laura Flamion**: Completed 10/12/2018 8:57 AM
- **Kathy Ostrowski**: Completed 10/16/2018 11:13 AM
- **James McGuire**: Completed 10/17/2018 9:14 AM
- **Paul Rafac**: Completed 10/30/2018 12:21 PM
- **Kathy Ostrowski**: Completed 10/31/2018 3:14 PM
- **Animal Services Committee**: Pending 11/20/2018 10:30 AM
## Purchase Requisition

### Procurement Services Division

#### Date:

Oct 11, 2018

#### MinuteTraq (IQM2) ID #:

13687

#### Department Req #:


#### RFP, Bid or Quote #:


### Send Purchase Order To:

<table>
<thead>
<tr>
<th>Vendor: Glen Ellyn Animal Hospital</th>
<th>Vendor #: 11332</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Stephanie Kirk</td>
<td>Email: <a href="mailto:stephanie@glenellynvet.com">stephanie@glenellynvet.com</a></td>
</tr>
<tr>
<td>Address: 21 S. Park Blvd</td>
<td>City: Glen Ellyn</td>
</tr>
<tr>
<td>State: IL Zip: 60137</td>
<td>Phone: 630-469-7400</td>
</tr>
<tr>
<td>Send Purchase Order To:</td>
<td>Dept: Animal Services</td>
</tr>
<tr>
<td>Send Invoices To:</td>
<td>Division:</td>
</tr>
<tr>
<td>Vendor: Glen Ellyn Animal Hospital</td>
<td>Vendor #: 11332</td>
</tr>
<tr>
<td>Attn: Carrie Rzewnicki Email:</td>
<td>City: Wheaton</td>
</tr>
<tr>
<td>Phone: 630-407-2800 Fax:</td>
<td>State: IL Zip: 60187</td>
</tr>
<tr>
<td>Dept: Animal Services</td>
<td>Division:</td>
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</thead>
<tbody>
<tr>
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<td>Email: <a href="mailto:stephanie@glenellynvet.com">stephanie@glenellynvet.com</a></td>
</tr>
<tr>
<td>Address: 21 S. Park Blvd</td>
<td>City: Glen Ellyn</td>
</tr>
<tr>
<td>State: IL Zip: 60563</td>
<td>Phone: 630-469-7400</td>
</tr>
<tr>
<td>Send Payments To:</td>
<td>Dept: Animal Services</td>
</tr>
<tr>
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<td>Phone: 630-407-2800 Fax:</td>
<td>State: IL Zip: 60187</td>
</tr>
</tbody>
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### Send Invoices To:

| Attn: Carrie Rzewnicki Email:     | City: Wheaton |
| Phone: 630-407-2800 Fax:          | State: IL Zip: 60187 |

### Payment Terms

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

### Use for

<table>
<thead>
<tr>
<th>Contract Administrator</th>
<th>Contract Start Date</th>
<th>Contract End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Talsma</td>
<td>Dec 1, 2018</td>
<td>Nov 30, 2019</td>
</tr>
</tbody>
</table>

### LN Qty UOM Item Detail (Product #) Description FY Dept # Acctg Unit Acct # Sub-Accts and/or Activity # Unit Price Extension

| 1  | 1   | EA | Reimbursement for no cost spay/neuter surgery via restricted PPF account | 19 | 1100 | 1300 | 53075 | 8,900.00 | 8,900.00 |
| 2  | 1   | EA | Reimbursement for no cost vaccinations/pre-surgery exams/microchip | 19 | 1100 | 1300 | 53070 | 4,100.00 | 4,100.00 |
| 3  | EA  |    |                                                            |  |     |      |      |          |          |
| 4  | EA  |    |                                                            |  |     |      |      |          |          |
| 5  | EA  |    |                                                            |  |     |      |      |          |          |

### Requisition Total

| $ 13,000 |

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


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


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


Attachment: Glen Ellyn Animal Hospital - Purchase Requisition (2018-281 : Glen Ellyn Animal Hospital, LTD - 2019 PPF Partner)
Low Income Spay/Neuter Program

DuPage County Animal Care and Control works with local veterinarians to help families participating in the food stamp program throughout Illinois sterilize their pets. Participation in the program is voluntary. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The reimbursements will be updated to reflect the changes that we are requesting.

Reimbursement Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat Neuter</td>
<td>$150.00</td>
</tr>
<tr>
<td>Cat Spay</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Neuter</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Spay</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vaccinations/Microchip/Fecal</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Highlights of the program:

- Clients are approved for program through DCACC, and are given a voucher to bring with them to the spay/neuter appointment.
- Vaccinations, microchipping, and fecal exam are performed the day of surgery.
- Original dated invoice will be sent to DCACC for reimbursement showing a minimum of client’s name and contact information, pet’s name and information, all services performed, invoice number, date of appointment and total due for reimbursement.
- Rabies Vaccination Certificates will be sent to DCACC, along with the invoice, for issuing of rabies tag to the client (veterinary hospitals will not issue rabies tags to these clients).

Please contact DCACC at (630) 407-2800 and dial ‘0’ to speak with a staff member if you have any questions.

Sincerely,

Kelsey Thompson
Lead Intake/Adoption Client Services Coordinator
DuPage County Animal Care and Control
Low Income Spay / Neuter Program

Qualifying Residents:
The DuPage County Animal Care and Control Low Income Spay / Neuter Program is specifically designed to help DuPage County families. State mandated fees have been collected to create a Pet Population Control Fund. The state mandated criteria was designed to help families participating in the food stamp program throughout Illinois sterilize their pets. DCACC has chosen to organize this effort *locally* in partnership with area Veterinarians to minimize the number of unwanted litters of puppies and kittens in the community.

DCACC Involvement:
DCACC staff will answer all questions regarding the program. DCACC staff will match qualified clients / patients with area veterinarians. DCACC will provide a voucher to qualified clients to bring with them the day of the procedure to the participating veterinarian that will perform the surgery and pre-surgical work. The voucher will be valid for 6 months from the day of their program approval visit at DCACC and must be presented the day of the procedure. Duplicate vouchers will not be issued.

Veterinarian Participation:
Participation in the program by DuPage County veterinarians is voluntary. The program will be in place as long as funding is available. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The program standards are in place to ensure that uniform and high quality care is offered to patients. Veterinarians / Hospital Staff will approve all documentation provided by DCACC, to ensure client eligibility and provide pre-surgical requirements at the time of the spay / neuter appointment. Participating veterinarians will provide all of the vaccination, microchip and fecal exam requirements while funding is available. Veterinarians will perform pre-surgical blood-work including heartworm test, and FeLV/FIV test. The client will complete all hospital consent forms and typical paperwork the day of the procedure. The veterinarian may cancel or postpone the procedure due to any reason deemed necessary according to their professional judgment.

Animal Health:
Included in the program is a pre-surgical evaluation, updating of the vaccines and implantation of a microchip by the participating veterinarian. Any animal participating in the program for spay / neuter must be free of any contagious disease, and generally in good health the day of the scheduled procedure. As stated above, the veterinarian may postpone or cancel the spay / neuter procedure should an animal be deemed in poor health or without proper pre-surgical care as outlined in the program standards, or for any other reason deemed necessary according to their professional judgment.
Program Funding:
Funding for the program is from new revenue collected through animal control agencies across the state, starting in January 2006 according to Public Act 94-0639, the Illinois Public Health and Safety Animal Population Control Act (aka, “Anna’s Law”), which established a state wide low income spay / neuter program. Funds may be either used in the county of origin or made available for the statewide program. All funds raised in DuPage County, according to Anna’s Law, will be available for use in DuPage County. The program will be limited by the available funding on an annual basis, and available on a first come basis.

Procedure:
Step One: Resident must qualify for program through proof of residency and proof of currently participating in the food stamp program and receive voucher from DCACC.

Step Two: Appointment made at participating veterinary hospital.

Step Three: Pre-surgical evaluation, updated vaccines, microchip and spay / neuter Surgery.

Step Four: Veterinarian receives reimbursement according to established payment schedule. Rabies tags will be issued by DuPage County Animal Control.

Canine Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations Performed by Participating Veterinarian as needed</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-way distemper</td>
<td>Puppy series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months 3 year within past 36 months</td>
<td>Must have current rabies tag,</td>
</tr>
<tr>
<td>Bordetella</td>
<td>Within past 6 months</td>
<td>Intranasal or sub-q</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian Heartworm Test</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-surgical blood-work including a heartworm test will be provided the day of the surgery</td>
<td>Within 6 months of procedure (If not current, will be included with pre-surgical blood work)</td>
</tr>
<tr>
<td></td>
<td>Proof of 12 months of year-round parasite prevention the test is not required.</td>
</tr>
</tbody>
</table>
Feline Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

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<th>Time Period</th>
<th>Additional Comments</th>
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</thead>
<tbody>
<tr>
<td>FVRCP (Feline distemper)</td>
<td>Kitten series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months 3 year within past 36 months</td>
<td>Must have current rabies tag</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian</th>
<th>FeLV/FIV Test</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-surgical blood-work including a FeLV / FIV test will be provided the day of the surgery</td>
<td>IF done within 6 months of procedure not required. (If not current, will be included with pre-surgical blood work)</td>
<td>No Additional Charge for pre-surgical blood work or FeLV/ FIV test.</td>
</tr>
</tbody>
</table>

Surgical Requirements Canine & Feline

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Surgical Examination</td>
<td>Performed by veterinarian, day of procedure</td>
<td></td>
</tr>
<tr>
<td>Pre-Surgical Blood-work including heartworm test and FeLV/FIV test</td>
<td>BUN, Creat, ALT, Alk Phos, GLU, Na, K, PCV, Heartworm Test or FeLV/FIV test. Performed by veterinarian, day of procedure</td>
<td>Additional tests may be recommended, depending on patient age and general health</td>
</tr>
<tr>
<td>IV catheterization</td>
<td>Not required</td>
<td>Used at veterinarians discretion</td>
</tr>
<tr>
<td>Standard Induction &amp; Gas Anesthesia</td>
<td>Isoflurane or Sevoflurane</td>
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FREE Spay/Neuter Program

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Includes:
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- Vaccinations
- Microchip

No Cost. It’s FREE!

To Participate:
1. Visit the DCACC shelter anytime 8am-4pm Monday-Friday (no appointment needed)
2. Provide the following:
   - Driver’s License or Photo I.D. with Current Address
   - Most Recent Utility Bill or Lease Agreement if Current Address is not listed on I.D.
   - Valid LINK Card
   - Social Security Number
3. Schedule an appointment with one of the 10 area participating veterinarians
4. Bring your DCACC voucher & your pet to the vet hospital for their surgical appointment
5. Enjoy your pet without the worry of unwanted litters!

Questions? Call: (630) 407-2800
### Procurement Review Checklist

**Procurement Services Division**

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

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<td>Contact: Amanda Talsma</td>
<td>Phone: x2819</td>
<td>Assigned Committee: Animal Services</td>
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**Description of Procurement/Scope of Work/Background**

We incur costs ranging from $250.00 - $400.00 each to offer the service of no cost spay/neuter to those DuPage County residents with a Link card. Per the State of IL, we have a restricted Pet Population Fund (PPF) that can only be used for this service. We partner with multiple veterinary hospitals/clinics to provide the vaccinations and surgery. When a citizen is given a voucher for a no cost spay/neuter, there is a list of the partner veterinarians they can choose from to perform the surgery. Glen Ellyn Animal Hospital is one of our PPF partner veterinarians. There is no way for us to predetermine the volume any one veterinarian will have in a given year. The requested Contract Total is based on the YTD spend at Glen Ellyn Animal Hospital.

**Reason for Procurement**

To reimburse Glen Ellyn Animal Hospital for their services as a PPF partner.

**FUNDING SOURCE**

- Procurement budgeted for (FY and budget code(s)): FY2019: 1100-1300-53075 and 1100-1300-53070, Proc Lev 120
- Budget Transfer (Date) ____________________ Add'l Information ____________________

**DECISION MEMO NOT REQUIRED**

- LOWEST RESPONSIBLE QUOTE # or BID # ____________________ (QUOTE < $25,000, BID ≥ $25,000; attach Tabulation)
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- SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
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- Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS525)
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- RENEWAL OF RFP # ____________________
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- 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 10/11/18
Recommended for Approval ____________________ Date 10/11/18
IT Approval, if required ____________________ Date

**REVIEWED BY (Initials Only)**

Buyer ____________________ Date 10/14/18
Procurement Officer ____________________ Date 10-17-18

Chief Financial Officer (Decision Memos Over $25,000) ____________________ Date 10-30-18
Chairman's Office (Decision Memos Over $25,000) ____________________ Date
Required Vendor Ethics Disclosure Statement

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

Date: 10/10/18

Company Name: Glen Ellyn Animal Hospital
Company Contact: Stephanie Kirk
Contact Phone: 630-469-3700
Contact Email: contact@glenallyonvet.com

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature:

SIGNATURE ON FILE

Printed Name: Stephanie Kirk
Title: HR Director
Date: 10/10/18

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

2018-282
## 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>October 11, 2018</td>
<td>$17,600.00</td>
<td>12/1/2018 - 11/30/2019</td>
<td>ANIMAL SERVICES COMMITTEE</td>
</tr>
</tbody>
</table>

### SOLICITATION METHOD FOR SOURCE SELECTION

- Amanda Talsma: Completed 10/11/2018 2:09 PM
- Laura Flamion: Completed 10/12/2018 8:57 AM
- Kathy Ostrowski: Completed 10/16/2018 10:28 AM
- James McGuire: Completed 10/17/2018 9:15 AM
- Paul Rafac: Completed 10/30/2018 12:22 PM
- Kathy Ostrowski: Completed 10/31/2018 3:08 PM
- Animal Services Committee: Pending 11/20/2018 10:30 AM
**Purchase Requisition**
Procurement Services Division

**Send Purchase Order To:**
Vendor: Lombard Veterinary Hospital  
Vendor #: 10375  
Attn: Jeanne Davis  
Email: j.davis@lombardvet.com  
Address: 244 E. St. Charles Road  
City: Lombard  
State: IL  
Zip: 60148  
Phone: 630-627-7090  
Fax: 630-627-7096

**Send Invoices To:**
Vendor: Lombard Veterinary Hospital  
Vendor #: 10375  
Attn: Carrie Rzewnicki  
Email: Caroline.Rzewnicki@dupageco.org  
Address: 120 N. County Farm Road  
City: Wheaton  
State: IL  
Zip: 60187  
Phone: 630-407-2800  
Fax: 630-407-2801

**Send Payments To:**
Vendor: Lombard Veterinary Hospital  
Vendor #: 10375  
Attn: Jeanne Davis  
Email: j.davis@lombardvet.com  
Address: 244 E. St. Charles Road  
City: Lombard  
State: IL  
Zip: 60148  
Phone: 630-627-7090  
Fax: 630-627-7096

**Ship To:**
Vendor: Lombard Veterinary Hospital  
Vendor #: 10375  
Attn: Carrie Rzewnicki  
Email: Caroline.Rzewnicki@dupageco.org  
Address: 120 N. County Farm Road  
City: Wheaton  
State: IL  
Zip: 60187  
Phone: 630-407-2800  
Fax: 630-407-2801

**Payment Terms**
PER 50 ILCS 505/1

<table>
<thead>
<tr>
<th>LN</th>
<th>Qty</th>
<th>UOM</th>
<th>Item Detail (Product #)</th>
<th>Description</th>
<th>FY</th>
<th>Dept #</th>
<th>Acct Unit</th>
<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
<th>Unit Price</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Reimbursement for no cost spay/neuter surgery via restricted PPF account</td>
<td>19</td>
<td>1100</td>
<td>1300</td>
<td>53075</td>
<td></td>
<td></td>
<td>12,200.00</td>
<td>12,200</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>EA</td>
<td>Reimbursement for no cost vaccinations/pre-surgery exams/microchip</td>
<td>19</td>
<td>1100</td>
<td>1300</td>
<td>53070</td>
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<td></td>
<td>5,400.00</td>
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<td>EA</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Requisition Total** $ 17,600

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

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

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

Attachment: Lombard Veterinary Hospital - Purchase Requisition (2018-282 : Lombard Veterinary Hospital - 2019 PPF Partner)

Packet Pg. 39
Low Income Spay/Neuter Program

DuPage County Animal Care and Control works with local veterinarians to help families participating in the food stamp program throughout Illinois sterilize their pets. Participation in the program is voluntary. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The reimbursements will be updated to reflect the changes that we are requesting.

**Reimbursement Schedule**

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat Neuter</td>
<td>$150.00</td>
</tr>
<tr>
<td>Cat Spay</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Neuter</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Spay</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vaccinations/Microchip/Fecal</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Highlights of the program:

- Clients are approved for program through DCACC, and are given a voucher to bring with them to the spay/neuter appointment.
- Vaccinations, microchipping, and fecal exam are performed the day of surgery.
- Original dated invoice will be sent to DCACC for reimbursement showing a minimum of client’s name and contact information, pet’s name and information, all services performed, invoice number, date of appointment and total due for reimbursement.
- Rabies Vaccination Certificates will be sent to DCACC, along with the invoice, for issuing of rabies tag to the client (veterinary hospitals will not issue rabies tags to these clients).

Please contact DCACC at (630) 407-2800 and dial ‘0’ to speak with a staff member if you have any questions.

Sincerely,

Kelsey Thompson
Lead Intake/Adoption Client Services Coordinator
DuPage County Animal Care and Control
Low Income Spay / Neuter Program

Qualifying Residents:
The DuPage County Animal Care and Control Low Income Spay / Neuter Program is specifically designed to help DuPage County families. State mandated fees have been collected to create a Pet Population Control Fund. The state mandated criteria was designed to help families participating in the food stamp program throughout Illinois sterilize their pets. DCACC has chosen to organize this effort locally in partnership with area Veterinarians to minimize the number of unwanted litters of puppies and kittens in the community.

DCACC Involvement:
DCACC staff will answer all questions regarding the program. DCACC staff will match qualified clients / patients with area veterinarians. DCACC will provide a voucher to qualified clients to bring with them the day of the procedure to the participating veterinarian that will perform the surgery and pre-surgical work. The voucher will be valid for 6 months from the day of their program approval visit at DCACC and must be presented the day of the procedure. Duplicate vouchers will not be issued.

Veterinarian Participation:
 Participation in the program by DuPage County veterinarians is voluntary. The program will be in place as long as funding is available. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The program standards are in place to ensure that uniform and high quality care is offered to patients. Veterinarians / Hospital Staff will approve all documentation provided by DCACC, to ensure client eligibility and provide pre-surgical requirements at the time of the spay / neuter appointment. Participating veterinarians will provide all of the vaccination, microchip and fecal exam requirements while funding is available. Veterinarians will perform pre-surgical blood-work including heartworm test, and FeLV/FIV test. The client will complete all hospital consent forms and typical paperwork the day of the procedure. The veterinarian may cancel or postpone the procedure due to any reason deemed necessary according to their professional judgment.

Animal Health:
Included in the program is a pre-surgical evaluation, updating of the vaccines and implantation of a microchip by the participating veterinarian. Any animal participating in the program for spay / neuter must be free of any contagious disease, and generally in good health the day of the scheduled procedure. As stated above, the veterinarian may postpone or cancel the spay / neuter procedure should an animal be deemed in poor health or without proper pre-surgical care as outlined in the program standards, or for any other reason deemed necessary according to their professional judgment.
Program Funding:
Funding for the program is from new revenue collected through animal control agencies across the state, starting in January 2006 according to Public Act 94-0639, the Illinois Public Health and Safety Animal Population Control Act (aka, “Anna’s Law”), which established a state wide low income spay / neuter program. Funds may be either used in the county of origin or made available for the statewide program. All funds raised in DuPage County, according to Anna’s Law, will be available for use in DuPage County. The program will be limited by the available funding on an annual basis, and available on a first come basis.

Procedure:
Step One: Resident must qualify for program through proof of residency and proof of currently participating in the food stamp program and receive voucher from DCACC.

Step Two: Appointment made at participating veterinary hospital.

Step Three: Pre-surgical evaluation, updated vaccines, microchip and spay / neuter Surgery.

Step Four: Veterinarian receives reimbursement according to established payment schedule. Rabies tags will be issued by DuPage County Animal Control.

Canine Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations Performed by Participating Veterinarian as needed</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-way distemper</td>
<td>Puppy series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months 3 year within past 36 months</td>
<td>Must have current rabies tag,</td>
</tr>
<tr>
<td>Bordetella</td>
<td>Within past 6 months</td>
<td>Intranasal or sub-q</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
<tr>
<td>Participating Veterinarian Heartworm Test</td>
<td>Additional Comments</td>
<td></td>
</tr>
<tr>
<td>All pre-surgical blood-work including a heartworm test will be provided the day of the surgery</td>
<td>Within 6 months of procedure (If not current, will be included with pre-surgical blood work)</td>
<td>Proof of 12 months of year-round parasite prevention the test is not required.</td>
</tr>
</tbody>
</table>
Feline Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FVRCP (Feline distemper)</td>
<td>Kitten series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months 3 year within past 36 months</td>
<td>Must have current rabies tag</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian</th>
<th>FeLV/FIV Test</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-surgical blood-work including a FeLV / FIV test will be provided the day of the surgery</td>
<td>IF done within 6 months of procedure not required. (If not current, will be included with pre-surgical blood work)</td>
<td>No Additional Charge for pre-surgical blood work or FeLV/ FIV test.</td>
</tr>
</tbody>
</table>

Surgical Requirements Canine & Feline

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Surgical Examination</td>
<td>Performed by veterinarian, day of procedure</td>
<td></td>
</tr>
<tr>
<td>Pre-Surgical Blood-work including heartworm test and FeLV/FIV test</td>
<td>BUN, Creat, ALT, Alk Phos, GLU, Na, K, PCV, Heartworm Test or FeLV/FIV test. Performed by veterinarian, day of procedure</td>
<td>Additional tests may be recommended, depending on patient age and general health</td>
</tr>
<tr>
<td>IV catheterization</td>
<td>Not required</td>
<td>Used at veterinarians discretion</td>
</tr>
<tr>
<td>Standard Induction &amp; Gas Anesthesia</td>
<td>Isoflurane or Sevoflurane</td>
<td></td>
</tr>
<tr>
<td>Surgical Monitoring</td>
<td>Respiratory and cardiac monitoring</td>
<td></td>
</tr>
<tr>
<td>Pre-Operative Pain Management</td>
<td>NSAID minimally</td>
<td>Use of additional pain medications will be at the veterinarians discretion</td>
</tr>
<tr>
<td>Post-Operative Recovery</td>
<td>Under supervision of trained staff</td>
<td></td>
</tr>
<tr>
<td>Release</td>
<td>Post-Operative Instructions given to client, including emergency care information.</td>
<td>Complications will be managed by hospital providing services unless they arise after-hours</td>
</tr>
</tbody>
</table>
Spay or Neuter Your Pets for FREE!

FREE Spay/Neuter Program

A Program for DuPage County Residents with a Valid LINK Card

Includes:
- Spay/Neuter Surgery
- Vaccinations
- Microchip

No Cost. It’s FREE!

To Participate:
1. Visit the DCACC shelter anytime 8am-4pm Monday-Friday (no appointment needed)
2. Provide the following:
   - Driver’s License or Photo I.D. with Current Address
   - Most Recent Utility Bill or Lease Agreement if Current Address is not listed on I.D.
   - Valid LINK Card
   - Social Security Number
3. Schedule an appointment with one of the 10 area participating veterinarians
4. Bring your DCACC voucher & your pet to the vet hospital for their surgical appointment
5. Enjoy your pet without the worry of unwanted litters!

DuPage County Animal Care & Control
120 N. County Farm Road
Wheaton, IL 60187
www.dupageco.org/animalcontrol

Questions?
Call:
(630) 407-2800

Packet Pg. 44
## Procurement Review Checklist

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

### Required Vendor Ethics Disclosure Statement

- **Vendor:** Lombard Veterinary Hospital
- **Vendor #:** 10375
- **Contract Term:** 12/1/2018 - 11/30/2019
- **Contract Total:** $17,600.00
- **Dept:** Animal Services
- **Contact:** Amanda Talsma
- **Phone:** x2819
- **Assigned Committee:** Animal Services

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

We incur costs ranging from $250.00 - $400.00 each to offer the service of no cost spay/neuter to those DuPage County residents with a Link card. Per the State of IL, we have a restricted Pet Population Fund (PPF) that can only be used for this service. We partner with multiple veterinary hospitals/clinics to provide the vaccinations and surgery. When a citizen is given a voucher for a no cost spay/neuter, there is a list of the partner veterinarians they can choose from that will perform the surgery. Lombard Veterinary Hospital is one of our PPF partner veterinarians. There is no way for us to predetermine the volume any one veterinarian will have in a given year. The requested Contract Total is based on the YTD spend at Lombard Veterinary Hospital.

### Reason for Procurement

To reimburse Lombard Veterinary Hospital for their services as a PPF partner.

### FUNDING SOURCE

- Procurement budgeted for (FY and budget code(s)): FY2019: 1100-1300-53075 and 1100-1300-53070, Proc Lev 120

### 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 #

### DECISION MEMO NOT REQUIRED

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

  We do not bid out our PPF partners. They come to us and agree to charge certain fees for different spay/neuter services. This program is open to any DuPage County veterinary hospital/clinic.

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

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

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

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

### DECISION MEMO

**Decision Memo Over $25,000**

**Packet Pg. 45**

Attachment: Lombard Veterinary Hospital - Checklist (2018-282 : Lombard Veterinary Hospital - 2019 PPF Partner)
The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

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

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

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

Authorized Signature

Printed Name

Title

Date

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

2018-283
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>October 11, 2018</td>
<td>$7,100.00</td>
<td>12/1/2018 - 11/30/2019</td>
<td>ANIMAL SERVICES COMMITTEE</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>
<tbody>
<tr>
<td>Amanda Talsma</td>
<td>Completed</td>
<td>10/11/2018 2:10 PM</td>
</tr>
<tr>
<td>Laura Flamion</td>
<td>Completed</td>
<td>10/12/2018 8:57 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>10/16/2018 8:25 AM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>10/17/2018 9:10 AM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>10/30/2018 12:23 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>10/31/2018 3:02 PM</td>
</tr>
<tr>
<td>Animal Services Committee</td>
<td>Pending</td>
<td>11/20/2018 10:30 AM</td>
</tr>
</tbody>
</table>
## Purchase Requisition
### Procurement Services Division

**Date:** Oct 11, 2018

**MinuteTraq (IQM2) ID #:** 13689

**Department Req #:**

**RFP, Bid or Quote #:**

### Send Purchase Order To:

| Vendor: | Pecoraco Veterinary Services, DBA Knoll Animal Hospital | Vendor #: 23525 |
| Attn: | Annjolyn Knoll | Email: drknoll@knollah.com |
| Address: | 565 E. St. Charles Road |
| City: | Carol Stream | State: IL | Zip: 60188 |
| Phone: | 630-668-1748 |

### Send Invoices To:

| Dept: | Animal Services |
| Division: | |
| Attn: | Carrie Rzewnicki | Email: Caroline.Rzewnicki@dupageco.org |
| Address: | 120 N. County Farm Road |
| City: | Wheaton | State: IL | Zip: 60187 |
| Phone: | 630-407-2800 |

### Send Payments To:

| Vendor: | Pecoraco Veterinary Services, DBA Knoll Animal Hospital | Vendor #: 23525 |
| Attn: | Annjolyn Knoll | Email: drknoll@knollah.com |
| Address: | 565 E. St. Charles Road |
| City: | Carol Stream | State: IL | Zip: 60188 |
| Phone: | 630-668-1748 |

### Pay To:

| Dept: | Animal Services |
| Division: | |
| Attn: | Carrie Rzewnicki | Email: Caroline.Rzewnicki@dupageco.org |
| Address: | 120 N. County Farm Road |
| City: | Wheaton | State: IL | Zip: 60187 |
| Phone: | 630-407-2800 |

### Payment Terms

| F.O.B. |
| PO 20 Delivery Date |
| Requisitioner |

| Use for PO25 only |
| Contract Administrator |
| Dec 1, 2018 |
| Nov 30, 2019 |

### Invoice Details

<table>
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<tr>
<th>LN</th>
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<th>UOM</th>
<th>Item Detail (Product #)</th>
<th>Description</th>
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<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
<th>Unit Price</th>
<th>Extension</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Reimbursement for no cost spay/neuter surgery via restricted PPF account</td>
<td>19</td>
<td>1100</td>
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</tr>
</tbody>
</table>

### Requisition Total

$7,100.00

---

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

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

**User Department Internal Notes** (these comments will NOT appear on the Purchase Order):
DuPage County Animal Care and Control works with local veterinarians to help families participating in the food stamp program throughout Illinois sterilize their pets. Participation in the program is voluntary. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The reimbursements will be updated to reflect the changes that we are requesting.

### Reimbursement Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat Neuter</td>
<td>$150.00</td>
</tr>
<tr>
<td>Cat Spay</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Neuter</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Spay</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vaccinations/Microchip/Fecal</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Highlights of the program:**

- Clients are approved for program through DCACC, and are given a voucher to bring with them to the spay/neuter appointment.
- Vaccinations, microchipping, and fecal exam are performed the day of surgery.
- Original dated invoice will be sent to DCACC for reimbursement showing a minimum of client’s name and contact information, pet's name and information, all services performed, invoice number, date of appointment and total due for reimbursement.
- Rabies Vaccination Certificates will be sent to DCACC, along with the invoice, for issuing of rabies tag to the client (veterinary hospitals will not issue rabies tags to these clients).

Please contact DCACC at (630) 407-2800 and dial ‘0’ to speak with a staff member if you have any questions.

Sincerely,

Kelsey Thompson  
Lead Intake/Adoption Client Services Coordinator
DuPage County Animal Care and Control
Low Income Spay / Neuter Program

Qualifying Residents:
The DuPage County Animal Care and Control Low Income Spay / Neuter Program is specifically designed to help DuPage County families. State mandated fees have been collected to create a Pet Population Control Fund. The state mandated criteria was designed to help families participating in the food stamp program throughout Illinois sterilize their pets. DCACC has chosen to organize this effort locally in partnership with area Veterinarians to minimize the number of unwanted litters of puppies and kittens in the community.

DCACC Involvement:
DCACC staff will answer all questions regarding the program. DCACC staff will match qualified clients / patients with area veterinarians. DCACC will provide a voucher to qualified clients to bring with them the day of the procedure to the participating veterinarian that will perform the surgery and pre-surgical work. The voucher will be valid for 6 months from the day of their program approval visit at DCACC and must be presented the day of the procedure. Duplicate vouchers will not be issued.

Veterinarian Participation:
Participation in the program by DuPage County veterinarians is voluntary. The program will be in place as long as funding is available. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The program standards are in place to ensure that uniform and high quality care is offered to patients. Veterinarians / Hospital Staff will approve all documentation provided by DCACC, to ensure client eligibility and provide pre-surgical requirements at the time of the spay / neuter appointment. Participating veterinarians will provide all of the vaccination, microchip and fecal exam requirements while funding is available. Veterinarians will perform pre-surgical blood-work including heartworm test, and FelV/FIV test. The client will complete all hospital consent forms and typical paperwork the day of the procedure. The veterinarian may cancel or postpone the procedure due to any reason deemed necessary according to their professional judgment.

Animal Health:
Included in the program is a pre-surgical evaluation, updating of the vaccines and implantation of a microchip by the participating veterinarian. Any animal participating in the program for spay / neuter must be free of any contagious disease, and generally in good health the day of the scheduled procedure. As stated above, the veterinarian may postpone or cancel the spay / neuter procedure should an animal be deemed in poor health or without proper pre-surgical care as outlined in the program standards, or for any other reason deemed necessary according to their professional judgment.
Program Funding:
Funding for the program is from new revenue collected through animal control agencies across the state, starting in January 2006 according to Public Act 94-0639, the Illinois Public Health and Safety Animal Population Control Act (aka, “Anna’s Law”), which established a state wide low income spay / neuter program. Funds may be either used in the county of origin or made available for the statewide program. All funds raised in DuPage County, according to Anna’s Law, will be available for use in DuPage County. The program will be limited by the available funding on an annual basis, and available on a first come basis.

Procedure:
Step One: Resident must qualify for program through proof of residency and proof of currently participating in the food stamp program and receive voucher from DCACC.

Step Two: Appointment made at participating veterinary hospital.

Step Three: Pre-surgical evaluation, updated vaccines, microchip and spay / neuter Surgery.

Step Four: Veterinarian receives reimbursement according to established payment schedule. Rabies tags will be issued by DuPage County Animal Control.

Canine Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations Performed by Participating Veterinarian as needed</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-way distemper</td>
<td>Puppy series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months 3 year within past 36 months</td>
<td>Must have current rabies tag,</td>
</tr>
<tr>
<td>Bordetella</td>
<td>Within past 6 months</td>
<td>Intranasal or sub-q</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian</th>
<th>Heartworm Test</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-surgical blood-work including a heartworm test will be provided the day of the surgery</td>
<td>Within 6 months of procedure (If not current, will be included with pre-surgical blood work)</td>
<td>Proof of 12 months of year-round parasite prevention the test is not required.</td>
</tr>
</tbody>
</table>
Feline Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FVRCP (Feline distemper)</td>
<td>Kitten series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months</td>
<td>Must have current rabies tag</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian FeLV/FIV Test</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-surgical blood-work including a FeLV / FIV test will be provided the day of the surgery</td>
<td>IF done within 6 months of procedure not required. (If not current, will be included with pre-surgical blood work) No Additional Charge for pre-surgical blood work or FeLV/ FIV test.</td>
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</table>

Surgical Requirements Canine & Feline

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Surgical Examination</td>
<td>Performed by veterinarian, day of procedure</td>
<td></td>
</tr>
<tr>
<td>Pre-Surgical Blood-work including heartworm test and FeLV/FIV test</td>
<td>BUN, Creat, ALT, Alk Phos, GLU, Na, K, PCV, Heartworm Test or FeLV/FIV test. Performed by veterinarian, day of procedure</td>
<td>Additional tests may be recommended, depending on patient age and general health</td>
</tr>
<tr>
<td>IV catheterization</td>
<td>Not required</td>
<td>Used at veterinarians discretion</td>
</tr>
<tr>
<td>Standard Induction &amp; Gas Anesthesia</td>
<td>Isoflurane or Sevoflurane</td>
<td></td>
</tr>
<tr>
<td>Surgical Monitoring</td>
<td>Respiratory and cardiac monitoring</td>
<td></td>
</tr>
<tr>
<td>Pre-Operative Pain Management</td>
<td>NSAID minimally</td>
<td>Use of additional pain medications will be at the veterinarians discretion</td>
</tr>
<tr>
<td>Post-Operative Recovery</td>
<td>Under supervision of trained staff</td>
<td></td>
</tr>
<tr>
<td>Release</td>
<td>Post-Operative Instructions given to client, including emergency care information.</td>
<td>Complications will be managed by hospital providing services unless they arise after-hours</td>
</tr>
</tbody>
</table>
Spay or Neuter Your Pets for FREE!

A Program for DuPage County Residents with a Valid LINK Card

Includes:
- Spay/Neuter Surgery
- Vaccinations
- Microchip

No Cost. It’s FREE!

To Participate:
1. Visit the DCACC shelter anytime 8am-4pm Monday-Friday (no appointment needed)
2. Provide the following:
   - Driver’s License or Photo I.D. with Current Address
   - Most Recent Utility Bill or Lease Agreement if Current Address is not listed on I.D.
   - Valid LINK Card
   - Social Security Number
3. Schedule an appointment with one of the 10 area participating veterinarians
4. Bring your DCACC voucher & your pet to the vet hospital for their surgical appointment
5. Enjoy your pet without the worry of unwanted litters!

Questions?
Call:
(630) 407-2800
**Procurement Review Checklist**

**Procurement Services Division**

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

<table>
<thead>
<tr>
<th>Vendor:</th>
<th>Vendor #:</th>
<th>Contract Term:</th>
<th>Contract Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pecoraco Veterinary Services, DBA Knoll Animal Hospital</td>
<td>23525</td>
<td>12/1/2018 - 11/30/2019</td>
<td>$7,100.00</td>
</tr>
</tbody>
</table>

**Dept: Animal Services**

**Contact:** Amanda Talsma

**Phone:** x2819

**Assigned Committee:** Animal Services

**Date:** Oct 11, 2018

**MinuteTraq (IQM2) ID #:** 13689

---

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

We incur costs ranging from $250.00 - $400.00 each to offer the service of no cost spay/neuter to those DuPage County residents with a Link card. Per the State of IL, we have a restricted Pet Population Fund (PPF) that can only be used for this service. We partner with multiple veterinary hospitals/clinics to provide the vaccinations and surgery. When a citizen is given a voucher for a no cost spay/neuter, there is a list of the partner veterinarians they can choose from that will perform the surgery. Knoll Animal Hospital is one of our PPF partner veterinarians. There is no way for us to predetermine the volume any one veterinarian will have in a given year. The requested Contract Total is based on the YTD spend at Knoll Animal Hospital.

**Reason for Procurement:** To reimburse Knoll Animal Hospital for their services as a PPF partner.

**FUNDING SOURCE**

- Procurement budgeted for (FY and budget code(s)): FY2019: 1100-1300-53075 and 1100-1300-53070, Proc Lev 120
- Add'l Information

**DECISION MEMO NOT REQUIRED**

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

We do not bid out our PPF partners. They come to us and agree to charge certain fees for different spay/neuter services. This program is open to any DuPage County veterinary hospital/clinic.

**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)**

*Prepared By:* [Signature] 10/11/18

*Recommended for Approval:* [Signature] 10/11/18

*IT Approval, if required:* [Signature] 10/17/18

**REVIEWED BY (Initials Only)**

*Buyer:* [Signature] 10/10/18

*Procurement Officer:* [Signature] 10/17/18

*Chief Financial Officer:* 10-30-18

*Chairman's Office:* 10-20-18
Required Vendor Ethics Disclosure Statement

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

Company Name: Knoll Animal Hospital
Company Contact: Amanda Knoll
Contact Phone: 630-260-1758
Contact Email: dknoll@knollnh.com

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

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

- [ ] 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>
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</table>

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

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

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

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

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

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

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

Authorized Signature

Printed Name: Amanda Knoll
Title: President
Date: 1/8/18

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

2018-284
Requisition under 25k dollars
2018-284

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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<tbody>
<tr>
<td>DATE SUBMITTED</td>
<td>October 11, 2018</td>
<td>12/1/2018 - 11/30/2019</td>
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<tr>
<td>CONTRACT TOTAL AMOUNT</td>
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<tr>
<td>REQUESTING DEPT.</td>
<td>ANIMAL SERVICES COMMITTEE</td>
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SOLICITATION METHOD FOR SOURCE SELECTION

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<tr>
<th>Solicitation Method</th>
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<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Amanda Talsma</td>
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<td>10/11/2018 2:10 PM</td>
</tr>
<tr>
<td>Laura Flamion</td>
<td>Completed</td>
<td>10/12/2018 8:58 AM</td>
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<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>10/16/2018 11:30 AM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>10/17/2018 9:13 AM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>10/30/2018 12:24 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>10/31/2018 2:52 PM</td>
</tr>
<tr>
<td>Animal Services Committee</td>
<td>Pending</td>
<td>11/20/2018 10:30 AM</td>
</tr>
</tbody>
</table>
**Purchase Requisition**  
**Procurement Services Division**

<table>
<thead>
<tr>
<th>Send Purchase Order To:</th>
<th>Send Invoices To:</th>
</tr>
</thead>
</table>
| Vendor: Spay Illinois Pet Well Clinics  
Vendor #: 20021 | Dept: Animal Services  
Division: |
| Attn: Kathi Daniels  
Email: danielsk@spayIllinois.org | Attn: Carrie Rzewnicki  
Email: Caroline.Rzewnicki@dupageco.org |
| Address: 2765 Maple Ave. | Address: 120 N. County Farm Road  
Room: |
| City: Lisle  
State: IL  
Zip: 60532 | City: Wheaton  
State: IL  
Zip: 60187 |
| Phone: 630-961-8000 | Phone: 630-407-2800  
Fax: 630-407-2801 |

<table>
<thead>
<tr>
<th>Send Payments To:</th>
<th>Ship To:</th>
</tr>
</thead>
</table>
| Vendor: Spay Illinois Pet Well Clinics  
Vendor #: 20021 | Dept: Animal Services  
Division: |
| Attn: Kathi Daniels  
Email: danielsk@spayIllinois.org | Attn: Carrie Rzewnicki  
Email: Caroline.Rzewnicki@dupageco.org |
| Address: 2765 Maple Ave. | Address: 120 N. County Farm Road  
Room: |
| City: Lisle  
State: IL  
Zip: 60532 | City: Wheaton  
State: IL  
Zip: 60187 |
| Phone: 630-961-8000 | Phone: 630-407-2800  
Fax: 630-407-2801 |

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<tr>
<td>Use for</td>
<td>Contract Start Date</td>
<td>Contract End Date</td>
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(Product #)

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<td>53070</td>
<td></td>
<td>3,600.00</td>
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</tbody>
</table>

**Requisition Total**: $11,300

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

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

**User Department Internal Notes**  
(these comments will NOT appear on the Purchase Order):
Low Income Spay/Neuter Program

DuPage County Animal Care and Control works with local veterinarians to help families participating in the food stamp program throughout Illinois sterilize their pets. Participation in the program is voluntary. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The reimbursements will be updated to reflect the changes that we are requesting.

### Reimbursement Schedule

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat Neuter</td>
<td>$150.00</td>
</tr>
<tr>
<td>Cat Spay</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Neuter</td>
<td>$200.00</td>
</tr>
<tr>
<td>Dog Spay</td>
<td>$300.00</td>
</tr>
<tr>
<td>Vaccinations/Microchip/Fecal</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Highlights of the program:

- Clients are approved for program through DCACC, and are given a voucher to bring with them to the spay/neuter appointment.
- Vaccinations, microchipping, and fecal exam are performed the day of surgery.
- Original dated invoice will be sent to DCACC for reimbursement showing a minimum of client’s name and contact information, pet’s name and information, all services performed, invoice number, date of appointment and total due for reimbursement.
- Rabies Vaccination Certificates will be sent to DCACC, along with the invoice, for issuing of rabies tag to the client (veterinary hospitals will not issue rabies tags to these clients).

Please contact DCACC at (630) 407-2800 and dial ‘0’ to speak with a staff member if you have any questions.

Sincerely,

Kelsey Thompson
Lead Intake/Adoption Client Services Coordinator
**DuPage County Animal Care and Control**  
*Low Income Spay / Neuter Program*

**Qualifying Residents:**  
The DuPage County Animal Care and Control Low Income Spay / Neuter Program is specifically designed to help DuPage County families. State mandated fees have been collected to create a Pet Population Control Fund. The state mandated criteria was designed to help families participating in the food stamp program throughout Illinois sterilize their pets. DCACC has chosen to organize this effort *locally* in partnership with area Veterinarians to minimize the number of unwanted litters of puppies and kittens in the community.

**DCACC Involvement:**  
DCACC staff will answer all questions regarding the program. DCACC staff will match qualified clients / patients with area veterinarians. DCACC will provide a voucher to qualified clients to bring with them the day of the procedure to the participating veterinarian that will perform the surgery and pre-surgical work. The voucher will be valid for 6 months from the day of their program approval visit at DCACC and must be presented the day of the procedure. Duplicate vouchers will not be issued.

**Veterinarian Participation:**  
Participation in the program by DuPage County veterinarians is voluntary. The program will be in place as long as funding is available. Any DuPage County veterinarian who chooses to participate in the program must abide by the program standards, and be licensed in good standing to practice veterinary medicine in Illinois. The program standards are in place to ensure that uniform and high quality care is offered to patients. Veterinarians / Hospital Staff will approve all documentation provided by DCACC, to ensure client eligibility and provide pre-surgical requirements at the time of the spay / neuter appointment. Participating veterinarians will provide all of the vaccination, microchip and fecal exam requirements while funding is available. Veterinarians will perform pre-surgical blood-work including heartworm test, and FeLV/FIV test. The client will complete all hospital consent forms and typical paperwork the day of the procedure. The veterinarian may cancel or postpone the procedure due to any reason deemed necessary according to their professional judgment.

**Animal Health:**  
Included in the program is a pre-surgical evaluation, updating of the vaccines and implantation of a microchip by the participating veterinarian. Any animal participating in the program for spay / neuter must be free of any contagious disease, and generally in good health the day of the scheduled procedure. As stated above, the veterinarian may postpone or cancel the spay / neuter procedure should an animal be deemed in poor health or without proper pre-surgical care as outlined in the program standards, or for any other reason deemed necessary according to their professional judgment.
Program Funding:
Funding for the program is from new revenue collected through animal control agencies across the state, starting in January 2006 according to Public Act 94-0639, the Illinois Public Health and Safety Animal Population Control Act (aka, “Anna’s Law”), which established a state wide low income spay / neuter program. Funds may be either used in the county of origin or made available for the statewide program. All funds raised in DuPage County, according to Anna’s Law, will be available for use in DuPage County. The program will be limited by the available funding on an annual basis, and available on a first come basis.

Procedure:
Step One: Resident must qualify for program through proof of residency and proof of currently participating in the food stamp program and receive voucher from DCACC.

Step Two: Appointment made at participating veterinary hospital.

Step Three: Pre-surgical evaluation, updated vaccines, microchip and spay / neuter Surgery.

Step Four: Veterinarian receives reimbursement according to established payment schedule. Rabies tags will be issued by DuPage County Animal Control.

Canine Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations Performed by Participating Veterinarian as needed</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-way distemper</td>
<td>Puppy series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months</td>
<td>Must have current rabies tag,</td>
</tr>
<tr>
<td>3 year within past 36 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bordetella</td>
<td>Within past 6 months</td>
<td>Intranasal or sub-q</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian</th>
<th>Heartworm Test</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pre-surgical blood-work including a heartworm test will be provided the day of the surgery</td>
<td>Within 6 months of procedure (If not current, will be included with pre-surgical blood work)</td>
<td>Proof of 12 months of year-round parasite prevention the test is not required.</td>
</tr>
</tbody>
</table>
Feline Pre-Surgical Requirements

All immunizations must be up to date at the time of the spay/neuter. They can be done the day of the procedure. Reimbursement for immunization services will not be honored unless the spay/neuter surgery is completed. If the animal is already current on an immunization prior to arriving at the vet partner for surgery, those details must be noted on the invoice.

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Time Period</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FVRCP (Feline distemper)</td>
<td>Kitten series or adult booster within past 12 months</td>
<td>May be some variation, vet to determine if current</td>
</tr>
<tr>
<td>Rabies vaccination</td>
<td>1 year within past 12 months</td>
<td>Must have current rabies tag</td>
</tr>
<tr>
<td>Negative fecal</td>
<td>Within 30 days of procedure</td>
<td>Within 12 months if proof of year-round parasite prevention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Veterinarian</th>
<th>FeLV/FIV Test</th>
<th>Additional Comments</th>
</tr>
</thead>
</table>
| All pre-surgical blood-work including a FeLV / FIV test will be provided the day of the surgery | IF done within 6 months of procedure not required. (If not current, will be included with pre-surgical blood work) | No Additional Charge for pre-surgical blood work or FeLV/ FIV test.

Surgical Requirements Canine & Feline

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Surgical Examination</td>
<td>Performed by veterinarian, day of procedure</td>
<td></td>
</tr>
<tr>
<td>Pre-Surgical Blood-work including heartworm test and FeLV/FIV test</td>
<td>BUN, Creat, ALT, Alk Phos, GLU, Na, K, PCV, Heartworm Test or FeLV/FIV test. Performed by veterinarian, day of procedure</td>
<td>Additional tests may be recommended, depending on patient age and general health</td>
</tr>
<tr>
<td>IV catheterization</td>
<td>Not required</td>
<td>Used at veterinarians discretion</td>
</tr>
<tr>
<td>Standard Induction &amp; Gas Anesthesia</td>
<td>Isoflurane or Sevoflurane</td>
<td></td>
</tr>
<tr>
<td>Surgical Monitoring</td>
<td>Respiratory and cardiac monitoring</td>
<td></td>
</tr>
<tr>
<td>Pre-Operative Pain Management</td>
<td>NSAID minimally</td>
<td>Use of additional pain medications will be at the veterinarians discretion</td>
</tr>
<tr>
<td>Post-Operative Recovery</td>
<td>Under supervision of trained staff</td>
<td></td>
</tr>
<tr>
<td>Release</td>
<td>Post-Operative Instructions given to client, including emergency care information.</td>
<td>Complications will be managed by hospital providing services unless they arise after-hours</td>
</tr>
</tbody>
</table>
FREE Spay/Neuter Program

A Program for DuPage County Residents with a Valid LINK Card

Includes:
- Spay/Neuter Surgery
- Vaccinations
- Microchip

No Cost. It’s FREE!

Spay or Neuter Your Pets for FREE!

To Participate:
1. Visit the DCACC shelter anytime 8am-4pm Monday-Friday (no appointment needed)
2. Provide the following:
   - Driver’s License or Photo I.D. with Current Address
   - Most Recent Utility Bill or Lease Agreement if Current Address is not listed on I.D.
   - Valid LINK Card
   - Social Security Number
3. Schedule an appointment with one of the 10 area participating veterinarians
4. Bring your DCACC voucher & your pet to the vet hospital for their surgical appointment
5. Enjoy your pet without the worry of unwanted litters!

Questions?
Call: (630) 407-2800
**Procurement Review Checklist**

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

---

**Vendor:** Spay Illinois Pet Well Clinics  
**Vendor #:** 20021  
**Dept:** Animal Services  
**Contact:** Amanda Talsma  
**Phone:** x2819  
**Assigned Committee:** Animal Services

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

We incur costs ranging from $250.00 - $400.00 each to offer the service of no cost spay/neuter to those DuPage County residents with a Link card. Per the State of IL, we have a restricted Pet Population Fund (PPF) that can only be used for this service. We partner with multiple veterinary hospitals/clinics to provide the vaccinations and surgery. When a citizen is given a voucher for a no cost spay/neuter, there is a list of the partner veterinarians they can choose from that will perform the surgery. Spay Illinois Pet Well Clinics is one of our PPF partner veterinarians. There is no way for us to predetermine the volume any one veterinarian will have in a given year. The requested Contract Total is based on the YTD spend at Spay Illinois Pet Well Clinics.

**Reason for Procurement:**

To reimburse Spay Illinois Pet Well Clinics for their services as a PPF partner.

---

**FUNDING SOURCE**

- [X] Procurement budgeted for (FY and budget code(s)): FY2019: 1100-1300-53075 and 1100-1300-53070, Proc Lev 120

---

**DECISION MEMO NOT REQUIRED**

- [ ] LOWEST RESPONSIBLE QUOTE # or BID #  
- [ ] RENEWAL, Enter Bid #  
- [ ] SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)

- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00  
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

We do not bid out our PPF partners. They come to us and agree to charge certain fees for different spay/neuter services. This program is open to any DuPage County veterinary hospital/clinic.

---

**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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**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
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<tr>
<th>Chief Financial Officer (Decision Memos Over $25,000)</th>
<th>Date</th>
<th>Chairman's Office (Decision Memos Over $25,000)</th>
<th>Date</th>
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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>
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</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: http://www.dupageco.org/CountyBoard/Policies/

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

**SIGNATURE ON FILE**

Printed Name: Kathi Daniels  
Title: CEO  
Date: Oct 3, 2018

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

2018-285
### 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>
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<tbody>
<tr>
<td>October 17, 2018</td>
<td>$8,000.00</td>
<td>12/1/2018 - 11/30/2019</td>
<td>ANIMAL SERVICES COMMITTEE</td>
</tr>
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### SOLICITATION METHOD FOR SOURCE SELECTION

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Amanda Talsma</td>
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<tr>
<td>Laura Flamion</td>
<td>Completed</td>
<td>10/17/2018 2:21 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>10/22/2018 10:22 AM</td>
</tr>
<tr>
<td>Donald Carlsen</td>
<td>Completed</td>
<td>10/31/2018 2:04 PM</td>
</tr>
<tr>
<td>Wendi Wagner</td>
<td>Completed</td>
<td>10/31/2018 3:27 PM</td>
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<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>11/06/2018 5:09 PM</td>
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<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>11/08/2018 6:16 PM</td>
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<tr>
<td>Tom Cuculich</td>
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<td>11/09/2018 7:28 AM</td>
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<tr>
<td>Kathy Ostrowski</td>
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<td>11/13/2018 3:48 PM</td>
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<td>Animal Services Committee</td>
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<td>11/20/2018 10:30 AM</td>
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<tr>
<td>Technology Committee</td>
<td>Pending</td>
<td>11/27/2018 9:00 AM</td>
</tr>
</tbody>
</table>
## Purchase Requisition
### Procurement Services Division

### Send Purchase Order To:
- **Vendor:** Cellco Partnership dba Verizon Wireless  
  **Vendor #:** 10597  
- **Attn:** Anthony Durpetti  
  **Email:** Anthony.Durpetti@verizonwireless.com  
- **Address:** One Verizon Way  
- **City:** Schaumburg  
  **State:** IL  
  **Zip:** 60173  
- **Phone:** 630-800-0768  
- **Send Purchase Order To:**  
  **Vendor:** Cellco Partnership dba Verizon Wireless  
  **Vendor #:** 10597  
- **Attn:** Anthony Durpetti  
  **Email:** Anthony.Durpetti@verizonwireless.com  
- **Address:** One Verizon Way  
- **City:** Schaumburg  
  **State:** IL  
  **Zip:** 60173  
- **Phone:** 630-800-0768

### Send Invoices To:
- **Dept:** Animal Services  
  **Division:**  
  **Attn:** Amanda Talsma  
  **Email:** Amanda.Talsma@dupageco.org  
- **Address:** 120 N. County Farm Rd.  
- **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187  
- **Phone:** 630-407-2800  
- **Fax:** 630-407-2800

### Send Payments To:
- **Vendor:** Cellco Partnership dba Verizon Wireless  
  **Vendor #:** 10597  
- **Attn:** Anthony Durpetti  
  **Email:** Anthony.Durpetti@verizonwireless.com  
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- **Address:** One Verizon Way  
- **City:** Schaumburg  
  **State:** IL  
  **Zip:** 60173  
- **Phone:** 630-800-0768

### Payment Terms
- **F.O.B.:**
- **PO 20 Delivery Date:**
- **Requisitioner:**
- **Use for PO25 only:**
  - **PO25 only:**
  - **IT/Amanda Talsma:**
  - **PO25 only:**

### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extensor |
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Cellular and Data Services</td>
<td>19 1100 1300 53260</td>
<td>7,500.00</td>
<td>7.50C</td>
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<td>2</td>
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<td>Cellular and Wireless Equipment</td>
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</tbody>
</table>

**Requisition Total:** $8,000

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

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

  Per State of Illinois Master Contract CMS793372P

- **User Department Internal Notes (these comments will NOT appear on the Purchase Order):**
Decision Memo
Procurement Services Division

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

Date: Oct 17, 2018
MinuteTraq (IQM2) ID #: 13714
Department Requisition #: __________________________

Requesting Department: Animal Services
Contact Email: Amanda.Talsma@dupageco.org
Vendor Name: Cellco Partnership dba Verizon Wireless

Department Contact: Amanda Talsma
Contact Phone: 630-407-2800
Vendor #: 10597

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

Approve a procurement for wireless services including basic cellular voice, smartphones, and wireless data for Animal Services staff with Verizon Wireless using the State of Illinois Master Contract.

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

Providing this service aids the employees in accomplishing their responsibilities and be accessible for County business.

Strategic Impact
Customer Service

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

Allowing employees to have contact with citizens/other County staff when not in the office.

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

The County's current provider of wireless services is Verizon Wireless. The State of Illinois has bid and awarded Verizon Wireless a master contract for this service. Given that the County has well over 1000 cellular devices with Verizon Wireless, infrastructure in place to boost the Verizon signals, and that the pricing for this service has been pre-bid by the State of Illinois, we believe that continuing to utilize this cellular provider is the best decision for the County.

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

One option is to switch to another carrier. This would entail replacing all cellular devices in the County as well as replacing or adding cellular signal boosters throughout the County. Both of these would require a large capital expenditure.

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

FY 2019
1100-1300-53807, and 1100-1300-52100, Process Lev 120
Total PO: $8,000
The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

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

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

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

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

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

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

Authorized Signature

Printed Name

Title

Date

Signature on file

Executive Director - Contract Mgmt

Page 1 of 1 (total number of pages)
Requisition under 25k dollars

2018-286
**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>-----------------</td>
</tr>
<tr>
<td>October 17, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOLICITATION METHOD FOR SOURCE SELECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Talsma</td>
</tr>
<tr>
<td>Laura Flamion</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
</tr>
<tr>
<td>James McGuire</td>
</tr>
<tr>
<td>Paul Rafac</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
</tr>
<tr>
<td>Animal Services Committee</td>
</tr>
</tbody>
</table>
## Purchase Requisition

**Procurement Services Division**

### Send Purchase Order To:

<table>
<thead>
<tr>
<th>Vendor: City of Wheaton</th>
<th>Vendor #: 10074</th>
<th>Dept: Animal Services</th>
<th>Division:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn:</td>
<td>Email:</td>
<td>Attn: Amanda Talsma</td>
<td>Email: <a href="mailto:amanda.talsma@dupageco.org">amanda.talsma@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 303 W. Wesley St.</td>
<td></td>
<td>Address: 120 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>Phone: 630-260-2090</td>
<td>Fax:</td>
<td>Phone: 630-407-2800</td>
<td>Fax: 630-407-2801</td>
</tr>
</tbody>
</table>

### Send Invoices To:

<table>
<thead>
<tr>
<th>Vendor: City of Wheaton</th>
<th>Vendor #: 10074</th>
<th>Dept: Animal Services</th>
<th>Division:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn:</td>
<td>Email:</td>
<td>Attn: Amanda Talsma</td>
<td>Email: <a href="mailto:amanda.talsma@dupageco.org">amanda.talsma@dupageco.org</a></td>
</tr>
<tr>
<td>Address: P.O. Box 4226</td>
<td></td>
<td>Address: 120 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>City: Carol Stream</td>
<td>State: IL</td>
<td>Zip: 60197</td>
<td>City: Wheaton</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Phone: 630-407-2800</td>
<td>Fax: 630-407-2801</td>
</tr>
</tbody>
</table>

### Send Payments To:

<table>
<thead>
<tr>
<th>Vendor: City of Wheaton</th>
<th>Vendor #: 10074</th>
<th>Dept: Animal Services</th>
<th>Division:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn:</td>
<td>Email:</td>
<td>Attn: Amanda Talsma</td>
<td>Email: <a href="mailto:amanda.talsma@dupageco.org">amanda.talsma@dupageco.org</a></td>
</tr>
<tr>
<td>Address: P.O. Box 4226</td>
<td></td>
<td>Address: 120 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>City: Carol Stream</td>
<td>State: IL</td>
<td>Zip: 60197</td>
<td>City: Wheaton</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Phone: 630-407-2800</td>
<td>Fax: 630-407-2801</td>
</tr>
</tbody>
</table>

### Payment Terms

**F.O.B.**

<table>
<thead>
<tr>
<th>PO 20 Delivery Date</th>
<th>Requisitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 1, 2018</td>
<td>Amanda Talsma</td>
</tr>
</tbody>
</table>

### Use for

**PER 50 ILC 505/1**

**Destination**

<table>
<thead>
<tr>
<th>Contract Administrator</th>
<th>Contract Start Date</th>
<th>Contract End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Talsma</td>
<td>Dec 1, 2018</td>
<td>Nov 30, 2019</td>
</tr>
</tbody>
</table>

### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extension |
<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Water Service</td>
<td></td>
<td>19</td>
<td>1100</td>
<td>1300</td>
<td>53220</td>
<td></td>
<td>7,000.00</td>
<td>7,000.00</td>
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</tbody>
</table>

**Requisition Total**: $7,000.00

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

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

### User Department Internal Notes (these comments will NOT appear on the Purchase Order):
**Procurement Review Checklist**
**Procurement Services Division**
This form must accompany all Purchase Order Requisitions
Attach Required Vendor Ethics Disclosure Statement

<table>
<thead>
<tr>
<th>Vendor: City of Wheaton</th>
<th>Vendor #: 10074</th>
<th>Contract Term: 12/1/2018 - 11/30/2019</th>
<th>Contract Total: $7,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: Animal Services</td>
<td>Contact: Amanda Talsma</td>
<td>Phone: x2819</td>
<td>Assigned Committee: Animal Services</td>
</tr>
</tbody>
</table>

**Description of Procurement/ Scope of Work/ Background**
Basic water utility service required to operate the animal shelter.

**Reason for Procurement**
Establish new contract to replace expiring contract.

**FUNDING SOURCE**

- [ ] Procurement budgeted for (FY and budget code(s)): FY19, 1100-1300-53220, Process Level 120
- [ ] Budget Transfer (Date) ____________________________ Add'l Information

**DECISION MEMO NOT REQUIRED**

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

**DECISION MEMO REQUIRED**

- [ ] Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS525)
- [ ] EXPLANATION OF REQUEST FOR PROPOSAL RFP # ____________________________ (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 RESPONSIBILE, BID # ____________________________

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

- **Prepared By** ____________________________ Date 10/17/18
- **Recommended for Approval** ____________________________ Date 10/17/18
- **IT Approval, if required** ____________________________ Date

**REVIEWED BY (Initials Only)**

- **Buyer** ____________________________ Date 10/26/18
- **Procurement Officer** ____________________________ Date 10-25-18
- **Chief Financial Officer** (Decision Memos Over $25,000) ____________________________ Date 10-26-18
- **Chairman's Office** (Decision Memos Over $25,000) ____________________________ Date
# Budget Adjustment

**Effective September 21, 2016**

**From:** 1100 Company/Accounting Unit

**Reason for Request:**
- Transfer of funds for additional cleaning supplies.
- Needed due additional apparel required for Front Office staff and ACOs including new ACO.
- Underestimated amount needed for animal care in FY 2018. This amount used YTD includes supplies and test kits for the Specialty Veterinary Vehicle. Going forward, supplies will be taken from Grant DAFFSVV.
- Underestimated amount needed for laundry in FY 2018.

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date of Balance</th>
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</thead>
<tbody>
<tr>
<td>1300</td>
<td>52000</td>
<td></td>
<td>FURN/MACH/EQUIP SMALL VALUE</td>
<td>$100.00</td>
<td>1575.89</td>
<td>1575.89</td>
<td>11/2/18</td>
</tr>
<tr>
<td>1300</td>
<td>54999</td>
<td></td>
<td>NEW PROG REQUESTS-CAP OUTLAY</td>
<td>$24,500.00</td>
<td>188.512</td>
<td>164.012</td>
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</tr>
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</table>

**Total** $24,600.00

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1300</td>
<td>52280</td>
<td></td>
<td>CLEANING SUPPLIES</td>
<td>$100.00</td>
<td>399.38</td>
<td>499.38</td>
<td>11/2/18</td>
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<tr>
<td>1300</td>
<td>52220</td>
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<td>WEARING APPAREL</td>
<td>$3,000.00</td>
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<td>4371.32</td>
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<tr>
<td>1300</td>
<td>52320</td>
<td></td>
<td>MEDICAL/DENTAL/LAB SUPPLIES</td>
<td>$13,000.00</td>
<td>514.40</td>
<td>13514.40</td>
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<tr>
<td>1300</td>
<td>53810</td>
<td></td>
<td>CUSTODIAL SERVICES</td>
<td>$8,500.00</td>
<td>2322.78</td>
<td>10722.78</td>
<td></td>
</tr>
</tbody>
</table>

**Total** $24,600.00

**Finance Department Use Only**

**Packet Pg. 76**

**Attachment:** Budget Transfer_10-31-2018 APPROVED_Redacted (17-18-1099 : Budget Transfers)
Grant Proposal Notification

GPN Number: 054-18  Date of Notification: 10/23/2018
(Completed by Finance Department)  (MM/DD/YYYY)

Parent Committee Agenda Date: 11/06/2018  Grant Application Due Date: 10/23/2018
(Completed by Finance Department)  (MM/DD/YYYY)

Name of Grant: DuPage Animal Friends Unrestricted FY19

Name of Grantor: DuPage Animal Friends

Originating Entity: (Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Animal Services

Department Contact: Laura Flamion, Operations Manager x2806
(Name, Title, and Extension)

Parent Committee: Animal Services

Grant Amount Requested: $50,000.00

Type of Grant: Direct Payment
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☑ Yes ☐ No

Source of Grant: ☐ Federal ☐ State ☑ Private ☐ Corporate

If Federal, provide CFDA: ☐  If State, provide CSFA: ☐
1. Justify the department’s need for this grant.

Private members of the community give donations to DuPage Animal Friends with the intent it be used for operations at DuPage County Animal Services. The DuPage Animal Friends Board of Directors evaluates funding capacity and makes an unrestricted grant to the department.

2. Based on the County’s Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

COUNTY IMPERATIVE - The County must undertake comprehensive financial planning to ensure a sound and sustainable fiscal future.

DEPARTMENT IMPERATIVE - Animal Services assesses community needs, measures outcomes and prioritizes as necessary to be fiscally responsible.

*This process includes comprehensive planning with the DuPage Animal Friends Board of Directors to determine funding availability as it relates to budget development.

3. What is the period covered by the grant?  

   12/01/2018 to: 11/30/2019  
   (MM/DD/YYYY)  (MM/DD/YYYY)

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

   3.1.1. _______________ and _______________  
   (MM/YY)                     (Duration)

4. Will the County provide “seed” or startup funding to initiate grant project? (Yes or No)  

   No

4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

   5.1. Prior to expenditure of costs (lump-sum reimbursement upfront)  
   ✔

   5.2. After expenditure of costs (reimbursement-based)
6. Does the grant allow for Personnel Costs? (Yes or No)  Yes

6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.

6.1.1. Total salary $0.00 Percentage covered by grant 0

6.1.2. Total fringe benefits $0.00 Percentage covered by grant 0

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No):  No

6.1.3.1. If yes, which ones are disallowed?

6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?

6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No):  No

6.2.1. If yes, how many new positions will be created?

6.2.1.1. Full-time _________ Part-time _________ Temporary _________

6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit? (Yes or No)

6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?
6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)   ________________

6.3.1. If yes, please answer the following:

6.3.1.1. How many years beyond the grant term?   ________________

6.3.1.2. What Company-Accounting Unit(s) will be used?   ________________

6.3.1.3. Total annual salary   ________________

6.3.1.4. Total annual fringe benefits   ________________

7. Does the grant allow for direct administrative costs? (Yes or No)   ________________

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project   ________________

7.1.2. Percentage of direct administrative costs covered by grant   ________________

7.1.3. What percentage of the grant total is the portion covered by the grant   ________________

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?   ________________

9. Are matching funds required? (Yes or No):   ________________

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity?   ________________

9.1.2. What is the dollar amount of the County's match?   ________________
9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? ________________

10. What amount of funding is already allocated for the project? ________________

10.1. If allocated, in what Company-Accounting Unit are the funds located? ________________

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): No

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? ________________

ΨϬ͘ϬϬ $0.00

ΨϱϬ͕ϬϬϬ͘ϬϬ $50,000.00
Grant Proposal Notification

GPN Number: 055-18
Date of Notification: 10/23/2018
(MM/DD/YYYY)

Parent Committee Agenda Date: 11/06/2018
Grant Application Due Date: 08/30/2018
(MM/DD/YYYY)

Name of Grant: PetSmart Charities Spay/Neuter

Name of Grantor: PetSmart Charities

Originating Entity: Animal Services
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Animal Services

Department Contact: Laura Flamion, Operations Manager x2806
(Name, Title, and Extension)

Parent Committee: Animal Services

Grant Amount Requested: $ 49,785.00

Type of Grant: Competitive
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☑ Yes ☐ No

Source of Grant: ☑ Corporate ☐ Federal ☐ State ☐ Private

If Federal, provide CFDA: ________________  If State, provide CSFA: ________________
1. Justify the department’s need for this grant.

Animal Services seeks to humanely manage at-large animal populations and prevent the unnecessary killing of healthy community cats by reducing shelter intake, increasing live release rates, increasing Shelter/Neuter/Return efforts and supporting the life-saving efforts of TNR efforts of rescue partners. Medical services for these animals requires staff resources and medical equipment that can not be currently supported in the operating budget.

2. Based on the County’s Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

County Imperative - The County must build on the successes of the ACT Initiative and implement principles of quality and leadership across government.
Animal Services Imperative - Animal Services must pursue operational efficiencies by streamlining planning and consolidating resources.
*This grant application is in partnership with Feral Fixers, a local TNR non-profit that would coordinate all services related to trapping, transport, foster, return and adoption for all cats in the program. This is a prime example of consolidating resources and partnering with other organizations to meet a common goal.

3. What is the period covered by the grant?  
01/01/2019 to: 12/31/2019

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

3.1.1. _______________ and _______________  
(MM/YY) (Duration)

4. Will the County provide “seed” or startup funding to initiate grant project? (Yes or No)  

No

4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront)  ✔

5.2. After expenditure of costs (reimbursement-based)  ☐
6. Does the grant allow for Personnel Costs? (Yes or No)

   Yes

6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.

   6.1.1. Total salary $8,400.00 Percentage covered by grant 100

   6.1.2. Total fringe benefits $2,373.00 Percentage covered by grant 0

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): No

   6.1.3.1. If yes, which ones are disallowed?

   6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid? 1100-1300

6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No

   6.2.1. If yes, how many new positions will be created?

   6.2.1.1. Full-time _________ Part-time _________ Temporary _________

   6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit? (Yes or No) _________

   6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?
6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) N/A

6.3.1. If yes, please answer the following:

6.3.1.1. How many years beyond the grant term? 

6.3.1.2. What Company-Accounting Unit(s) will be used? 

6.3.1.3. Total annual salary 

6.3.1.4. Total annual fringe benefits 

7. Does the grant allow for direct administrative costs? (Yes or No) Yes

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project $0.00

7.1.2. Percentage of direct administrative costs covered by grant 0

7.1.3. What percentage of the grant total is the portion covered by the grant 0 83%

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 

9. Are matching funds required? (Yes or No): No

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? 

9.1.2. What is the dollar amount of the County's match? 

Page 4 of 5
9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? 

10. What amount of funding is already allocated for the project?

10.1. If allocated, in what Company-Accounting Unit are the funds located?

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): No

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? $49,785.00
Grant Proposal Notification

DAF Foundation Coordinator FY19

DuPage Animal Friends

Originating Entity: N/A
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Animal Services

Department Contact: Laura Flamion, Operations Manager x2806
(Name, Title, and Extension)

Parent Committee: Animal Services

Grant Amount Requested: $20,000.00

Type of Grant: Project
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: Yes  No

Source of Grant:  Private  Corporate

If Federal, provide CFDA:  If State, provide CSFA:  

1. Justify the department’s need for this grant.

   DuPage Animal Friends is a 501(c)3 charity that supports operations at DuPage County Animal Services. It is an all volunteer organization that works closely with DCAS leadership. An increase in workload has made it challenging for the all volunteer board to keep up with daily tasks and projects. The need for a part time foundation coordinator was identified and a grant has been provided to DCAS to hire and manage this position.

2. Based on the County’s Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

   County Imperative - The County must build on the successes of the ACT Initiative and implement principles of quality and leadership across government.

   DCAS Imperative - DCAS will pursue operational efficiencies by streamlining planning, minimizing duplication, consolidating resources and implementing new tools.

3. What is the period covered by the grant?  _______________ _________   to: _________________

   12/01/2018 to: 11/30/2019

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

   3.1.1. _______________ and _______________

   (MM/YY)                     (Duration)

4. Will the County provide “seed” or startup funding to initiate grant project? (Yes or No)  __________

   NO

4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

   5.1. Prior to expenditure of costs (lump-sum reimbursement upfront)  ✔

   5.2. After expenditure of costs (reimbursement-based)  

Page 2 of 5
6. Does the grant allow for Personnel Costs? (Yes or No)  __________

6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.

   6.1.1. Total salary  $18,500.00  Percentage covered by grant  100

   6.1.2. Total fringe benefits  $1,500.00  Percentage covered by grant  100

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No):  __________

   6.1.3.1. If yes, which ones are disallowed?

6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?

6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No):  __________

   6.2.1. If yes, how many new positions will be created?

      6.2.1.1. Full-time _________  Part-time _________  Temporary _________

   6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit?  Yes  (Yes or No)

      6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?
6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)  

   6.3.1. If yes, please answer the following:

       6.3.1.1. How many years beyond the grant term?  

       6.3.1.2. What Company-Accounting Unit(s) will be used?  

       6.3.1.3. Total annual salary  

       6.3.1.4. Total annual fringe benefits  

7. Does the grant allow for direct administrative costs? (Yes or No)  

   7.1. If yes, please answer the following:

       7.1.1. Total estimated direct administrative costs for project  

       7.1.2. Percentage of direct administrative costs covered by grant  

       7.1.3. What percentage of the grant total is the portion covered by the grant  

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?  

9. Are matching funds required? (Yes or No):  

   9.1. If yes, please answer the following:

       9.1.1. What percentage of match funding is required by granting entity?  

       9.1.2. What is the dollar amount of the County's match?
9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? ______________

10. What amount of funding is already allocated for the project? ______________

10.1. If allocated, in what Company-Accounting Unit are the funds located? ______________

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): No

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? $20,000.00
Resolution
FI-R-0958-18

ACCEPTANCE AND APPROPRIATION OF THE
DUPAGE ANIMAL FRIENDS FOUNDATION COORDINATOR FY19 GRANT
COMPANY 5000 - ACCOUNTING UNIT 1310
$20,000

(Under the administrative direction of Animal Services)

WHEREAS, the County of DuPage has been notified by DuPage Animal Friends that grant funds in the amount of $20,000 (TWENTY THOUSAND AND NO/100 DOLLARS) are available to be used for the support of a temporary foundation coordinator position for DuPage County Animal Services; and

WHEREAS, to receive said grant funds, the County of DuPage must enter into an agreement with DuPage Animal Friends, a copy of which is attached to and incorporated as a part of this resolution by reference (Attachment II); and

WHEREAS, the term of the grant award is from December 1, 2018 through November 30, 2019; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the agreement between the County of DuPage and DuPage Animal Friends is hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (Attachment I) in the amount of $20,000 (TWENTY THOUSAND AND NO/100 DOLLARS) be made to establish the DuPage Animal Friends Foundation Coordinator Grant FY19, Company 5000 - Accounting Unit 1310, for the period of December 1, 2018 through November 30, 2019 and

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

BE IT FURTHER RESOLVED by the DuPage County Board, that should local funding cease for this grant, the Animal Services Committee shall review the need for continuing the specified program; and

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

Enacted and approved this 27th day of November, 2018 at Wheaton, Illinois.
Resolution
FI-R-0958-18

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
**ATTACHMENT I**

**ADDITIONAL APPROPRIATION TO ESTABLISH THE DUPAGE ANIMAL FRIENDS FOUNDATION COORDINATOR FY19 GRANT**

**COMPANY 5000 – ACCOUNTING UNIT 1310**  
$20,000

**REVENUE**

<table>
<thead>
<tr>
<th>Revenue Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>46009-0000 – Private Grants</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

**TOTAL ANTICIPATED REVENUE**  
$20,000

**EXPENDITURES**

**PERSONNEL**

<table>
<thead>
<tr>
<th>Personnel Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>50050 – Temporary Salaries</td>
<td>$18,500</td>
</tr>
<tr>
<td>51030 – Employer Share Social Security</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

**TOTAL PERSONNEL**  
$20,000

**TOTAL ADDITIONAL APPROPRIATION**  
$20,000
October 30, 2018

DuPage County Animal Services
Attn: Dr. Barbara Hanek
120 N County Farm Road
Wheaton, IL 60187

RE: Restricted Grant of $20,000 for the Foundation Coordinator Job

Dear Dr. Hanek:

Program Grant. DuPage Animal Friends (DAF), formally known as Friends of DuPage County Animal Care and Control Foundation, is pleased to inform you that it has approved a one-time grant to DuPage County Animal Services (DCAS) of $20,000 for the calendar year of 2019.

Grant Purpose and Expenditure of Funds. These funds are restricted solely for the purposes of the Foundation Coordinator Job. DCAS is responsible for the active prioritization and management of granted funds.

DCAS agrees to not use any of the grant, or the interest or income thereon, to conduct tests for public safety, to influence any legislation or the outcome of any election, to conduct a voter registration drive, to satisfy a charitable pledge or obligation of any person or organization, or to provide any tangible economic benefit to any substantial contributor, or their respective family members.

Unused Funds Grant Within the Fiscal Year. Any unused funds should be carried by DCAS into the next calendar year beginning 01/01/2020 and reported to DAF prior to proceeding with the finalization of the 2020 Fiscal year Grant.

Grant Payment. DAF will promptly send the grant funds upon receipt by DAF (addressed to the person signing this letter on behalf of the DAF) of a countersigned copy of this letter.

Reporting. Refer to DAF Grant Funding Methodology dated August 20, 2018 for reporting requirements. Refer to the Foundation Coordinator Job Description for position responsibilities.

DAF’s Public Reports. DAF may include information on this grant in its periodic public reports.

Recognition. If you publicize this grant, please list it as a donation from “the donors of DuPage Animal Friends” or “DuPage Animal Friends.”

Other Terms. This grant is subject to these Terms and Conditions and by countersigning this letter and/or by cashing the grant check, you are indicating that you agree to its terms.

Nothing contained in this grant letter shall be deemed to create a joint venture, partnership relationship, or employer/employee relationship between DAF and DCAS.
Counter Signatures. This instrument may be executed in counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

Sincerely,

[Signature]

Samantha Slenk
Secretary, DuPage Animal Friends
On Behalf of the DuPage Animal Friends Board of Directors

ACCEPTED

DuPage County Animal Services

[Signature]

Dr. Barbara Hanek, Veterinarian Administrator

Date: 11-9-18

Ref: Grant Funding Methodology dated August 20, 2018

Foundation Coordinator Job Description