1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIRMAN'S REPORT - CHAIR DICIANNI

5. APPROVAL OF MINUTES

Health & Human Services - Regular Meeting - Tuesday December 3rd, 2019

6. LENGTH OF SERVICE AWARDS

Anniversary Award - 20 Years - Natasha Belli - Community Services

7. COMMUNITY SERVICES - MARY KEATING

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

1. HHS-P-0013-20 Recommendation for a contract purchase order issued to Optimum Management Resources to provide technical assistance and consultation services to the DuPage County Homeless Continuum of Care. This contract covers the period January 1, 2020 through December 31, 2020 for Community Services, for a contract total amount not to exceed $30,000.00. Other Professional Service not subject to competitive bidding per 55 ILCS 5/5-1022(a). Vendor selected pursuant to DuPage County Code Section 2-300.4-108 (1) (b). (HUD Continuum of Care Planning Grant Funded.)

2. HHS-P-0014-20 Recommendation of approval of a contract to Chicago United Industries, LTD, to furnish, deliver, and install Energy Star appliances with proper disposal for the Weatherization Program in Community Services, for the period of January 15, 2020 through September 30, 2020, for a contract total not to exceed $48,095, per the lowest responsible quote #19-133-CS.

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

1. FI-R-0029-20 RESOLUTION -- Acceptance and Appropriation of the DuPage Care Center Foundation - Foundation Coordinator Grant PY20 Company 5000 - Accounting Unit 2120 - $30,454.

2. FI-R-0030-20 RESOLUTION -- Acceptance and Appropriation of additional funding for the DuPage Care Center Foundation - Music Therapy Grant PY19 Company 5000 - Accounting Unit 2120 - $40,274.

3. FI-R-0031-20 RESOLUTION -- Acceptance and Appropriation of the DuPage Care Center Foundation - Recreation Therapy Grant FY20 Company 5000 - Accounting Unit 2120 - $21,280.

4. HHS-P-0015-20 Recommendation for the approval of a contract purchase order to Music Speaks, LLC, for music therapy for the residents of DuPage Care Center, for the period January 1, 2020 through December 31, 2020, for a contract total not to exceed $48,124.00, per 2nd renewal under per most qualified offeror, RFP #17-206-JM. (Foundation funded.)

5. HHS-P-0016-20 Recommendation for the approval of a contract purchase order to Accelerated Care Plus Leasing, Inc., for a 48 month lease program for physical therapy equipment, for the DuPage Care Center, for the period January 1, 2020 through December 31, 2023, for a total contract not to exceed $46,467.36, per lowest quote #19-151-CARE.

6. HHS-P-0017-20 Recommendation for the approval of a contract purchase order to Advacare Systems, for rental of low air loss and bariatric mattresses, beds and low air loss wheelchair cushions (category 1 & 2), for the DuPage Care Center, for the period January 26, 2020 through January 25, 2021, for a contract total not to exceed $95,000.00, per renewal option under bid #17-004-GV, third and final one year optional renewals.

7. HHS-P-0018-20 Recommendation for the approval of a contract purchase order to McKesson Medical Surgical, for Prime Supplier for general medical surgical supplies, to include exam/diagnostic resident care, respiratory surgical, syringe/needle/i.v., urinary/ostomy and wound care supplies, for the period January 15, 2020 through January 14, 2021, for the DuPage Care Center, for a contract total not to exceed $295,000.00, contract pursuant to the Intergovernmental cooperation act (MMCAP).
B. DuPage Care Center Requests for Parent Committee Final Approval

1. 2020-18 Recommendation for the approval of a contract purchase order to John's Donut Shop, for the purchase of donuts, muffins and bagels, for retail sale in the DuPage Care Center, JTK Administration Building and Judicial Office Facility Cafe's and catering operations, managed by DuPage Care Center Dining Services, for the period January 9, 2020 through January 8, 2021, for a contract total not to exceed $16,840.00, per Quote #18-216-DPCC, first of three one-year optional renewal.

2. 2020-19 Recommendation for the approval of a contract purchase order to Professional Medical & Surgical Supply, Inc., for liquid protein supplements (approved equal option B and D) for the DuPage Care Center, for the period January 7, 2020 through January 6, 2021, for a contract not to exceed $9,504.00, per renewal option under bid #17-235-GV, second of three one-year renewals.

9. BUDGET TRANSFERS

A. Budget Transfers -- Community Services - Community Development - Additional funds needed for part-time help to carry the department through the end of the March 31st fiscal year 5000-1440 $14,000.

B. Budget Transfers -- DuPage Care Center - To transfer funds for final FY19 Invoices - $33,000.

10. TRAVEL

A. Authorization for Overnight Travel -- Community Services - Senior Services Manager to attend the mandatory Regional Ombudsman Quarterly Meeting in Springfield, Illinois from January 15, 2020 through January 16, 2020. Expenses to include transportation, lodging, and per diems for approximate total of $340.00. Senior Services Grant funded 5000-1720.

B. Authorization for Overnight Travel -- Community Services - Homeless Management Information System (HMIS) Manager to attend the National Human Services Data Consortium (NHSDC) in Minneapolis, Minnesota from April 5, 2020 through April 8, 2020. Expenses to include registration, transportation, lodging, and per diems for approximate total of $1,850. Funding by HMIS and ESG Grants and General Fund (5.62%).

C. Authorization for Overnight Travel -- Community Services - Database and Report Specialist to attend the National Human Services Data Consortium (NHSDC) in Minneapolis, Minnesota from April 5, 2020 through April 8, 2020. Expenses to include registration, transportation, lodging, and per diems for approximate total of $1,850. Funding by HMIS and ESG Grants and General Fund (5.62%).
D. Authorization for Overnight Travel -- Community Services - Senior Community Development Specialist to attend the National Human Services Data Consortium (NHSDC) in Minneapolis, Minnesota from April 5, 2020 through April 8, 2020. Expenses to include registration, transportation, lodging, and per diems for approximate total of $1,850. Continuum of Care (CoC) Grant funded 5000-1510.

E. Authorization for Overnight Travel -- Community Services - Intake & Referral Coordinator to attend the Results Oriented Management and Accountability (R.O.M.A.) Peer to Peer In-Service Training to maintain Implementer certification per the Community Services Block Grant (CSBG) Organizational Standards, in Omaha, Nebraska, from March 31, 2020 through April 2, 2020. Expenses to include registration, transportation, lodging, miscellaneous (parking, mileage, etc.), and per diems for approximate total of $1,258.00. CSBG Grant funded 5000-1650.

F. Authorization for Overnight Travel -- Community Services - Intake & Referral Manager to attend the Results Oriented Management and Accountability (R.O.M.A.) Peer to Peer In-Service Training to maintain Implementer certification per the Community Services Block Grant (CSBG) Organizational Standards, in Omaha, Nebraska, from March 31, 2020 through April 2, 2020. Expenses to include registration, transportation, lodging, miscellaneous (parking, mileage, etc.), and per diems for approximate total of $1,258.00. CSBG Grant funded 5000-1650.

G. Authorization for Overnight Travel -- Community Services - Community Development Commission Manager to attend the National Association for County Community and Economic Development Spring Legislative Meeting in Washington, D.C., from February 26, 2020 through March 1, 2020. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of $2,392. Community Development Block Grant (CDBG) funded 5000-1440.

H. Authorization for Overnight Travel -- Community Services - Senior Community Development Specialist to attend part three of the Rental Housing Development Finance Professional certification program for training related to administering the Federal HOME Program. Training will be held in Philadelphia, Pennsylvania, from March 8, 2020 through March 13, 2020. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of $3,546. Community Development Block Grant (CDBG) funded 5000-1440.

I. Authorization for Overnight Travel -- Community Services - Community Development Commission Manager to attend part three of the Rental Housing Development Finance Professional certification program for training related to administering the Federal HOME Program. Training will be held in Philadelphia, Pennsylvania, from March 8, 2020 through March 13, 2020. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of $3,453. Community Development Block Grant (CDBG) funded 5000-1440.

11. INFORMATIONAL
A. Grant Proposal Notifications -- GPN # 006-20 DuPage Care Center Foundation Recreation Therapy Grant FY20 - $21,279.77

B. Grant Proposal Notifications -- GPN # 007-20 DuPage Care Center Foundation Coordinator Grant PY20 - $30,453.45.

12. RESIDENCY WAIVERS - JANELLE CHADWICK

13. COMMUNITY SERVICES UPDATE - MARY KEATING

14. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

15. OLD BUSINESS

16. NEW BUSINESS

17. ADJOURNMENT
1. CALL TO ORDER

9:30 AM meeting was called to order by Chair Peter DiCianni at 9:30 AM.

2. ROLL CALL

PRESENT: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore

County Board member Elizabeth Chaplin was in attendance.

3. PUBLIC COMMENT

4. CHAIRMAN'S REPORT - CHAIR DICIANI

Chair DiCianni stated he would like to improve the DuPage County website to aid families navigating the site with developmental disabilities. He noted the challenges if someone is not sure if they have a condition, which could be autism, down syndrome, and other conditions. Other challenges include navigating the state and county to find providers, diagnosis, follow up, and how to get on the Prioritization of Urgency of Need for Services (PUNS) database list. This will be discussed further in New Business. Chair DiCianni would like for us to analyze what we are currently doing and look at how we can make things better, and work with the Information Technology Department to improve the website, which is one of Mr. DiCianni’s goals for the first quarter of 2020. He is open to ideas and initiatives.

5. APPROVAL OF MINUTES

Results: Accepted [Unanimous]

RESULT: ACCEPTED [UNANIMOUS]
MOVER: Julie Renehan, Vice Chair
SECONDER: Grant Eckhoff, District 4
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore
6. COMMUNITY SERVICES - MARY KEATING

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

HHS-P-0011-20 Recommendation for the approval of a contract to WellSky Corporation for renewal of the Annual Homeless Management Information System (HMIS) Software and Cloud Services Contract, renewal of licenses, training, support, and custom programming, for a contract total not to exceed $53,826, per 55 ILCS 5/5-1022 “Competitive Bids” (c) not suitable for competitive bids-Sole Source.

RESULT: APPROVED [UNANIMOUS]
MOVER: Robert L. Larsen, District 6
SECONDER: Julie Renehan, Vice Chair
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore

B. CS Requests for Parent Committee Final Approval

Change Order -- Amendment to contract 4095-0001 SERV, to Carrol Roark, to provide professional services to the Community Development Single-Family Rehabilitation program and the HUD-Mandated Consolidation Plan, to extend contract through January 31, 2020 and to increase the encumbrance in the amount of $5,000, from FY2020, resulting in a new contract total amount of $15,000, an increase of 50%.

RESULT: APPROVED [UNANIMOUS]
MOVER: Julie Renehan, Vice Chair
SECONDER: Robert L. Larsen, District 6
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore

7. DUPAGE CARE CENTER - JANELL CHADWICK

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

FI-R-0011-20 RESOLUTION -- Acceptance and Appropriation of Additional Funding for DuPage Care Center Foundation - Foundation Coordinator Grant PY19, Company 5000 - Accounting Unit 2120, $4,720.
RESULT: APPROVED [UNANIMOUS]
MOVER: Julie Renehan, Vice Chair
SECONDER: Robert L. Larsen, District 6
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore

8. BUDGET TRANSFERS

Budget Transfers -- DuPage Care Center - To transfer funds to allow for a milk cooler and operating supplies through the end of FY19 for dining services - $7,200.

RESULT: APPROVED [UNANIMOUS]
MOVER: Robert L. Larsen, District 6
SECONDER: Julie Renehan, Vice Chair
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore

9. TRAVEL

Authorization for Overnight Travel -- Community Services - Senior Services Case Manager to attend the Illinois Department on Aging mandated Care Coordinator Certification (CCC) Training in Springfield, Illinois from January 14, 2020 through January 16, 2020. Expenses to include transportation, lodging, and per diems for approximate total of $667.50. Senior Services grant funded.

RESULT: APPROVED [UNANIMOUS]
MOVER: Julie Renehan, Vice Chair
SECONDER: Grant Eckhoff, District 4
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore

10. RESIDENCY WAIVERS - JANELLE CHADWICK
A. Out of County Residency Waiver One

RESULT: APPROVED [UNANIMOUS]
MOVER: Robert L. Larsen, District 6
SECONDER: Julie Renehan, Vice Chair
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore

B. Out of County Residency Waiver Two

RESULT: APPROVED [UNANIMOUS]
MOVER: Grant Eckhoff, District 4
SECONDER: Robert L. Larsen, District 6
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore

C. Out of County Residency Waiver Three

RESULT: APPROVED [UNANIMOUS]
MOVER: Grant Eckhoff, District 4
SECONDER: Robert L. Larsen, District 6
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore

D. Out of County Residency Waiver Four

RESULT: APPROVED [UNANIMOUS]
MOVER: Julie Renehan, Vice Chair
SECONDER: Grant Eckhoff, District 4
AYES: DiCianni, Eckhoff, Larsen, Renehan
ABSENT: DeSart, Tornatore
11. COMMUNITY SERVICES UPDATE - MARY KEATING

Giving DuPage Update - Shefali Trivedi

Shefali Trivedi, the Executive Director of Giving DuPage, gave a presentation on the Giving DuPage program, explaining it is the unit in Community Services that tries to promote secular engagement on behalf of the county. Their mission is to promote giving and volunteerism and serve as your volunteer center. The biggest way this is achieved is through the volunteer portal on the county website [https://givingdupage.galaxydigital.com/need/]. Volunteer opportunities may include baking holiday cookies, painting, and skills-based volunteer activities. Ms. Shefali highlighted:

- The Volunteer Portal website features 400 local charities and over 800 volunteer & in-kind donation needs;
  - 1,838 volunteer connections - up from 1,514 volunteers connected in 2018 (increase of 21% from previous year) - connecting an average of 5 volunteers every day to local nonprofit organizations. The goal is to get close or exceed 2000 volunteer connections this year.
  - About 70 new volunteer users every month and a total of 4,957 users in the Volunteer Portal database
  - 94,278 page views of volunteer & in-kind donation opportunities
  - 69,718 page views of nonprofit agencies
  - Established a great partnership with North Central College in 2018. The college has the Giving DuPage portal opening in their student engagement site; it mirrors their website but is really our website and has led to more engagement with student volunteers.

- Volapalooza, an annual countywide recognition event for community volunteers, was held on November 14 and honored 150+ volunteers with 300 total attendees.

- The Nonprofit Conference was held in October in partnership with the West Suburban Philanthropic Network, with 250 nonprofit attendees.

- The production of the Giving Guide, an annual volunteer resource guide, printed in partnership with the Daily Herald - circulation to DuPage subscribers of the Daily Herald and 8,000 overrun copies are distributed to area libraries and at outreach events. Ms. Shefali will make sure all County Board members have a copy in their mailbox next week.

- The DuPage Human Race, a 5K fundraiser event has raised $743,467 to date, in support of over 135 charities, over the past 8 years.

- Giving DuPage Day 24-hour fundraiser event - taking place in May 2020 - will replace the Race event, allowing us to continue this fundraiser and invite even more
charities to participate. This will primarily be an online donation drive since 2/3 of the donations for the Human Race were online donations. The Giving DuPage Board is discussing various options pending their budget approval. They are not committed to any specific venue and are open to feedback and encourage outside involvement.

Member Larsen introduced Jacob Zarkin, an AP government student, and stated Jacob’s mom, Lisa Zarkin, another Giving DuPage Board member and he are rotating off the Giving DuPage Board and they need board members.

In honor of Giving Tuesday, Ms. Shefali requested all members share the Giving DuPage volunteer portal website with their constituents in their districts.

Member Renehan asked about the relationship with the DuPage Foundation. Ms. Shefali replied that they have a great partnership. The DuPage Foundation’s focus is to support large giving financial support of the different charitable organizations and Giving DuPage is on the volunteer arm of this. The Foundation has supported our conference events, small community grants, promoted our board match program, and shares the portal. They contact us when they have young philanthropists seeking volunteer opportunities through their Next Generation Initiative.

12. DUPAGE CARE CENTER UPDATE - JANTELLE CHADWICK

Janelle Chadwick, Administrator of the DuPage Care Center, shared the Care Center’s calendar, which is attached hereto, and made part of the minutes packet. She stated the holiday trees are going up and highlighted the employee holiday breakfast on Friday, December 20 from 6:30-9:30 a.m. and from 4:00-6:00 p.m. and added they are looking for volunteers.

DuPage Care Center's 2019 Holiday Events Calendar

RESULT: HAND OUT

13. OLD BUSINESS

14. NEW BUSINESS

DuPage County Web Presence: Navigating Resources for Children and Adults with Developmental Disabilities

Mary Keating gave a video presentation of the DuPage Community Resource Information System (C.R.I.S.) website <https://dupagecris.org/> that has close to 1000 entries of programs that assist people in need in a variety of different areas. For clarification, Ms. Keating explained the Wellsky contract on today’s agenda is software that is utilized for the Homeless Management Information System (HMIS), which is paid for through a federal grant, and includes a database of community resources. Case Managers that are assisting the homeless or those at risk of homelessness are using another branch of the same software to collect client data to refer clients to other services. The database used by professionals out in the field is also available to the general public for individuals looking for services.
Ms. Keating performed a custom search in C.R.I.S. under “autism” and pulled up all organizations in our database that serve individuals with autism. Ms. Keating explained that we have staff that are dedicated to keeping the information up to date, partnering with all the organizations to participate in the website by populating and updating their information, which is all based on a nationally recognized taxonomy, equivalent to the dewey decimal system in a library. The C.R.I.S. database has been recently updated. In 2019 there were over 27,000 unique visitors to the website. Staff are working on 2020 outreach goals.

Chair DiCianni noted the obstacles as a parent; what are the symptoms, how do you navigate the system from getting a diagnosis through getting services, and how do you get your name on the Prioritization of Urgency of Need for Services (PUNS) list? Chair DiCianni feels we have a good base and would like to expand upon the C.R.I.S. database to include information for services prior to a diagnosis. Mr. DiCianni has great resources with the State of Illinois as the Chair of the State Autism Task Force. He can get us links to the PUNS database entries and would like a one stop shop for residents to include crisis hotlines.

Member Larsen mentioned the services provided by the DuPage Health Department mirror some of the issues that Chair DiCianni was speaking of, including the crisis hotline and mental health concerns.

Ms. Keating added that we have eighteen Information & Referral staff that take calls all day every day to link residents to the resources for services. Except for our Senior Services Unit, which is the Case Coordination Unit for Illinois, the department does not have the internal capacity to give residents advice, but we do have the expertise to connect them to resources.

Member Renehan commented that the C.R.I.S. database is phenomenal, and she carries the C.R.I.S. bookmarks everywhere to hand out. Ms. Keating replied that she will put the C.R.I.S. bookmarks in all the members’ mailboxes.

15. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:02 AM.
WHEREAS, an agreement has been negotiated in accordance with County Board policy; and

WHEREAS, the Health and Human Services Committee recommends County Board approval for the issuance of a contract purchase order to Optimum Management Resources for professional services to provide technical assistance and consultation services to the DuPage County Homeless Continuum of Care (CoC), for the period January 1, 2020 through December 31, 2020, for Community Services through the HUD CoC Planning Grant.

NOW, THEREFORE BE IT RESOLVED, that County Contract covering said, for professional services to provide technical assistance and consultation services to the DuPage County Homeless CoC, for the period January 1, 2020 through December 31, 2020, for Community Services through the HUD CoC Planning Grant, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to, Optimum Management Resources, 1513 North Columbia, Naperville, Illinois 60563, for a contract total amount not to exceed $30,000.

BE IT FURTHER RESOLVED, that the County Clerk transmit copies of this resolution and any documents attached and made a part hereof, to Peg White-Lijewski, 1513 North Columbia, Naperville, IL 60563, the Finance Department, and Community Services.

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

___________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: ________________________
JEAN KACZMAREK, COUNTY CLERK
**PROCUREMENT REVIEW CHECKLIST**

REQUISITION

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Contract Term</th>
<th>Contract Total Amount</th>
<th>Requesting Dept.</th>
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<tbody>
<tr>
<td>November 25, 2019</td>
<td>1/1/2020 - 12/31/2020</td>
<td>$30,000.00</td>
<td>Health &amp; Human Services</td>
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**Solicitation Method for Source Selection**

Decision Memo Required: Other Professional Services - Detailed Vetting Process Required

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<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date Completed</th>
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<tbody>
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<td>Karen Graczyk</td>
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<tr>
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<td>Completed</td>
<td>12/24/2019 8:44 AM</td>
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<td>Pending</td>
<td>01/07/2020 9:30 AM</td>
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<tr>
<td>Finance Committee</td>
<td>Pending</td>
<td>01/14/2020 8:00 AM</td>
</tr>
<tr>
<td>County Board</td>
<td>Pending</td>
<td>01/14/2020 10:00 AM</td>
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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: Optimum Management Resources</th>
<th>Vendor #: 11548</th>
<th>Contract Term: 01-01-2020 - 12-31-2020</th>
<th>Contract Total: $30,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: Community Services</td>
<td>Contact: Joan Fox</td>
<td>Phone: 630-407-6426</td>
<td>Assigned Committee:</td>
</tr>
</tbody>
</table>

**Description of Procurement/Scope of Work/Background**: Extensive preparation of materials to submit of the annual Continuum of Care consolidated application to HUD is provided through a Continuum Consultant. This is a highly specialized field, requiring familiarity with complex HUD regulations and procedures. The consultant is responsible for completion of applications and reports that result in the DuPage Continuum receiving approximately 4.6 million each year for housing programs throughout DuPage County.

**Reason for Procurement**: The amount of HUD funding received is based on performance. It is, therefore, necessary to engage a consultant who is familiar with the workings of the HUD system and who is able to guide the Continuum's planning and development and provide technical assistance to agencies in a way that the DuPage Continuum's scoring and, consequently, its funding is maximized.

**FUNDING SOURCE**
- Procurement budgeted for (FY and budget code(s)): 5000-1510 IL1652LST141800 and the 2019 HUD Planning Grant
- Budget Transfer (Date)  
- Add'l Information

**DECISION MEMO NOT REQUIRED**
- LOWEST RESPONSIBLE QUOTE #, BID # or RFP #  
  (QUOTE < $25,000, BID > $25,000; attach Tabulation)
- RENEWAL, Enter Bid and/or PO#  
- EXEMPT FROM BIDDING PER ILLINOIS COMPILED STATUTES
- SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00
- PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:
  Professional consultant services of a highly specialized nature.

**BASIS OF DECISION MEMO** (attach Decision Memo)
- EXPLANATION OF REQUEST FOR PROPOSAL RFP #  
  (include Evaluation Summary if applicable)
- PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)
- OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)
- REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)
- OTHER THAN LOWEST RESPONSIBLE, BID #

**PREPARED BY AND APPROVAL(S) (Initials Only)**
- Prepared By:  
  Date: Nov 25, 2019  
  Recommended for Approval:  
  Date: 11/25/19  
  IT Approval, if required:  
  Date: 

**REVIEWED BY (Initials Only)**
- Buyer:  
  Date: 12/9/19  
  Procurement Officer:  
  Date: 12-16-19
- Chief Financial Officer:  
  Date: 12-16-19  
  Chairman's Office:  
  Date: 12-16-19
**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.

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<tbody>
<tr>
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<tr>
<td>Department Requisition #:</td>
<td>____________</td>
</tr>
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</table>

**Requesting Department:** Community Services  
**Department Contact:** Joan Fox

<table>
<thead>
<tr>
<th>Contact Email:</th>
<th><a href="mailto:joan.fox@dupageco.org">joan.fox@dupageco.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone:</td>
<td>630-407-6426</td>
</tr>
<tr>
<td>Vendor Name:</td>
<td>Optimum Management Resources</td>
</tr>
<tr>
<td>Vendor #:</td>
<td>11548</td>
</tr>
</tbody>
</table>

**Action Requested**

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

The DuPage Continuum of Care ("Continuum") is a multi-agency collaboration of service providers, advocates, and other professionals who work together toward ending homelessness. It is required to have a Continuum of Care to receive Federal funds for homeless programming from the U.S. Department of Housing and Urban Development (HUD). Approximately $4.9 million comes to the Continuum each year to address the needs of the homeless population. Due to the strength of its planning and organizational efforts, the DuPage Continuum has historically been successful in obtaining the full funding of Federal homeless funds available.

**Summary Explanation/Background**

Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.

DuPage County Community Services is the lead agency for the DuPage Continuum of Care. A large amount of the staffing related to the competitive funding process comes from the Continuum consultant, Optimum Management Resources (OMR) which has been providing professional services to the Continuum since it started in 1999. This is a highly specialized field and requires familiarity with complex HUD regulations and processes. The amount of funding received is based on performance. Therefore, the consultant must be familiar with the working of the HUD system and be able to guide the Continuum's planning and development in order to maximize the DuPage Continuum of Care's Score on it's annual application to HUD. OMR is a local entity with the special knowledge and expertise necessary to prepare our continuum agencies to be in the best position possible for the competition and possesses the ability to complete the research, engagement and tasks of completing the HUD Continuum of Care application components.

**Strategic Impact**

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

In 2019, DuPage Agencies were awarded $4.88 million dollars to provide services to homeless persons as a result of the collaborative application. Awards are for programs such as Permanent Supportive Housing and Transitional Housing for homeless persons. In addition the awards allow for Continuum Planning and data management through our Homeless Management Information System which assists our Continuum move toward our goal of making the condition of homelessness infrequent, brief and a one-time occurrence.

**Source Selection/Vetting Information**

Describe method used to select source.

OMR is the local entity with special knowledge and expertise necessary to provide Continuum services in preparation of the application to HUD. It is important to have a local entity to provide these services, as attendance is required at various meetings of the Continuum, Regional planning groups and the necessity to provide training and technical assistance to Continuum agencies. OMR has a proven track record of success with the Continuum since 1999 and has been instrumental in the DuPage Continuum receiving approximately $4.6 million from HUD this past year.

**Recommendations/Alternatives**

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

OMR is the local entity with special knowledge and expertise necessary to provide Continuum services in preparation of the application to HUD. It is important to have a local entity to provide these services, as attendance is required at various meetings of the Continuum, Regional planning groups and the necessity to provide training and technical assistance to Continuum agencies. OMR has a proven track record of success with the Continuum since 1999 and has been instrumental in the DuPage Continuum receiving approximately $4.6 million from HUD this past year.

**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.

There would be an annual impact on the HUD 2018 ($21,875) and HUD 2019 ($8,125) Planning Grant budgets for a total of $30,000. This item is currently budgeted in HUD 2018 and applied for in the 2019 Planning Grant budget.
October 16, 2019

Ms. Mary Keating, Director  
Ms. Joan Fox, Administrator  
DuPage County Community Services  
421 N. County Farm Road, 3rd Floor  
Wheaton, IL  60187

Dear Mary and Joan,

I would like to propose a contract as Continuum of Care Consultant for the DuPage County Homeless Continuum of Care effective January 1, 2020 through December 31, 2020.

The total amount of the proposed renewal contract is $30,000. The amount is the same as the previous contract and the deliverables are noted on the following pages. The Continuum Planner and I will collaborate on all aspects of the NOFA competition. The proposal will also provide the Continuum Planner with ongoing oversight, instruction, and consultation on all components of the CoC Consolidated Application. The components include application questions module, attachments, project eligibility and review, technical assistance to applicants, strategic funding decisions and the project priority listing module. I will work in coordination with CoC lead agency staff to provide training and continuity of process. The contract deliverables focus specifically on the tasks necessary to complete the HUD Continuum of Care application.

The Continuum of Care (CoC) Consolidated application process involves approximately $5 million in funding and 15 projects. New projects are also applied for each year. The application is submitted into the HUD esnaps internet based grants management system. Updates and enhancements in NOFA requirements, project types and esnaps require ongoing training. The CoC Consolidated application is a two part process – the Consolidated Application module and the Project Priority Listing module is a separate submission.

I will continue to provide technical assistance on funding strategies for the most effective use of HUD funds and ensure that tasks necessary for maximum points on the annual Continuum Consolidated application are completed throughout the year in a timely manner.

Thank you for your consideration. Please feel free to contact me at 630-357-9595 to discuss the proposal or e-mail me with any questions or comments. I appreciate the opportunity to work with you toward the continued success of the DuPage Homeless Continuum.

Sincerely,

Peg White Lijewski  
President  
Optimum Management Resources, Inc.

1513 N. Columbia, Naperville, IL 60563  (630) 357-9595
<table>
<thead>
<tr>
<th>2020 OMR CONTRACT DELIVERABLES WITH DUPAGE CoC</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide consultation and written feedback to Leadership committee on annual revisions to the CoC Ranking Criteria to be consistent with HUD priorities. Consult with Planner on revisions to Business Plans and Cost Forms.</td>
<td>5</td>
</tr>
<tr>
<td>2. Prepare Annual Notice of HUD Fund Availability memorandum in January of each year.</td>
<td>10</td>
</tr>
<tr>
<td>3. Prepare Continuum Funding Schedule of CoC application activities and deadlines for the CoC.</td>
<td>10</td>
</tr>
<tr>
<td>4. Prepare annual HUD project renewal list with amounts and project descriptions after awards are announced.</td>
<td>5</td>
</tr>
<tr>
<td>5. Debriefing Summary on scoring of the previous Continuum of Care Consolidated application for distribution.</td>
<td>10</td>
</tr>
<tr>
<td>6. Debriefing Score comparisons report from Regional Roundtable member Continuums.</td>
<td>10</td>
</tr>
<tr>
<td>7. Participate in all HUD Point In Time Office Hours training for the Housing Inventory data into the HUD HDX website.</td>
<td>5</td>
</tr>
<tr>
<td>8. Participate in all HUD Point In Time Office Hours training for the Point in Time homeless populations data into the HUD HDX website.</td>
<td>5</td>
</tr>
<tr>
<td>9. Review and analyze the Homeless Populations data in HDX prior to submission. Consult with HMIS and CoC Planner on data revisions/questions and methodology sections.</td>
<td>20</td>
</tr>
<tr>
<td>10. Review and analyze the Housing Inventory data on the master HIC HMIS report with comparisons/explanations and new projects verification.</td>
<td>10</td>
</tr>
<tr>
<td>11. Review the Housing Inventory data in HDX prior to submission. Consult with HMIS and CoC Planner on HIC Notes.</td>
<td>10</td>
</tr>
<tr>
<td>12. Prepare Housing Inventory reports by Housing type for website.</td>
<td>5</td>
</tr>
<tr>
<td>13. Prepare Populations Charts for posting on website.</td>
<td>5</td>
</tr>
<tr>
<td>14. Complete PIT Comparison Summary report for the CoC after final submissions in HDX.</td>
<td>10</td>
</tr>
<tr>
<td>15. Complete 2020 HUD Grants Inventory Worksheet, ensuring all projects are included with correct funding amounts.</td>
<td>20</td>
</tr>
<tr>
<td>16. Complete the annual CoC registration process and confirmation of geography and funding amounts in Esnaps.</td>
<td>10</td>
</tr>
<tr>
<td>17. Complete registration summary in Esnaps for final approval.</td>
<td>10</td>
</tr>
<tr>
<td>18. Review the update of the Continuum Applicant Profile in esnaps.</td>
<td>5</td>
</tr>
<tr>
<td>19. Complete a thorough reading and review of the 2020 HUD CoC Notice of Fund Availability and the General Section.</td>
<td>10</td>
</tr>
<tr>
<td>20. Prepare Continuum NOFA Memorandum after NOFA is announced; including Bonus project rules and re-allocation rules based on complete review of HUD CoC Program Section.</td>
<td>10</td>
</tr>
<tr>
<td>21. Consult with applicants on the types of projects which are eligible, project budgets, and match requirements.</td>
<td>10</td>
</tr>
<tr>
<td>22. Prepare a Project application template for both new and renewal projects for agency applicants based on Continuum NOFA.</td>
<td>10</td>
</tr>
</tbody>
</table>
23. Provide consultation to the project applicants on electronic application procedures, accurate completion of project application; leveraging questions; and the application submission process.

24. Provide a review of each HUD project application template with written feedback to applicants on corrections or additions via email prior to electronic data entry.

25. Provide approved Project List with tiering amounts to Leadership committee for the competition.

26. Assist in reviewing agency applications and provide technical assistance at the Leadership Committee Tiering meeting for determining project tiering order for the Project Priorities.

27. After Leadership meeting, complete final Project Tiering List and Project Tiering memo with rationale for approval by CoC Lead.

28. Compile all required aggregate information from project applications and other sources needed for the consolidated CoC application.

29. Review all project submissions into Esnaps for accuracy and send back for amendment any project that requires corrections. Continue to review submissions till 100% accurate.

30. Obtain all required attachment documents and review them to ensure they meet requirements.

31. Coordinate all required public postings of documents with Continuum Planner. Compile documents for the required public postings with instructions for the posting including dates and wording on the website.

32. Ensure complete electronic entry of the HUD Project Priority Listings module in esnaps in accordance with all guidelines and requirements. Ensure that projects submitted are accurately listed in funding priority order. Work in coordination with CoC lead agency staff to provide training and continuity of process.

33. Ensure completion of the HUD Continuum Consolidated application and documentation requirements in accordance with all guidelines and attachment requirements. Work in coordination with CoC lead agency staff to provide training and continuity of process.

34. Complete any necessary revisions or modifications to all project applications, CoC Consolidated application, and Project Priority Listing and complete final electronic submission.

35. Consultation with HUD regarding interpretation of regulations as necessary. Submit questions to Ask A Question help desk as needed in order to ensure correct interpretation of instructions and regulations and to correct glitches in esnaps.


37. Provide HUD grantees with ongoing technical assistance throughout application process.
38. Ongoing consultation with CoC committee chairs, Continuum Planner and the designated staff in the DuPage County Dept of Community Services.

<table>
<thead>
<tr>
<th>TOTAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>400 X $75 = 30,000</td>
<td>400 HOURS</td>
</tr>
</tbody>
</table>

**SCHEDULE OF FEES**

The total project cost will not exceed $30,000. Payments will be billed as activities are completed. All requests for payment will be accompanied by a detailed list of the scope of work for that time period. Invoices shall be paid within 45 days of submission.
**Vendor:** Optimum Management Resources  
**Vendor #:** 11548

**Attn:** Peg White Lijewski  
**Email:**

**Address:** 1513 N. Columbia  
**City:** Naperville  
**State:** IL  
**Zip:** 60563  
**Phone:** 630-357-9595  
**Fax:**

<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></td>
<td>Contract purchase order for professional services to provide technical assistance and consultation services to the DuPage County Homeless Continuum of Care for the period of January 1, 2020 through December 31, 2020.</td>
<td>20</td>
<td>5000</td>
<td>1510</td>
<td>53090</td>
<td>IL 45215 F13</td>
<td>30,000.00</td>
<td>30,000</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>EA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Requisition Total:** $30,000.00

**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):

Please email a copy of the service agreement to Michelle Tunk in Finance.

**User Department Internal Notes:** (these comments will NOT appear on the Purchase Order):
The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

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

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

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

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

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

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

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

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

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

**The full text for the county's ethics and procurement policies and ordinances are available at:**

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

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

Authorized Signature

- Printed Name: Margaret White Lijewski
- Title: President
- Date: November 3, 2019

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

HHS-P-0014-20

AWARDING RESOLUTION
ISSUED TO CHICAGO UNITED INDUSTRIES, LTD.
TO FURNISH, DELIVER, AND INSTALL ENERGY STAR APPLIANCES
FOR THE WEATHERIZATION PROGRAM
(CONTRACT TOTAL AMOUNT: $48,095)

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

WHEREAS, the Health and Human Services Committee recommends County Board approval for the issuance of a contract purchase order to furnish, deliver, and install Energy Star appliances for Community Services, for the period January 15, 2020 through September 30, 2020, under the FY20 Weatherization Program Grants.

NOW, THEREFORE, BE IT RESOLVED that covering said contract to furnish, deliver, and install Energy Star appliances, for the period January 15, 2020 through September 30, 2020, for Community Services, under the FY20 Weatherization Program Grants, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Chicago United Industries, Ltd., Attn: Galeula Jaime, 53 W. Jackson Blvd., Suite 815, Chicago, Illinois 60604, for a contract total not to exceed $48,095.

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

________________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _______________________________________
JEAN KACZMAREK, COUNTY CLERK
PROCURMENT REVIEW CHECKLIST
REQUISITION
This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 19, 2019</td>
<td>$48,095</td>
<td>JANUARY 15, 2020 - SEPTEMBER 30, 2020</td>
<td>HEALTH &amp; HUMAN SERVICES</td>
</tr>
</tbody>
</table>

SOLICITATION METHOD FOR SOURCE SELECTION

No Decision Memo Required  Lowest Responsible Quote - See attached tabulation

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Graczyk</td>
<td>Completed</td>
<td>12/19/2019 9:56 AM</td>
</tr>
<tr>
<td>Mary Keating</td>
<td>Completed</td>
<td>12/26/2019 9:24 AM</td>
</tr>
<tr>
<td>Kimberly Mehring</td>
<td>Completed</td>
<td>12/26/2019 2:07 PM</td>
</tr>
<tr>
<td>Nancy Buckley</td>
<td>Completed</td>
<td>12/26/2019 2:11 PM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>12/26/2019 2:17 PM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>12/31/2019 8:32 AM</td>
</tr>
<tr>
<td>Nancy Buckley</td>
<td>Completed</td>
<td>12/31/2019 10:40 AM</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>Pending</td>
<td>01/07/2020 9:30 AM</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>Pending</td>
<td>01/14/2020 8:00 AM</td>
</tr>
<tr>
<td>County Board</td>
<td>Pending</td>
<td>01/14/2020 10:00 AM</td>
</tr>
</tbody>
</table>
## SECTION 7 - MANDATORY FORMS
### BID FORM
#### BID #19-133-CS – APPLIANCES FOR ILLINOIS HOME WEATHERIZATION ASSISTANCE PROGRAM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

<table>
<thead>
<tr>
<th>Full Name of Bidder</th>
<th>CHICAGO UNITED INDUSTRIES, LTD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Business Address</td>
<td>53 W. JACKSON BLVD, SUITE 81S</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>CHICAGO, ILLINOIS 60604</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>312-786-1471</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:gujaiem@cuiltd.com">gujaiem@cuiltd.com</a></td>
</tr>
<tr>
<td>Bid Contact Person</td>
<td><a href="mailto:Monica@cuiltd.com">Monica@cuiltd.com</a></td>
</tr>
</tbody>
</table>

TO: The DuPage County Procurement Services
The undersigned certifies that he is:

- [ ] the Owner/Sole Proprietor
- [x] a Member authorized to sign on behalf of the Partnership
- [x] an Officer of the Corporation
- [ ] a Member of the Joint Venture

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

(Secretary or Partner)

(Vice-President or Partner)

(Treasurer or Partner)

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

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

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

Further, the undersigned certifies that the Bidder is not barred from bidding on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33 E-4, bid rigging or bid-rotating, or as a result of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.
The undersigned certifies that he has examined and carefully prepared this bid and has checked the same in detail before submitting this bid, and that the statements contained herein are true and correct.

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

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

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

**BID AWARD CRITERIA:** This bid will be awarded to the lowest responsive, responsible bidder.

**BID FORM PRICING**

Please be advised that the bid worksheet contains the best estimates available, based on history of the program, as to the materials, quantities, and number of housing units for the purpose of establishing how the firm fixed unit prices will extrapolate into a fair and systematic method of evaluating the price of using each vendor responding to this solicitation. Such numbers are for information purposes only and are not intended to represent actual production for the duration of the proposed contract.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item/Description</th>
<th>UOM</th>
<th>Quantity</th>
<th>Model #</th>
<th>Price Each</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Furnish/Install Refrigerator (Energy Star Rated):</td>
<td>EA</td>
<td>4</td>
<td>GTE16 DTHR</td>
<td>$653.24</td>
<td>$2,612.96</td>
</tr>
<tr>
<td></td>
<td>15.0-15.9 cubic foot (White/Black, top freezer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16.0-16.9 cubic foot (White/Black, top freezer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18.0-18.9 cubic foot (White/Black, top freezer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20.0-20.9 cubic foot (White/Black, top freezer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Furnish/Install Upright Freezer (Energy Star Rated):</td>
<td>EA</td>
<td>3</td>
<td>FUF21 DLR</td>
<td>$793.98</td>
<td>$2,372.43</td>
</tr>
<tr>
<td></td>
<td>17.0-17.9 cubic foot (White, upright)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20.0-20.9 cubic foot (White, upright)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Furnish/Install Chest Freezer (Energy Star Rated):</td>
<td>EA</td>
<td>3</td>
<td>FCM21 PHN</td>
<td>$750.52</td>
<td>$2,251.56</td>
</tr>
<tr>
<td></td>
<td>10.0-10.9 cubic foot (White)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Furnish/Install Gas Range:</td>
<td>EA</td>
<td>5</td>
<td>JGB5830 DEK</td>
<td>$924.26</td>
<td>$4,621.30</td>
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<tr>
<td></td>
<td>30' Freestanding (White/Black)</td>
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<tr>
<td>5</td>
<td>Furnish/Install Electric Range:</td>
<td>EA</td>
<td>2</td>
<td>JBS460 DM</td>
<td>$473.00</td>
<td>$1,546.00</td>
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<tr>
<td></td>
<td>30' Freestanding (White/Black)</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**TOTAL BID PRICE (In words):**

FORTY SIX THOUSAND SEVEN HUNDRED AND TWENTY SEVEN AND SEVENTY SEVEN CENTS.

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THE COUNTY OF DU PAGE
APPLIANCES FOR ILLINOIS HOME WEATHERIZATION - 19-133-CS
Page 42 of 51

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Packet Pg. 26
BID FORM SIGNATURE PAGE

Signature on File

X ____________________________
(Signature and Title)

CORPORATE SEAL
(If available)

BID MUST BE SIGNED AND NOTARIZED (WITH SEAL) FOR CONSIDERATION

Subscribed and sworn to before me this 21st day of November AD, 2019

Signature on File

My Commission Expires: 7/19/2021

"OFFICIAL SEAL"

IVANA A GARRIGA
Notary Public, State of Illinois
My Commission Expires 07/19/2021

SEAL
## Procurement Review Checklist

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

---

**Vendor:** Chicago United Industries, Ltd.  
**Vendor #:**  
**Dept:** Community Services  
**Contact:** David Watkins  
**Phone:** 630-407-6466

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

To furnish, deliver, and install Energy Star appliances with proper disposal for the Weatherization Program

### Reason for Procurement

All vendor/contract items must be publicly bid through a competitive and open bid.

### FUNDING SOURCE

- Procurement budgeted for (FY and budget code(s)): 5000-1400/17-403028; 5000-1430/19-221028; 5000-1490/20-251028; 5000-1555/Retrofits

### DECISION MEMO NOT REQUIRED

- LOWEST RESPONSIBLE QUOTE # or BID # 19-133-CS (QUOTE < $25,000, BID > $25,000; attach Tabulation)

### DECISION MEMO REQUIRED

- Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCSS25)
- EXPLANATION OF REQUEST FOR PROPOSAL RFP # (include Evaluation Summary if applicable)
- RENEWAL of RFP #
- PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)
- OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)
- REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)
- OTHER THAN LOWEST RESPONSIBLE, BID #

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

- **Prepared By:**  
  **Date:** Dec 10, 2019

- **Recommended for Approval:**  
  **Date:** 12/5/19

- **IT Approval, if required:**  
  **Date:**

### REVIEWED BY (Initials Only)

- **Buyer:**  
  **Date:** 12/18/19

- **Procurement Officer:**  
  **Date:** 12-26-19

- **Chairman’s Office:**  
  **Date:** 12-31-19
# Chicago United Industries

<table>
<thead>
<tr>
<th>Item</th>
<th>Item/Description</th>
<th>UOM</th>
<th>Qty</th>
<th>Model #</th>
<th>Unit Price</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Furnish/Install Refrigerator (Energy Star Rated):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15.0-15.9 cubic foot (White/Black, top freezer)</td>
<td>EA</td>
<td>4</td>
<td>GTE16DTNR</td>
<td>$653.24</td>
<td>$2,612.96</td>
</tr>
<tr>
<td></td>
<td>16.0-16.9 cubic foot (White/Black, top freezer)</td>
<td>EA</td>
<td>6</td>
<td>GTE17DTNR</td>
<td>$670.85</td>
<td>$4,025.10</td>
</tr>
<tr>
<td></td>
<td>18.0-18.9 cubic foot (White/Black, top freezer)</td>
<td>EA</td>
<td>10</td>
<td>GTE18ETH</td>
<td>$937.32</td>
<td>$9,373.20</td>
</tr>
<tr>
<td></td>
<td>20.0-20.9 cubic foot (White/Black, top freezer)</td>
<td>EA</td>
<td>14</td>
<td>GTE21GTH</td>
<td>$1,417.42</td>
<td>$19,843.88</td>
</tr>
<tr>
<td>2</td>
<td>Furnish/Install Upright Freezer (Energy Star Rated):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17.0-17.9 cubic foot (white, upright)</td>
<td>EA</td>
<td>3</td>
<td>FUF17DLRW</td>
<td>$733.98</td>
<td>$2,201.94</td>
</tr>
<tr>
<td></td>
<td>20.0-20.9 cubic foot (white, upright)</td>
<td>EA</td>
<td>3</td>
<td>FUF21DLR</td>
<td>$850.61</td>
<td>$2,551.83</td>
</tr>
<tr>
<td>3</td>
<td>Furnish/Install Chest Freezer (Energy Star Rated):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.0-10.9 cubic foot (white)</td>
<td>EA</td>
<td>3</td>
<td>FCM11PHN</td>
<td>$650.52</td>
<td>$1,951.56</td>
</tr>
<tr>
<td>4</td>
<td>Furnish/Install Gas Range:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30&quot; Freestanding (White/Black)</td>
<td>EA</td>
<td>5</td>
<td>JGB530DEK</td>
<td>$524.26</td>
<td>$2,621.30</td>
</tr>
<tr>
<td>5</td>
<td>Furnish/Install Electric Range:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30&quot; Freestanding (White/Black)</td>
<td>EA</td>
<td>2</td>
<td>JBS460DM</td>
<td>$773.00</td>
<td>$1,546.00</td>
</tr>
</tbody>
</table>

**Total Quote** $46,727.77

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**NOTES:**
1) Business Services was deemed nonresponsive due to not submitting a bid security per the bid directions.
2) Custom Appliances was deemed nonresponsive due to refusing to follow program protocol regarding reporting.

| Invitations Sent | 27 |
| Total Vendors Requesting Documents | 11 |
| Total Quote Responses | 3 |
**Purchase Requisition**

**Procurement Services Division**

**Date:** Dec 10, 2019

**MinuteTraq (IQM2) ID #:** 16798

**Department Req #:** 19-133

---

### Send Purchase Order To:

<table>
<thead>
<tr>
<th>Vendor: Chicago United Industries, Ltd.</th>
<th>Dept: Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Galeula Jaime</td>
<td>Email: <a href="mailto:gjaime@cuiltd.com">gjaime@cuiltd.com</a></td>
</tr>
<tr>
<td>Address: 53 W. Jackson Blvd, Suite 815</td>
<td>Division: Weatherization</td>
</tr>
<tr>
<td>City: Chicago</td>
<td>State: IL</td>
</tr>
<tr>
<td>Zip: 60604</td>
<td></td>
</tr>
</tbody>
</table>

**Send Invoices To:**

<table>
<thead>
<tr>
<th>Vendor: Chicago United Industries, Ltd.</th>
<th>Dept: Community Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: David Watkins</td>
<td>Email: <a href="mailto:david.watkins@dupageco.org">david.watkins@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 421 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>City: Wheaton</td>
<td>State: IL</td>
</tr>
<tr>
<td>Zip: 60187</td>
<td></td>
</tr>
</tbody>
</table>

**Phone:** 312-786-1471

**Send Payments To:**

<table>
<thead>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

**Phone:** 312-786-1471

---

### 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>Contract Administrator</td>
<td></td>
</tr>
</tbody>
</table>

**Use for:** PO25 only

### Ship To:

<table>
<thead>
<tr>
<th>Dept: Community Services</th>
<th>Division: Weatherization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: David Watkins</td>
<td>Email: <a href="mailto:david.watkins@dupageco.org">david.watkins@dupageco.org</a></td>
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<tr>
<td>Address: 421 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>City: Wheaton</td>
<td>State: IL</td>
</tr>
<tr>
<td>Zip: 60187</td>
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</tr>
</tbody>
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**Phone:** 630-407-6466

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<tbody>
<tr>
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<td>Room:</td>
</tr>
<tr>
<td>City: Wheaton</td>
<td>State: IL</td>
</tr>
<tr>
<td>Zip: 60187</td>
<td></td>
</tr>
</tbody>
</table>

**Phone:** 630-407-6466

**Fax:** 630-407-6599

---

### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extensor |
<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Energy Star Appliances</td>
<td>19 5000 1400 53090 17-403028</td>
<td>7,205.00</td>
<td>7,205</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>EA</td>
<td>Energy Star Appliances</td>
<td>19 5000 1430 53090 19-221028</td>
<td>23,651.00</td>
<td>23,651</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>EA</td>
<td>Energy Star Appliances</td>
<td>19 5000 1490 53090 20-251028</td>
<td>8,095.00</td>
<td>8,095</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>EA</td>
<td>Energy Star Appliances</td>
<td>19 5000 1555 53090 RETROFITS 9,144.00</td>
<td>9,144</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>EA</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Requisition Total:** $ 48,095

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**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):

To furnish, deliver, and install Energy Star appliances with proper disposal for the Weatherization Program. Total dollars requested reflects all grant funding that is available for this project.
The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

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

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

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

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

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

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

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

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

**Authorized Signature**

**Printed Name**

**Title**

**Date**

12/9/19

Signature on File

Attach additional sheets if necessary. Sign each sheet and number each page. PAGE 1 OF 1 (total number of pages)
Resolution
FI-R-0029-20

ACCEPTANCE AND APPROPRIATION OF
THE DUPAGE CARE CENTER FOUNDATION -
FOUNDATION COORDINATOR GRANT PY20
COMPANY 5000 - ACCOUNTING UNIT 2120
$30,454

(Under the administrative direction of the DuPage Care Center)

WHEREAS, the County of DuPage has been notified by the DuPage Care Center Foundation that grant funds in the amount of $30,454 (THIRTY THOUSAND, FOUR HUNDRED FIFTY-FOUR AND NO/100 DOLLARS) are available to be used to provide partial funding for a part-time Foundation Coordinator whose responsibilities include planning and coordination of fundraising events, promoting community awareness, pursuing grant and sponsorship funding, and management of donations; and

WHEREAS, the term of the grant award is from December 1, 2019 through November 30, 2020; 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 additional appropriation on the attached sheet (Attachment) in the amount of $30,454 (THIRTY THOUSAND, FOUR HUNDRED FIFTY-FOUR AND NO/100 DOLLARS) be made to establish the DuPage Care Center Foundation - Foundation Coordinator Grant PY20, Company 5000 - Accounting Unit 2120, for the period of December 1, 2019 to November 30, 2020; and

BE IT FURTHER RESOLVED by the DuPage County Board that the Administrator of the DuPage Care Center 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 Health and Human Services Committee shall review the need for continuing the specified program; and

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

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DUPAGE COUNTY BOARD
Resolution

FI-R-0029-20

Attest: ________________________________

JEAN KACZMAREK, COUNTY CLERK
ADDITIONAL APPROPRIATION TO ESTABLISH THE
DUPAGE CARE CENTER FOUNDATION - FOUNDATION COORDINATOR GRANT PY20
COMPANY 5000 – ACCOUNTING UNIT 2120
$30,454

REVENUE

46009-0000 – Private Grants  $ 30,454

TOTAL ANTICIPATED REVENUE  $ 30,454

EXPENDITURES

PERSONNEL

50040 Part Time Help  $ 22,991
51010 Employer Share I.M.R.F.  2,775
51030 Employer Share Social Security  1,759
51040 Employee Med & Hosp Insurance  2,929

TOTAL PERSONNEL  $ 30,454

TOTAL ADDITIONAL APPROPRIATION  $ 30,454
Acceptance and Appropriation of Additional Funding
For the DuPage Care Center Foundation-
Music Therapy Grant PY19
Company 5000 - Accounting Unit 2120
$40,274

(Under the administrative direction of the DuPage Care Center)

WHEREAS, the County of DuPage heretofore accepted and appropriated the DuPage Care Center Foundation-Music Therapy Grant PY19, Company 5000 - Accounting Unit 2120, pursuant to Resolution FI-R-0029-19 for the period December 1, 2018 through December 31, 2022, as amended; and

WHEREAS, the County of DuPage has been notified by the DuPage Care Center Foundation that additional grant funds in the amount of $40,274 (FORTY THOUSAND, TWO HUNDRED SEVENTY-FOUR AND NO/100 DOLLARS) are available to be used to provide funding for music therapy services to address the physical, emotional, cognitive, and social needs of DuPage Care Center residents; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (Attachment) in the amount of $40,274 (FORTY THOUSAND, TWO HUNDRED SEVENTY-FOUR AND NO/100 DOLLARS) be made and added to the DuPage Care Center Foundation-Music Therapy Grant PY19, Company 5000 - Accounting Unit 2120 and that the program continue as originally approved in all other respects; and

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

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

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD
Resolution

FI-R-0030-20

Attest: __________________________
JEAN KACZMAREK, COUNTY CLERK
ADDITIONAL APPROPRIATION FOR
THE DUPAGE CARE CENTER FOUNDATION-MUSIC THERAPY GRANT FY19
COMPANY 5000 – ACCOUNTING UNIT 2120
$40,274

REVENUE

46009-0000 Private Grants $ 40,274

TOTAL ANTICIPATED REVENUE $ 40,274

EXPENDITURES

CONTRACTUAL SERVICES

53090 Other Professional Services $ 40,274

TOTAL CONTRACTUAL SERVICES $ 40,274

TOTAL ADDITIONAL APPROPRIATION $ 40,274
Resolution
FI-R-0031-20

ACCEPTANCE AND APPROPRIATION OF
THE DUPAGE CARE CENTER FOUNDATION -
RECREATION THERAPY GRANT FY20
COMPANY 5000 - ACCOUNTING UNIT 2120
$21,280

(Under the administrative direction of
the Convalescent Center)

WHEREAS, the County of DuPage has been notified by the DuPage Care Center Foundation that grant funds in the amount of $21,280 (TWENTY-ONE THOUSAND, TWO HUNDRED EIGHTY AND NO/100 DOLLARS) are available to be used to continue funding for two part-time Recreation Therapy Aid positions to support the All-House Program; and

WHEREAS, the term of the grant award is from December 1, 2019 through November 30, 2020; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (Attachment) in the amount of $21,280 (TWENTY-ONE THOUSAND, TWO HUNDRED EIGHTY AND NO/100 DOLLARS) be made to establish the DuPage Care Center Foundation-Recreation Therapy Grant FY20, Company 5000 - Accounting Unit 2120 for the period December 1, 2019 through November 30, 2020; and

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

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

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

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD
Resolution

FI-R-0031-20

Attest: __________________________________________

JEAN KACZMAREK, COUNTY CLERK
ATTACHMENT

ADDITIONAL APPROPRIATION TO ESTABLISH
THE DUPAGE CARE CENTER FOUNDATION-RECREATION THERAPY GRANT FY20
COMPANY 5000 – ACCOUNTING UNIT 2120
$21,280

REVENUE
46009-0000 – Private Grants $ 21,280

TOTAL ANTICIPATED REVENUE $ 21,280

EXPENDITURES
PERSONNEL
50040 Part Time Help $ 21,280

TOTAL PERSONNEL $ 21,280

TOTAL ADDITIONAL APPROPRIATION $ 21,280
AWARDING RESOLUTION
ISSUED TO MUSIC SPEAKS, LLC,
FOR MUSIC THERAPY SERVICES FOR THE
RESIDENTS AT THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT: $48,124.00)

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

WHEREAS, the Health and Human Service Committee recommends County Board approval for the issuance of a contract purchase order for music therapy services, for the period January 1, 2020 through December 31, 2020, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract, for music therapy services, for the period January 1, 2020 through December 31, 2020, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Music Speaks, LLC, 16620 40th Avenue North, Minneapolis, Minnesota 55446, for a total contract amount of $48,124.00. (Foundation Funded)

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: ____________________________
JEAN KACZMAREK, COUNTY CLERK
**PROCUREMENT REVIEW CHECKLIST REQUISITION**

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>NEW PURCHASE ORDER REQUEST</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE SUBMITTED</td>
<td>December 3, 2019</td>
</tr>
<tr>
<td>CONTRACT TOTAL AMOUNT</td>
<td>$48,124.00</td>
</tr>
<tr>
<td>CONTRACT TERM</td>
<td>JANUARY 1, 2020 - DECEMBER 31, 2020</td>
</tr>
<tr>
<td>REQUESTING DEPT.</td>
<td>DUPAGE CARE CENTER</td>
</tr>
</tbody>
</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date and Time</th>
</tr>
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<tbody>
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<tr>
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<td>01/14/2020 10:00 AM</td>
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**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: Music Speaks, LLC</th>
<th>Contract Term: 01/01/20 - 12/31/20</th>
<th>Contract Total: $48,124.00</th>
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<tbody>
<tr>
<td>Dept: DuPage Care Center</td>
<td>Contact: Susan Coblentz</td>
<td>Phone: 630-784-4302</td>
</tr>
<tr>
<td></td>
<td>Assigned Committee: Health and Human Services</td>
<td></td>
</tr>
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</table>

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

Music Therapy services for the residents at the DuPage Care Center.

**Reason for Procurement**

Provide music therapy at the DuPage care center to enhance the lives of residents and families using music therapy techniques to promote healing, bring comfort and improve quality of life. (DuPage Care Center Foundation Funded)

---

**FUNDING SOURCE**

- [ ] Procurement budgeted for (FY and budget code(s)): 5000-2120-53090 (DCCFMTG19)
- [ ] 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 (DPC-107) or Government Joint Purchasing Act Procurement (30ILCS525)
- [ ] EXPLANATION OF REQUEST FOR PROPOSAL RFP # [ ] (include Evaluation Summary if applicable)
- [ ] RENEWAL OF RFP # 17-206-JM
- [ ] PROFESSIONAL SERVICES EXCLUDED per DuPage Ordinance (4-108) and 50 ILCS 510/2 (Architects, Engineers and Land Surveyors)
- [ ] OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)
- [ ] REQUEST WAIVER OF COUNTY BID RULES (only allowable to Statutory Limits)
- [ ] OTHER THAN LOWEST RESPONSIBLE, BID #

---

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

<table>
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<th>Nov 27, 2019</th>
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<tbody>
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**REVIEWED BY (Initials Only)**

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<tr>
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<table>
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<tr>
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<tr>
<td>Chairman's Office</td>
<td>12-19-19</td>
</tr>
<tr>
<td>Date</td>
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</tbody>
</table>

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Attachment: Music Speaks, LLC Checklist (HHS-P-0015-20 : Music Speaks, LLC)
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: Nov 27, 2019
MinuteTraq (IQM2) ID #: 16697
Department Requisition #: 7171

Requesting Department: DuPage Care Center
Department Contact: Susan Coblentz

| Contact Email: susan.coblentz@dupageco.org |
| Contact Phone: 630-784-4302 |
| Vendor Name: Music Speaks, LLC |

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

Approval of renewal to contract for Music Speaks, LLC, for music therapy services for the residents at the DuPage Care Center, for the period January 1, 2020 through December 31, 2020, in the amount of $48,124.00, per most qualified offeror, per second optional renewal under proposal #17-206-JM.

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

Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive and social needs of individuals of all ages. Music is used with elderly persons to increase or maintain their level of physical, mental, and social/emotional functioning. The sensory and intellectual stimulation of music can help maintain a person’s quality of life. With the advancements in medicine and the increased number of independent and assisted living facilities available to residents that fall into that category, the long term care industry is caring for a population that is more medically compromised. Residents are less able to meet their own needs independently and are requiring more assistance to do so. IDPH Regulations require stimulation with lower functioning residents.

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

Quality of Life

Having the ability to employ a part time Music Therapist would enable Recreation staff to better meet the needs of this growing population of residents with complex medical needs. This service would provide support that is more in line with resident needs by providing daily stimulation to residents for longer durations.

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

RFP #17-206-JM

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

1) Renew contract with Music Speaks to enhance the lives of over 320 Residents, including some of the most vulnerable residents that reside at the DuPage Care Center.
2) Do not renew contract. Find a new service provider using the grant funds that were offered by the DuPage Care Center Foundation.

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.

Services funded by the DuPage Care Center Foundation

5000-2120-53090 $48,124.00
COUNTY OF DU PAGE, ILLINOIS
OPTION TO RENEW CONTRACT

This agreement, made and entered into by the County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "County" and Music Speaks, LLC, hereinafter called the "Contractor", witnesseth;

The County and the Contractor have previously entered into a Contract, pursuant to Bid #17-206-JM which became effective 12/12/17 and which expires 12/31/19. The contract is subject to an SECOND option to renew for a twelve (12) month period.

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

The contract renewal becomes effective 01/01/20 and expires 12/31/20.

Music Speaks, LLC.

Signature on file

SIGNATURE

Stephanie Johnson

PRINTED NAME

Owner, Chief Executive Officer

PRINTED TITLE

11/8/19

DATE

COUNTY OF DU PAGE, ILLINOIS

Signature on file

Deborah Ash
Buyer II, Procurement Services Division

DATE

11/8/19
Pricing Proposal

A. Group music therapy sessions including assessments and ongoing treatment sessions, will be reimbursed at a per session rate. Sessions are scheduled for 60 minutes. Below are the rates per year:
   a. 2018 - $100.81/session
   b. 2019 - $102.83/session
   c. 2020 - $104.88/session
   d. 2021 - $106.98/session

B. Individual music therapy sessions including assessments and ongoing treatment sessions, will be reimbursed at a per session rate. Sessions are scheduled for 45 minutes. Below are the rates per year:
   a. 2018 - $75.61/session
   b. 2019 - $77.12/session
   c. 2020 - $78.66/session
   d. 2021 - $80.24/session

C. Should excess additional work be requested, service will be reimbursed per hour. Service to be mutually determined by the facility and Music Speaks, LLC. Below are the rates per year:
   a. 2018 - $68.98/hour
   b. 2019 - $70.36/hour
   c. 2020 - $71.77/hour
   d. 2021 - $73.20/hour
COUNTY OF DU PAGE, ILLINOIS
PROCUREMENT SERVICES DIVISION
RFP TABULATION ADVICE

RFP #17-206-JM
MUSIC THERAPY SERVICES

RFP OPENING DATE: 11/22/17 - 3:00 P.M.

RESPONSIBLE PROPOSALS

| KELLY RYAN |
| MUSIC SPEAKS, LLC |

NON-RESPONSIBLE RFPS:

NO RFP RESPONSES:

RFP OPENING ATTENDED BY:

Joan McAvoy, DuPage County Buyer
Glenda Vasak, DuPage County Buyer

| INVITATIONS SENT: | 19 | POTENTIAL OFFERORS REQUESTING DOCUMENTS: | 10 | TOTAL RFP RESPONSES RECEIVED: | 2 |
COUNTY OF DU PAGE, ILLINOIS

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

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

Finally, the Offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the proposal schedule.

Failure to complete this form shall result in your Proposal being deemed non-responsive and rejected without further evaluation.

No proposal shall be accepted which has not been manually signed in ink in the appropriate space below:

I certify, under penalty of perjury, that I have the legal authorization to bind the firm hereunder:

X [Signature and Title]  CORPORATE

 Italics: (Signature and Title)  (If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this 22 day of November, AD, 2017

My Commission Expires: July 1, 2018

[Notary Public]

Signature on file

Signature on file

Signature on file

RAMON REYNA
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires July 01, 2018
COUNTY OF DU PAGE, ILLINOIS

PROPOSAL FORM

PROPOSAL #17-206-JM
MUSIC THERAPY SERVICES

[PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION]

<table>
<thead>
<tr>
<th>Full Name of Offeror</th>
<th>Music Speaks, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Business Address</td>
<td>16620 40th Ave North</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Minneapolis, MN 55446</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>563-249-5781</td>
</tr>
<tr>
<td>Fax Number</td>
<td>866-283-3639</td>
</tr>
<tr>
<td>Proposal Contact Person</td>
<td>Stephanie Johnson</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:stephanie@musicspeakstherapy.com">stephanie@musicspeakstherapy.com</a></td>
</tr>
</tbody>
</table>

TO: The DuPage County Procurement Services Division

The undersigned certifies that he is:

☒ an Owner/Proprietor
☐ an Officer of the Corporation
☐ a Member of the Partnership
☐ a Member of the Joint Venture herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Stephanie Johnson
(President or Partner)

N/A
(Vice-President or Partner)

N/A
(Secretary or Partner)

N/A
(Treasurer or Partner)

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

N/A, N/A, N/A, N/A, and executed thereto;

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

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

Further, the undersigned certifies that the Offeror is not barred from bidding on this contract because of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, bid rigging or bid-rotaling or because of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.

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

PROPOSAL #17-206-JM
Page 21 of 32
COUNTY OF DU PAGE, ILLINOIS

Investigative Consumer Report Disclosure and
Release of Information Authorization
DuPage Care Center Applicants

I authorize DuPage County Government and a consumer-reporting agency of DuPage County’s choice, to retrieve information from all educational institutions, government agencies, and law enforcement agencies at the federal, state, or county level, relating to my past activities, to supply all information concerning my background. The information received may include, but is not limited to, academic, litigation, driving records, credit and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

I have received a copy of the Summary of Rights under the Fair Credit Reporting Act. I understand that I have the right, upon written request made within a reasonable time after receipt of this notice, to obtain information from DuPage County as to whether the investigative consumer report has been requested. I understand that I also have the right to receive written disclosure of the nature and scope of the investigation requested as well as the name and address of the outside agency to whom requests for any of these reports has been made.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if after employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

I hereby authorize DuPage County to obtain an investigative consumer report at any time during my employment for evaluation for employment, promotion, reassignment or retention as an employee.

The following must be filled out completely and signed for your application to be considered
(Please print)

Last name Johnson

First Name Stephanie

Middle Name/Initial K

Home Address

City Minneapolis

County Hennepin

State MN

Zip 55446

Social Security Number:

Driver’s License Number of State ID#: Signature

State Issued: MN

For identification purposes, please provide: Full date of birth 06/18/1985

Signature on file

Race: ________ Age: ________

Sex: ________

Have you used any names or Social Security numbers other than above? ________ Yes ________ No

Please list other names used: Stephanie Holm

Please list other addresses used: See Addendum #2

Please list other SS Number used: N/A

Convicted of a Crime: ________ Yes ________ No

Signature on file

Today’s Date 11/20/17

Signature on file

Packet Pg. 51
Purchase Requisition  
Procurement Services Division

Send Purchase Order To:  
Vendor: Music Speaks, LLC  
Vendor #: 20683  
Dept: DuPage Care Center  
Division: Recreation

Attn: Stephanie Johnson  
Email: stephanie@musicspeakstherapy.com

Address: 16620 40th Avenue North  
City: Minneapolis  
State: MN  
Zip: 55446

Phone: 563-249-5781  
Fax: 866-283-3639

Send Invoices To:  
Vendor: Music Speaks, LLC  
Vendor #: 20683  
Dept: DuPage Care Center  
Division: Recreation

Attn: Susan Coblentz  
Email: susan.coblentz@dupageco.org

Address: 400 N. County Farm Road  
City: Wheaton  
State: IL  
Zip: 60187

Phone: 630-784-4302  
Fax: 866-283-3639

Send Payments To:  
Vendor: Music Speaks, LLC  
Vendor #: 20683  
Dept: DuPage Care Center  
Division: Recreation

Attn: Susan Coblentz  
Email: susan.coblentz@dupageco.org

Address: 400 N. County Farm Road  
City: Wheaton  
State: IL  
Zip: 60187

Phone: 630-784-4302  
Fax: 866-283-3639

Ship To:  
Vendor: Music Speaks, LLC  
Vendor #: 20683  
Dept: DuPage Care Center  
Division: Recreation

Attn: Susan Coblentz  
Email: susan.coblentz@dupageco.org

Address: 400 N. County Farm Road  
City: Wheaton  
State: IL  
Zip: 60187

Phone: 630-784-4302  
Fax: 866-283-3639

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Requisition Total $ 48,124

Header Comments (these comments will appear on the PO20 and PO25 Purchase Order):  
Music therapy services for the residents at the DuPage Care Center, for the period January 1, 2020 through December 31, 2020, per renewal under Proposal #17-206-JM, second optional one (1) year renewal.  (Foundation funded)

Special Instructions/Comments to Buyer or Approver (these comments will NOT appear on the Purchase Order):  
we will use all remaining monies from DCCFMTG19 first and then ask for new grant extension

User Department Internal Notes (these comments will NOT appear on the Purchase Order):  
January 7, 2020  Health and Human Services Committee  
January 14, 2020 County Board Meeting
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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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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<tbody>
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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

Signature on File

Printed Name

Stephanie Johnson

Title

CEO

Date

10/22/19

Packet Pg. 53
Requisition 25k and over

HHS-P-0016-20

AWARDING RESOLUTION
ISSUED TO ACCELERATED CARE PLUS LEASING, INC,
FOR 48 MONTH LEASE PROGRAM FOR
PHYSICAL THERAPY EQUIPMENT AT THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT: $46,467.36)

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

WHEREAS, the Health and Human Service Committee recommends County Board approval for the issuance of a contract purchase order for 48 month lease program for physical therapy equipment, for the period January 1, 2020 through December 31, 2023, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract, for 48 month lease program for physical therapy equipment, for the period January 1, 2020 through December 31, 2023, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Accelerated Care Plus Leasing, Inc, 4999 Aircenter Circle, Reno, Nevada 83502, for a total contract amount of $46,467.36, per lowest quote #19-151-CARE.

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: __________________________
JEAN KACZMAREK, COUNTY CLERK
Requisition 25k and over

HHS-P-0016-20

PROCUREMENT REVIEW CHECKLIST
REQUISITION

This form must accompany all County Purchase Requisitions.

<table>
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<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
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<td>December 11, 2019</td>
<td>$46,467.36</td>
<td>JANUARY 1, 2020 - DECEMBER 31, 2023</td>
<td>DUPAGE CARE CENTER</td>
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SOLICITATION METHOD FOR SOURCE SELECTION

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

Karen Graczyk  Completed  12/13/2019 9:41 AM
Janelle Chadwick  Completed  12/13/2019 10:25 AM
Nancy Buckley  Completed  12/16/2019 10:44 AM
James McGuire  Completed  12/17/2019 8:17 AM
Paul Rafac  Completed  12/18/2019 7:01 PM
Nancy Buckley  Completed  12/19/2019 1:07 PM
Health & Human Services  Pending  01/07/2020 9:30 AM
Finance Committee  Pending  01/14/2020 8:00 AM
County Board  Pending  01/14/2020 10:00 AM
**Procurement Review Checklist**

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

<table>
<thead>
<tr>
<th>Vendor:</th>
<th>Accelerated Care Plus Leasing, Inc.</th>
<th>Vendor #:</th>
<th>Contract Term:</th>
<th>Contract Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept:</td>
<td>DuPage Care Center</td>
<td>Contact:</td>
<td>Phone: 630-784-4402</td>
<td>Assigned Health and Human Committee: Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Procurement/Scope of Work/Background</th>
<th>48 month leasing program for Physical Therapy Equipment for the residents at the DuPage Care Center for the period 01/01/20 through 12/31/23, per option #2 (leasing equipment), #19-151-CARE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Procurement</td>
<td>OmniCycle - This equipment is an advanced therapeutic exercise systems, to assist patients/residents who struggle to participate in therapeutic exercise due to strength, coordination or neurological, orthopedic, or cardiopulmonary challenges. OmniVR - A virtual reality therapy system, enables functional rehabilitation for aging adults &amp; others with physical limitations. This system incorporates an advanced 3D camera &amp; specialized computer to capture the patient's movements &amp; allows them to interact in a virtual world. Omnistand - the next step in balance training, the Omnistand balance system gives therapists the freedom to work with individual patient/resident to provide effective, progressive balance &amp; gain-training. This fall-safe system provides adjustable, dynamic sway to challenge patients/residents while keeping them safely supported. All of this equipment will improve patient/resident's outcomes efficiently &amp; effectively.</td>
</tr>
</tbody>
</table>

---

**FUNDING SOURCE**

- Procurement budgeted for (FY and budget code(s)): 1200-2060-54110
- Budget Transfer (Date) Add'l Information

---

**DECISION MEMO NOT REQUIRED**

- LOWEST RESPONSIBLE QUOTE # or BID # 19-151-CARE (QUOTE < $25,000, BID > $25,000; attach Tabulation)
- RENEWAL, Enter Bid # Intergovernmental Agreement
- SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00 Public Utility
- PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

---

**DECISION MEMO REQUIRED**

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

---

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

<table>
<thead>
<tr>
<th>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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<tbody>
<tr>
<td></td>
<td>Feb 6, 2019</td>
<td>12-10-19</td>
<td></td>
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</table>

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**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
<th>Chairman's Office</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-17-19</td>
<td>S</td>
<td>12-19-19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-18-19</td>
<td>12-19-19</td>
</tr>
</tbody>
</table>
OPTION 2. LEASE EQUIPMENT - (48-month program with annual payments).

<table>
<thead>
<tr>
<th>No</th>
<th>Manufacturer &amp; Part Number</th>
<th>UOM</th>
<th>QTY</th>
<th>Price / Year</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ACP OmniStand A-005-509 (or Equivalent)</td>
<td>EA</td>
<td>4</td>
<td>$2,906.28</td>
<td>$11,625.12</td>
</tr>
<tr>
<td>2</td>
<td>ACP OmniCycle A000-533 (or Equivalent)</td>
<td>EA</td>
<td>4</td>
<td>$3,237.48</td>
<td>$12,949.92</td>
</tr>
<tr>
<td>3</td>
<td>ACP OmniVR 300600C (or Equivalent)</td>
<td>EA</td>
<td>4</td>
<td>$5,473.08</td>
<td>$21,892.32</td>
</tr>
<tr>
<td>4</td>
<td>Warranty – Parts, Labor, Training Coverage, Etc.</td>
<td>EA</td>
<td>4</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

*Warranty line items included in per line equipment price for lease

Grand Total: Forty-Six thousand, four hundred sixty-seven dollars, and thirty-six cents.

In Words: $46,467.36

SIGNATURE PAGE

Signature on File

11/18/2019

Signature and Title

QUOTATION MUST BE SIGNED FOR CONSIDERATION

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

<table>
<thead>
<tr>
<th>Full Business Name of Bidder</th>
<th>Accelerated Care Plus Leasing Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Business Address</td>
<td>4999 Aircenter Circle</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Reno, NV 89502</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>800-350-1100</td>
</tr>
<tr>
<td>Bld Contact Person</td>
<td>Amy Walker / Harold Peterson</td>
</tr>
</tbody>
</table>
THE COUNTY OF DUPAGE  
FINANCE - PROCUREMENT  
PHYSICAL THERAPY EQUIPMENT 19-151-CARE  
QUOTE TABULATION

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>UOM</th>
<th>Qty</th>
<th>Price</th>
<th>Extended Price</th>
<th>Price</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ACP OmniStand A-005-509 (or Equivalent)</td>
<td>EA</td>
<td>1</td>
<td>$11,349.99</td>
<td>$11,349.99</td>
<td>$5,999.00</td>
<td>$5,999.00</td>
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<tr>
<td>2</td>
<td>ACP OmniCycle A000-533 (or Equivalent)</td>
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<td>$6,435.00</td>
<td>$6,435.00</td>
<td>$6,995.00</td>
<td>$6,995.00</td>
</tr>
<tr>
<td>3</td>
<td>ACP OmniVR 300600C (or Equivalent)</td>
<td>EA</td>
<td>1</td>
<td>$13,074.99</td>
<td>$13,074.99</td>
<td>$14,525.00</td>
<td>$14,525.00</td>
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<tr>
<td>4</td>
<td>Warranty – Parts, Labor, Training Coverage, Etc.</td>
<td>EA</td>
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<td>-</td>
<td>-</td>
<td>$7,920.00</td>
<td>$7,920.00</td>
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</table>

Grand Total: $30,859.98

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>UOM</th>
<th>Qty</th>
<th>Price</th>
<th>1-Year Extended Price</th>
<th>QTY</th>
<th>4-Year Extended Price</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>ACP OmniStand A-005-509 (or Equivalent)</td>
<td>EA</td>
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<td>$2,906.28</td>
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<td>1</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>-</td>
</tr>
</tbody>
</table>

Grand Total: $11,616.84

Notes:
1) Direct Supply Bld a crossover Brand, not ACP. (Jintronix) Equipment Brochures, and warranty sent to both Karen Cerney, and Christine Kliebhan.
2) ACP Warranty covers a 1-Year Term when purchased.
3) Alternate - To Lease is for 48 months with one-year price renewals. The warranty of items are included in costs.

Invitations Sent: 27
Potential Bidders Requesting Quote Document: 20
Total Quote Responses Received: 2
### Purchase Requisition

**Procurement Services Division**

**Date:** Dec 6, 2019

**MinuteTraq (IQM2) ID #:** 16744

**Department Req #:** 7

**RFP, Bid or Quote #:** 19-151-CARE

---

**Send Purchase Order To:**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Vendor #</th>
<th>Attn:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerated Care Plus Leasing, Inc.</td>
<td></td>
<td>Amy Walker/Harold Peterson</td>
<td><a href="mailto:karen.cerny@dupageco.org">karen.cerny@dupageco.org</a></td>
</tr>
</tbody>
</table>

**Address:** 4999 Aircenter Circle

**City:** Reno  **State:** NV  **Zip:** 83502

**Phone:** 800-350-1100  **Fax:**

---

**Send Invoices To:**

<table>
<thead>
<tr>
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</tr>
</tbody>
</table>

**Address:** 4999 Aircenter Circle

**City:** Reno  **State:** NV  **Zip:** 83502

**Phone:** 800-350-1100  **Fax:**

---

**Send Payments To:**

<table>
<thead>
<tr>
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<th>Email:</th>
</tr>
</thead>
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</tr>
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</table>

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**City:** Reno  **State:** NV  **Zip:** 83502

**Phone:** 800-350-1100  **Fax:**

---

**Ship To:**

<table>
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<th>Vendor #</th>
<th>Attn:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Amy Walker/Harold Peterson</td>
<td><a href="mailto:karen.cerny@dupageco.org">karen.cerny@dupageco.org</a></td>
</tr>
</tbody>
</table>

**Address:** 4999 Aircenter Circle

**City:** Reno  **State:** NV  **Zip:** 83502

**Phone:** 800-350-1100  **Fax:**

---

**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>Christine Kliebhan</td>
</tr>
</tbody>
</table>

**Use for PO25 only:**

- Contract Administrator: Christine Kliebhan
- Contract Start Date: Jan 1, 2020
- Contract End Date: Dec 31, 2023

---

<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>
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<td>EA</td>
<td>48 month lease program for Physical Therapy Equipment</td>
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<td>1200</td>
<td>2060</td>
<td>54110</td>
<td></td>
<td></td>
<td>46,467.36</td>
<td>46,467</td>
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<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Requisition Total:** $46,467.36

---

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

Leasing of Physical Therapy Equipment for the period January 1, 2020 through December 31, 2023, per lowest quote, #19-151-CARE,

---

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

$968.07 monthly

---

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

January 7, 2020 HHS Committee  January 14, 2020 County Board
VENDOR ETHICS DISCLOSURE STATEMENT

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

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 contract bid and shall update such disclosure with any changes that may occur.

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

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
Antony Ricketts

Title
CFO and Assistant Treasurer

Date
November 18, 2019

Page 6 of 7

FORM OPTIMIZED FOR ADOBE READER VERSION 9 OR LATER

Rev 1.1
4/1/16
AWARDING RESOLUTION ISSUED TO ADVACARE SYSTEMS
FOR RENTAL OF MEDICAL EQUIPMENT
LOW AIR LOSS AND BARIATRIC MATTRESSES/BEDS
AND LOW AIR LOSS WHEELCHAIR CUSHIONS (CATEGORY 1 & 2)
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT $95,000.00)

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

WHEREAS, the Health and Human Service Committee recommends County Board
approval for the issuance of a contract purchase order to Advacare Systems, for rental of medical
equipment, low air loss and bariatric mattresses/beds and low air loss wheelchair cushions
(category 1 & 2), for the DuPage Care Center, for the period January 26, 2020 through January
25, 2021.

NOW, THEREFORE BE IT RESOLVED, that County Contract, covering said, for rental
of medical equipment, low air loss and bariatric mattresses/beds and low air loss wheelchair cushions
(category 1 & 2), for the DuPage Care Center, for the period January 26, 2020 through
January 25, 2021, be, and it is hereby approved for issuance of a contract purchase order by the
Procurement Division to Advacare Systems, 2939 North Pulaski Road, Chicago, Illinois 60641,
for a contract total amount of $70,000.00, per renewal under bid #17-004-GV, third and final
optional one year renewals.

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: ________________________________
JEAN KACZMAREK, COUNTY CLERK
**PROCUREMENT REVIEW CHECKLIST**

**REQUISITION**

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 11, 2019</td>
<td>$95,000.00</td>
<td>JANUARY 26, 2020 - JANUARY 25, 2021</td>
<td>DUPAGE CARE CENTER</td>
</tr>
</tbody>
</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

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

- Karen Graczyk  
  Completed  12/13/2019 9:58 AM
- Janelle Chadwick  
  Completed  12/13/2019 10:24 AM
- Nancy Buckley  
  Completed  12/16/2019 10:44 AM
- James McGuire  
  Completed  12/17/2019 9:25 AM
- Paul Rafac  
  Completed  12/18/2019 7:02 PM
- Nancy Buckley  
  Completed  12/19/2019 1:11 PM
- Health & Human Services  
  Pending  01/07/2020 9:30 AM
- Finance Committee  
  Pending  01/14/2020 8:00 AM
- County Board  
  Pending  01/14/2020 10:00 AM
**Procurement Review Checklist**

**Procurement Services Division**

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

**Vendor:** Advacare Systems  
**Vendor #:** 11694  
**Dept:** DuPage Care Systems  
**Contact:** Clementine Nelson  
**Phone:** 630-784-4251

<table>
<thead>
<tr>
<th>Description of Procurement/Scope of Work/Background</th>
<th>Rental of low air loss and bariatric mattresses/beds and low air loss wheelchair cushions (category 1 &amp; 2), for the DuPage Care Center, for the period January 26, 2020 through January 25, 2021, per renewal option under bid #17-004-GV, third and final option to renew.</th>
</tr>
</thead>
</table>

**Reason for Procurement:** This rental equipment are devices that are prescribed treatments for residents to maintain a good quality of care

**FUNDING SOURCE**

- [x] Procurement budgeted for (FY and budget code(s)): 1200-2050-53410  
- [ ] Budget Transfer (Date)  
- [ ] Add'l Information

**DECESSION MEMO NOT REQUIRED**

- [ ] LOWEST RESPONSIBLE QUOTE # or BID #  
- [X] RENEWAL, Enter Bid # 17-004-GV  
- [ ] 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:

**DECESSION 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($) (Initials Only)**

<table>
<thead>
<tr>
<th>cdk</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>IT Approval, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dec 10, 2019</td>
<td></td>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>REVIEWED BY (Initials Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buyer</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-18-19</td>
<td></td>
<td>12-19-19</td>
</tr>
</tbody>
</table>
This agreement, made and entered into by the County of DuPage, Department of Finance, Procurement Services Division, 421 North County Farm Road, Wheaton, Illinois hereinafter called the “County” and Advacare Systems, hereinafter called the “Contractor”, witnesseth;

The County and the Contractor have previously entered into a Contract, pursuant to Bid 17-004-GV which became effective January 26, 2017, and which will expire January 25, 2020. The contract is subject to a Third/Final option to renew for a twelve (12) month period.

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

The contract renewal becomes effective January 26, 2020 and expires January 25, 2021 contingent upon any applicable Parent Committee and County Board approval.

Advacare Systems

Signature on File

Robert Locascio
Vice President

COUNTY OF DU PAGE, ILLINOIS

Signature on File

Deborah Ash
DuPage County Buyer

BID OPENING ATTENDED BY:
Glenda Vasak, DuPage County Buyer
Larry Gammel, DuPage County Buyer

NO BID RESPONSES: BRYTON SALES

DISQUALIFIED BIDS:

<table>
<thead>
<tr>
<th>VENDOR</th>
<th>CATEGORY 1</th>
<th>CATEGORY 2</th>
<th>CATEGORY 3</th>
<th>CATEGORY 4</th>
<th>CATEGORY 5</th>
<th>CATEGORY 6</th>
<th>CATEGORY 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVACARE SYSTEMS</td>
<td>DAILY/MONTHLY $33.75/$1012.50</td>
<td>DAILY/MONTHLY $4.50/$135.00</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY $39.00/$1170.00</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY $55.00/$1650.00</td>
</tr>
<tr>
<td>PULMONARY EXCHANGE</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
</tr>
<tr>
<td>FITZSIMMONS HOSPITAL SERVICE</td>
<td>DAILY/MONTHLY $47.00/$1410.00</td>
<td>DAILY/MONTHLY $5.00/$150.00</td>
<td>DAILY/MONTHLY $17.00/$510.00</td>
<td>DAILY/MONTHLY $39.00/$545.00</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY $55.00/$1705.00</td>
</tr>
<tr>
<td>INTEGRA HEALTHCARE EQUIPMENT</td>
<td>DAILY/MONTHLY $47.00/$1410.00</td>
<td>DAILY/MONTHLY $6.50/$195.00</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY $31.00/$930.00</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY $65.00/$1950.00</td>
</tr>
<tr>
<td>HILL-ROM COMPANY, INC</td>
<td>DAILY/MONTHLY $86.00/$2666.00</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY $17.00/$27.00</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
<td>DAILY/MONTHLY NO BID/NO BID</td>
</tr>
</tbody>
</table>

INVITATIONS SENT: 21    TOTAL DOCUMENTS REQUESTED: 13    TOTAL RESPONSES RECEIVED: 5
COUNTY OF DU PAGE, ILLINOIS

BID FORM
PROCUREMENT SERVICES DIVISION
BID #17-004-GV

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

<table>
<thead>
<tr>
<th>Full Name of Bidder</th>
<th>ADVACare Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Business Address</td>
<td>2939 N. Pulaski Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Chicago IL 60641</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>847-322-1964</td>
</tr>
<tr>
<td>Fax Number</td>
<td>847-882-0552</td>
</tr>
<tr>
<td>Bid Contact Person</td>
<td>Robert Locascio</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:rlocascio@advacare.com">rlocascio@advacare.com</a></td>
</tr>
</tbody>
</table>

TO: The DuPage County Procurement Services Division

The undersigned certifies that he is:

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

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

**Larry Feldman**
(President or Partner)

**Robert Locascio**
(Vice-President or Partner)

**Larry Feldman**
(Secretary or Partner)

**Robert Locascio**
(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Manager, DuPage Center, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. 1, 2, and 3, issued thereto;

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

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

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

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

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Bidder may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)
Further, the bidder certifies that he has provided equipment, supplies or services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

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

**BID AWARD CRITERIA:**

Contractors may bid on one or more categories. The County reserves the right to award by total bid, by single item or by any combination of items, in accordance with our language in the Bid Document relating to Contractor selection (or rejection) in the best interest of the County of DuPage.

Where unit prices are requested, the quantities stated are approximate only but will be used to determine bid award (see PREPARATION OF BIDS section).

**BID PRICING:**

<table>
<thead>
<tr>
<th>CATEGORY 1 – LOW AIR LOSS AND BARIATRIC MATTRESSES/BEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>manufacturer's instruction manual to be supplied to DPCC at time of delivery</td>
</tr>
<tr>
<td>Item No.</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL CATEGORY 1</strong></td>
</tr>
</tbody>
</table>
## COUNTY OF DU PAGE, ILLINOIS

### CATEGORY 2 - LOW AIR LOSS WHEELCHAIR CUSHION

<table>
<thead>
<tr>
<th>Item No.</th>
<th>DESCRIPTION</th>
<th>PRODUCT NAME</th>
<th>DAILY RENTAL RATE</th>
<th>MONTHLY RENTAL RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mobile air Loss cushion for Pressure Relief system for Wheelchairs. Include - seat width/depth 18&quot; x 18&quot;; Operated by rechargeable battery; 300 lb. capacity, Digital display of patient pressure; at least 28 alternating pressure air cells; water resistant/vapor permeable, anti-shear cover.</td>
<td><strong>Mobile Air Chair Seattech</strong></td>
<td>$4.50</td>
<td>$135.00</td>
</tr>
</tbody>
</table>

**TOTAL CATEGORY 2** $4.50 $135.00

### CATEGORY 3 - PERCUSSION VEST

<table>
<thead>
<tr>
<th>Item No.</th>
<th>DESCRIPTION</th>
<th>PRODUCT NAME</th>
<th>DAILY RENTAL RATE</th>
<th>MONTHLY RENTAL RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Portable Percussion Vest (Smartvest) to include the cost of all disposables such as chest wraps.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL CATEGORY 3** $0 $0

### CATEGORY 4 - RANGE OF MOTION AND ANTI-EMBOLISM DEVICES

<table>
<thead>
<tr>
<th>Item No.</th>
<th>DESCRIPTION</th>
<th>PRODUCT NAME</th>
<th>DAILY RENTAL RATE</th>
<th>MONTHLY RENTAL RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CPM Machine</td>
<td><strong>OPTI-Plan</strong></td>
<td>$10.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>2</td>
<td>DVT Flowtron Leg Pump or approved equal Sequential Compression Device for Legs</td>
<td><strong>Flowtron</strong></td>
<td>$15.00</td>
<td>$450.00</td>
</tr>
<tr>
<td>3</td>
<td>FP 5000 Foot Pump or approved equal sequential Compression Device for Feet</td>
<td><strong>FP 5000</strong></td>
<td>$14.00</td>
<td>$420.00</td>
</tr>
</tbody>
</table>

**TOTAL CATEGORY 4** $39.00 $1,170.00

### CATEGORY 5 - RESPIRATORY DEVICES

<table>
<thead>
<tr>
<th>Item No.</th>
<th>DESCRIPTION</th>
<th>PRODUCT NAME</th>
<th>DAILY RENTAL RATE</th>
<th>MONTHLY RENTAL RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Concha Heated Humidity System or approved equal</td>
<td></td>
<td>$N/A</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>30, PSI EZ-Air compressor or approved equal</td>
<td></td>
<td>$N/A</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL CATEGORY 5** $0 $0

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Attachment: Advacare Systems Bid Pricing Pages-R (HHS-P-0017-20 : Advacare Systems)
COUNTY OF DU PAGE, ILLINOIS

**CATEGORY 6 – INFUSION PUMPS**
Manufacturer's instruction manual to be supplied to DPCC at time of delivery
Rental Rates for this category are to include all disposables.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>DESCRIPTION</th>
<th>PRODUCT NAME</th>
<th>DAILY RENTAL RATE</th>
<th>MONTHLY RENTAL RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baxter Flo-Gard 6201 Infusion pump</td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL CATEGORY 6**

<table>
<thead>
<tr>
<th>Description</th>
<th>Daily Rental Rate</th>
<th>Monthly Rental Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**CATEGORY 7 – WOUND CARE**
Manufacturer's instruction manual to be supplied to DPCC at time of delivery

<table>
<thead>
<tr>
<th>Item No.</th>
<th>DESCRIPTION</th>
<th>PRODUCT NAME</th>
<th>DAILY RENTAL RATE</th>
<th>MONTHLY RENTAL RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Negative Pressure wound Therapy, Continuous Therapy, Intermittent Therapy,</td>
<td></td>
<td>$55.00</td>
<td>$1,650.00</td>
</tr>
<tr>
<td></td>
<td>Adjustable Settings for Pressure &amp; Time and Compact, quiet with Back up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Battery System</td>
<td></td>
<td></td>
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</tbody>
</table>

**TOTAL CATEGORY 7**

<table>
<thead>
<tr>
<th>Description</th>
<th>Daily Rental Rate</th>
<th>Monthly Rental Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$55.00</td>
<td>$1,650.00</td>
</tr>
</tbody>
</table>

*ALL MEDICAL EQUIPMENT LISTED ABOVE SHALL BE AVAILABLE FOR A PER DAY RENTAL*

**THIS BID WILL ALSO INCLUDE ALL MISCELLANEOUS OTHER RENTALS AS NECESSARY PER PRICING REQUEST**

***ALL BIDS SHOULD INCLUDE SPECIFICATIONS ON EACH PRODUCT YOU ARE BIDDING***

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>$33.75</td>
</tr>
<tr>
<td>Category 2</td>
<td>$42.00</td>
</tr>
<tr>
<td>Category 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Category 4</td>
<td>$39.00</td>
</tr>
<tr>
<td>Category 5</td>
<td>$0.00</td>
</tr>
<tr>
<td>Category 6</td>
<td>$0.00</td>
</tr>
<tr>
<td>Category 7</td>
<td>$55.02</td>
</tr>
<tr>
<td>TOTAL BID AMOUNT</td>
<td>$133.87</td>
</tr>
</tbody>
</table>
COUNTY OF DU PAGE, ILLINOIS

TOTAL BID AMOUNT:

$3,967.50

Three Thousand Nine Hundred Seventy Dollars and Fifty Cents.

The Contractor agrees to provide the equipment, service and supplies described above and in the contract specifications under the conditions outlined in attached documents for the amount stated above (subject to unit quantity adjustments based upon actual usage).

BID MUST BE SIGNED AND NOTARIZED FOR CONSIDERATION

Signature on File

Corporate Seal

Signature on File

Signature on File

My Commission Expires: 8/5/17

Packet Pg. 70
**Purchase Requisition**

**Procurement Services Division**

**Date:**
Dec 10, 2019

**MinuteTraq (IQM2) ID #:**
16745

**Department Req #:**
7

**RFP, Bid or Quote #:**
17-004-GV

---

### Send Purchase Order To:

Vendor: Advacare Systems  
Vendor #: 11694  
Attn: Robert Locascio  
Email: rlocascio@advacaresystems.com  
Address: 2939 N. Pulaski Road  
City: Chicago  
State: IL  
Zip: 60641  
Phone: 847-322-1964  
Fax: 847-882-0552

### Send Invoices To:

Dept: DuPage Care Center  
Division: Nursing  
Attn: Connie Revita  
Email: connie.revita@dupageco.org  
Address: 400 N. County Farm Road  
City: Wheaton  
State: IL  
Zip: 60187  
Phone: 630-784-4254  
Fax: 

### Send Payments To:

Vendor: Advacare Systems  
Vendor #: 11694  
Attn: Robert Locascio  
Email: rlocascio@advacaresystems.com  
Address: 2939 N. Pulaski Road  
City: Chicago  
State: IL  
Zip: 60641  
Phone: 847-322-1964  
Fax: 847-882-0552

### Ship To:

Dept: DuPage Care Center  
Division: Nursing  
Attn: Clementine Nelson  
Email: clementine.nelson@dupageco.org  
Address: 400 N. County Farm Road  
City: Wheaton  
State: IL  
Zip: 60187  
Phone: 630-784-4251  
Fax: 

---

### LN  | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acct # | Acctg Unit | Sub-Accts and/or Activity # | Unit Price | Extender | Requisition Total |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Rental of low air loss and bariatric mattresses/beds and low air loss wheelchair cushions (category 1 &amp; 2)</td>
<td>Rental of low air loss and bariatric mattresses/beds and low air loss wheelchair cushions (category 1 &amp; 2)</td>
<td>1200</td>
<td>2050</td>
<td>53410</td>
<td></td>
<td></td>
<td>95,000.00</td>
<td>95,000</td>
<td>$95,000.00</td>
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<tr>
<td>2</td>
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</tbody>
</table>

**Header Comments**

(These comments will appear on the PO20 and PO25 Purchase Order):  
Rental of low air loss and bariatric mattresses/beds and low air loss wheelchair cushions for the DuPage Care Center for the period January 26, 2020 through January 25, 2021, per renewal option under bid #17-004-GV, third and final option to renew. (category 1 & 2)

**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):  
January 7, 2020 HHS  
January 21, 2020 County Board
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:

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

Authorized Signature

Printed Name

Title

Date

Signature on File
AWARDING RESOLUTION
ISSUED TO MCKESSON MEDICAL-SURGICAL
FOR PRIME SUPPLIER MEDICAL SUPPLIES
FOR THE PURCHASE OF MEDICAL SUPPLIES
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT: $295,000.00)

WHEREAS, pursuant to Intergovernmental Agreement between the County of DuPage and Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP), the County of DuPage will contract with McKesson Medical-Surgical; and

WHEREAS, the Health and Human Service Committee recommends County Board approval for the issuance of a contract purchase order for prime medical supplies from McKesson Medical Surgical, per the MMCAP, for the period January 15, 2020 through January 14, 2021, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that contract covering said, for the purchase of prime medical supplies needed to meet the resident care needs at the DuPage Care Center, for the period January 15, 2020 through January 14, 2021, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to McKesson Medical-Surgical, 8121 10th Avenue North, Golden Valley, Minnesota 55427-4401, for a total contract amount not to exceed $295,000.00, contract pursuant to the Intergovernmental cooperation act (MMCAP).

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: ____________________________________________
JEAN KACZMAREK, COUNTY CLERK
# PROCUREMENT REVIEW CHECKLIST
## REQUISITION
This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th><strong>REQUISITION</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE SUBMITTED</strong></td>
<td>December 12, 2019</td>
</tr>
<tr>
<td><strong>CONTRACT TOTAL AMOUNT</strong></td>
<td>$295,000.00</td>
</tr>
<tr>
<td><strong>REQUESTING DEPT.</strong></td>
<td>DUPAGE CARE CENTER</td>
</tr>
</tbody>
</table>

## NEW PURCHASE ORDER REQUEST

| **DATE SUBMITTED** | December 12, 2019 |
| **CONTRACT TERM** | JANUARY 15, 2020 - JANUARY 14, 2021 |
| **CONTRACT TOTAL AMOUNT** | $295,000.00 |
| **REQUESTING DEPT.** | DUPAGE CARE CENTER |

## SOLICITATION METHOD FOR SOURCE SELECTION

**Decision Memo Required**  
Per Cooperative Agreement

- **Karen Graczyk**  
  Completed  
  12/13/2019 10:09 AM

- **Janelle Chadwick**  
  Completed  
  12/13/2019 10:25 AM

- **Nancy Buckley**  
  Completed  
  12/16/2019 10:45 AM

- **James McGuire**  
  Completed  
  12/17/2019 8:18 AM

- **Paul Rafac**  
  Completed  
  12/18/2019 7:03 PM

- **Joan Olson**  
  Completed  
  12/19/2019 7:26 AM

- **Nancy Buckley**  
  Completed  
  12/19/2019 1:19 PM

- **Health & Human Services**  
  Pending  
  01/07/2020 9:30 AM

- **Finance Committee**  
  Pending  
  01/14/2020 8:00 AM

- **County Board**  
  Pending  
  01/14/2020 10:00 AM
Procurement Review Checklist

Procurement Services Division

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

Vendor: McKesson Medical Surgical
Vendor #: 19229

Contract: January 15, 2020 - January 14, 2021
Contract Total: $295,000.00

Date: Dec 10, 2019
MinuteTraq (IQM2) ID #: 16747

Procurement budgeted for (FY and budget code(s)): 1200-2050-52320
Budget Transfer (Date) Add'l Information

This MMCAP contract covers the prime medical supplies needed to meet resident care needs. These would include categories for exam/diagnostic, resident care, respiratory, surgical, syringe, needle/syringe, urinary/ostomy and wound care supplies for the period January 15, 2020 through January 14, 2021, per MMCAP.

The DuPage Care Center is regulated by the IL Department of Public Health which mandates and monitors our compliance in following procedures and practices. Medical-surgical supplies are a significant part of the orders generated by our Physicians. This contract will allow us to meet our physician orders and resident needs for supplies needed for daily living.

Contract pursuant to the Intergovernmental Cooperation Act (MMCAP)

FUNDING SOURCE

LODEST RESPONSIBLE QUOTE # or BID # (QUOTE < $25,000, BID > $25,000; attach Tabulation)

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

DECISION MEMO NOT REQUIRED

Intergovernmental Agreement

Public Utility

DECISION MEMO REQUIRED

Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS525)
Under Government Joint Purchasing Act (30ILCS525) select one below
GSA Government Services Administration # MMCAP

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 cdk Date: Dec 10, 2019
Recommended for Approval Date 12-10-19

IT Approval, if required Date

Reviewed By Date 12-17-19

Buyer

Chief Financial Officer

(Decision Memos Over $25,000)

Date 12-18-19

Chairman's Office

(Decision Memos Over $25,000)

Date 12-19-19
Decision Memo
Procurement Services Division
This form is required for all Professional Service Contracts over $25,000 and as otherwise required by the Procurement Review Checklist.

Date: Dec 10, 2019
MinuteTraq (IQM2) ID #: 16747
Department Requisition #: 7173

Requesting Department: DuPage Care Center
Contact Email: clementine.nelson@dupageco.org
Vendor Name: McKesson Medical Surgical

Department Contact: Clementine Nelson
Contact Phone: 630-784-4251
Vendor #: 19229

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

Renew McKesson Medical Surgical for prime supplier medical surgical supplies to include exam/diagnostic resident care, respiratory surgical, syringe/needle/I.V., urinary/ostomy and wound care supplies for the period January 15, 2020 through January 14, 2021, per MMCAP.

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

MMCAP is Minnesota multi-state contracting alliance for pharmacy. MMCAP is a voluntary group purchasing organization for government facilities that provide healthcare services. MMCAP's mission is to ensure best value pharmaceuticals and health care products and services to government facilities across the nation.

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

Quality of Life
Using MMCAP rather than conducting our own bid has proven to be cost effective and much more efficient in terms of staff time to manage. MMCAP has reduced the cost of products and services as well as receiving a wholesaler shareback credit.

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

MMCAP

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

1) DuPage Care Center recommends the renewal for prime supplier medical surgical supplies to include exam/diagnostic resident care, respiratory surgical, syringe/needle/I.V., urinary/ostomy and wound care supplies for the period January 15, 2020 through January 14, 2021, per MMCAP.
2) Do not renew for prime supplier medical surgical supplies to include exam/diagnostic resident care, respiratory surgical, syringe/needle/I.V., urinary/ostomy and wound care supplies for the period January 15, 2020 through January 14, 2021, per MMCAP, however, DuPage Care Center would still need to purchase these supplies per Physician orders, which could result in spending more money than anticipated, if not part of MMCAP.

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.

1200-2050-52320 $295,000.00
## Purchase Requisition

**Procurement Services Division**

**Date:** Dec 10, 2019  
**MinuteTraq (IQM2) ID #:** 16747  
**Department Req #:** 7  
**RFP, Bid or Quote #:** MMCAP

### Send Purchase Order To:

<table>
<thead>
<tr>
<th>Vendor: McKesson Medical Surgical</th>
<th>Vendor #:</th>
<th>Dept: DuPage Care Center</th>
<th>Division: Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn:</td>
<td>Email:</td>
<td>Attn: Clementine Nelson</td>
<td>Email: <a href="mailto:clementine.nelson@dupageco.org">clementine.nelson@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 9954 Mayland Drive, Suite 4000</td>
<td></td>
<td>Address: 400 N. County Farm Road</td>
<td></td>
</tr>
<tr>
<td>Phone: 800-328-8111</td>
<td>Fax: 630-879-2670</td>
<td></td>
<td>Phone: 630-784-4251</td>
</tr>
</tbody>
</table>

### Send Invoices To:

<table>
<thead>
<tr>
<th>Vendor: McKesson Medical Surgical</th>
<th>Vendor #:</th>
<th>Dept: DuPage Care Center</th>
<th>Division: Nursing</th>
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<td>Attn: Clementine Nelson</td>
<td>Email: <a href="mailto:clementine.nelson@dupageco.org">clementine.nelson@dupageco.org</a></td>
</tr>
<tr>
<td>Address: PO Box 936279</td>
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<td>Address: 400 N. County Farm Road</td>
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<tr>
<td>Phone: 800-328-8111</td>
<td>Fax: 630-879-2670</td>
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<td>Phone: 630-784-4251</td>
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</tbody>
</table>

### Send Payments To:

<table>
<thead>
<tr>
<th>Vendor: McKesson Medical Surgical</th>
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<th>Dept: DuPage Care Center</th>
<th>Division: Nursing</th>
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<td>Fax: 630-879-2670</td>
<td></td>
<td>Phone: 630-784-4251</td>
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### Payment Terms:

<table>
<thead>
<tr>
<th>F.O.B.</th>
<th>PO 20 Delivery Date</th>
<th>Requisitioner</th>
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</thead>
<tbody>
<tr>
<td>PER 50 ILCS 505/1</td>
<td></td>
<td>Christine Kliebhan</td>
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### Ship To:

<table>
<thead>
<tr>
<th>Dept: DuPage Care Center</th>
<th>Division: Nursing</th>
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<tbody>
<tr>
<td>Attn: Clementine Nelson</td>
<td>Email: <a href="mailto:clementine.nelson@dupageco.org">clementine.nelson@dupageco.org</a></td>
</tr>
<tr>
<td>Address: 400 N. County Farm Road</td>
<td>Room:</td>
</tr>
<tr>
<td>City: Wheaton</td>
<td>State: IL</td>
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<tr>
<td>Phone: 630-784-4251</td>
<td>Fax:</td>
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### LN | Qty | UOM | Item Detail (Product #) | Description | FY | Dept # | Acctg Unit | Acct # | Sub-Accts and/or Activity # | Unit Price | Extenson |
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<tr>
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<td>EA</td>
<td>Prime Supplier for general medical surgical supplies</td>
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<td>2050</td>
<td>52320</td>
<td>$295,000.00</td>
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</table>

**Requisition Total:** $295,000

### Header Comments

Prime Supplier for general medical surgical supplies, to include exam/diagnostic resident care, respiratory surgical, syringe/needle/i.v., urinary/ostomy and wound care supplies, for the period January 15, 2020 through January 14, 2021, contract pursuant to the Intergovernmental cooperation act (MMCAP)

### Special Instructions/Comments to Buyer or Approver

### User Department Internal Notes

January 7, 2020 HHS  
January 21, 2020 County Board
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: Kimberly R. Zabriskie

Title: Proposal Specialist

Date: 10/23/19

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

2020-18
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>December 18, 2019</td>
<td>$16,840.00</td>
<td>JANUARY 9, 2020 - JANUARY 8, 2021</td>
<td>DUPAGE CARE CENTER</td>
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</tbody>
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### SOLICITATION METHOD FOR SOURCE SELECTION

- Karen Graczyk: Completed 12/19/2019 8:36 AM
- Janelle Chadwick: Completed 12/19/2019 2:13 PM
- Nancy Buckley: Completed 12/20/2019 9:15 AM
- James McGuire: Completed 12/20/2019 3:32 PM
- Paul Rafac: Completed 12/20/2019 6:17 PM
- Nancy Buckley: Completed 12/24/2019 9:44 AM
- Health & Human Services: Pending 01/07/2020 9:30 AM
**Procurement Review Checklist**

**Procurement Services Division**

This form must accompany all Purchase Order Requisitions

Attach Required Vendor Ethics Disclosure Statement

---

**Vendor:** John's Donut Shop

**Vendor #:**

**Dept:** DuPage Care Center

**Contact:** Mario Plata

**Phone:** 630-784-4416

**Contract:** January 9, 2020 - January 8, 2021

**Term:**

**Total:** $16,840.00

**Assigned:** Health and Human Committee

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

Donuts, muffins and bagels for retail sale in the DuPage Care Center, JTK Administration Building and the Judicial Office Facility Cafe’s and catering operations, managed by DuPage Care Center, Dining Services for the period January 9, 2020 through January 8, 2021, per low Quote 18-216-DPCC, first of three one-year renewal.

**Reason for Procurement:**

Donuts, muffins and bagels are popular menu items frequently requested by retail customers as well as items for morning catering requests.

---

**FUNDING SOURCE**

- ☑ Procurement budgeted for (FY and budget code(s)): 1200-2025/2100-52210
- ☐ 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 # Q18-216-DPCC
- ☑ Intergovernmental Agreement
- ☐ SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- ☐ PER 55 ILCS 5/5-1022 'Competitive Bids’ (d) IT/Telecom purchases under $35,000.00
- ☐ Public Utility
- ☐ PER 55 ILCS 5/5-1022 'Competitive Bids’ (c) not suitable for competitive bidding. Explain below:

---

**DECISION MEMO REQUIRED**

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

---

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

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>Date</th>
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<tbody>
<tr>
<td>cdk</td>
<td>Dec 17, 2019</td>
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</table>

**Recommended for Approval**

<table>
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<th>Date</th>
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<td>12/18/19</td>
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**IT Approval, if required**

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<th>Date</th>
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**REVIEWED BY (Initials Only)**

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<td>12-20-19</td>
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**Buyer**

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**Chief Financial Officer**

<table>
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<th>Date</th>
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**Chairman’s Office**

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<th>Date</th>
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FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER

Packet Pg. 81
**Purchase Requisition**  
Procurement Services Division

---

**Send Purchase Order To:**  
Vendor: Johns' Donut Shop  
Vendor #:  
Dept: DuPage Care Center  
Division: Dining Services  
Attn: Jawed Bari  
Email: kelvebo@gmail.com  
Address: 1570 Bloomingdale Road  
City: Glendale Heights  
State: IL  
Zip: 60139  
Phone: 630-653-1161  
Fax: 630-886-4300

**Send Invoices To:**  
Attn: Nancy Palima  
Email: nancy.palima@dupageco.org  
Address: 400 N. County Farm Road  
City: Wheaton  
State: IL  
Zip: 60187  
Phone: 630-784-4422  
Fax: 

**Send Payments To:**  
Vendor #:  
Attn: Mario Plata  
Email: mario.plata@dupageco.org  
Address: 400 N. County Farm Road  
City: Wheaton  
State: IL  
Zip: 60187  
Phone: 630-784-4416  
Fax: 

---

**Payment Terms**  
F.O.B.  
PO 20 Delivery Date:  
Requisitioner: Christine Kliebhan  
Use for: Contract Administrator  
Contract Start Date: January 9, 2020  
Contract End Date: January 8, 2021  
PO25 only

---

**LN** | **Qty** | **UOM** | **Item Detail (Product #)** | **Description** | **FY** | **Dept #** | **Acctg Unit** | **Acct #** | **Sub-Accts and/or Activity #** | **Unit Price** | **Extension** |
---|---|---|---|---|---|---|---|---|---|---|---|
1 | 1 | EA | | Donuts, muffins & bagels | 1200 | 2025 | 52210 | 6,000.00 | 6,000.00 |
2 | 1 | EA | | Donuts, muffins & bagels | 1200 | 2100 | 52210 | 10,840.00 | 10,840.00 |
3 | 1 | EA | | | | | | |
4 | 1 | EA | | | | | | |
5 | 1 | EA | | | | | | |

**Requisition Total:** $16,840

---

**Header Comments** (these comments will appear on the PO20 and PO25 Purchase Order):  
Purchase of donuts, muffins and bagels, for the retail sale in the DuPage Care Center, JTK Administration Building and JOF Building Cafe’s and catering operations, managed by DuPage Care Center, Dining Services, for the period January 9, 2020 through January 8, 2021, for a contract total not to exceed $16,840.00, per renewal under Quote #18-216-DPCC, first of three one-year renewal.

**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):  
January 7, 2020  
HHS Committee
Requisition under 25k dollars

2020-19
**PROCUREMENT REVIEW CHECKLIST**

**REQUISITION**

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 18, 2019</td>
<td>JANUARY 7, 2020 - JANUARY 6, 2021</td>
<td>DUPAGE CARE CENTER</td>
</tr>
<tr>
<td>CONTRACT TOTAL AMOUNT</td>
<td>$9,504.00</td>
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</tr>
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</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Graczyk</td>
<td>Completed</td>
<td>12/19/2019 8:47 AM</td>
</tr>
<tr>
<td>Janelle Chadwick</td>
<td>Completed</td>
<td>12/19/2019 2:13 PM</td>
</tr>
<tr>
<td>Nancy Buckley</td>
<td>Completed</td>
<td>12/20/2019 9:08 AM</td>
</tr>
<tr>
<td>James McGuire</td>
<td>Completed</td>
<td>12/20/2019 3:34 PM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>12/20/2019 6:18 PM</td>
</tr>
<tr>
<td>Nancy Buckley</td>
<td>Completed</td>
<td>12/24/2019 9:41 AM</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>Pending</td>
<td>01/07/2020 9:30 AM</td>
</tr>
</tbody>
</table>
Procurement Review Checklist

Procurement Services Division

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

Vendor: Professional Medical & Surgical Supply, Inc.
Vendor #: 11409
Contract
term: 01/07/20 - 01/06/21
Contract
Total: $9,504.00

Dept: DuPage Care Center
Contact: Mario Plata
Phone: 630-784-4416
Assigned
Committee: HHS

Date: Dec 17, 2019

Vendor: Professional Medical & Surgical Supply, Inc.
Vendor #: 11409
Contract
term: 01/07/20 - 01/06/21
Contract
Total: $9,504.00

Dept: DuPage Care Center
Contact: Mario Plata
Phone: 630-784-4416
Assigned
Committee: HHS

Description of
Procurement/
Scope of Work/ Background
Purchase and distribution of liquid protein supplement: approved equal-
Pro Heal critical Care sugar free wcv and sugar free, for the period January 7, 2020 through January 6, 2021, per renewal option under bid #17-235-GV, second of three one-year renewals.

Reason for
Procurement
DuPage Care Center is regulated by the IL Department of Public Health, which mandates and monitors our ongoing compliance with applicable state and federal regulations that govern our practices, policies and procedures. Adherence to physical prescribed orders for protein supplementation is necessary to avoid fines and penalties and ensure to bill for reimbursed care provided to our residents/patients.

FUNDING SOURCE

Procurement budgeted for (FY and budget code(s)): 1200-2025-52210

Budget Transfer (Date) Add'l Information

DECISION MEMO NOT REQUIRED

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

SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)

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

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

DECISION MEMO REQUIRED

Cooperative Procurement (DPC4-107) or Government Joint Purchasing Act Procurement (30ILCS525)

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

OTHER PROFESSIONAL SERVICES (detail vetting process on Decision Memo)

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

OTHER THAN LOWEST RESPONSIBLE, BID #

PREPARED BY AND APPROVAL(S) (Initials Only)

Prepared By Date Recommended for Approval Date IT Approval, if required Date

REVIEWED BY (Initials Only)

Buyer Date Procurement Officer Date

Chief Financial Officer Date Chairman's Office Date

Packet Pg. 85
COUNTY OF DU PAGE, ILLINOIS
OPTION TO RENEW CONTRACT

This agreement, made and entered into by the County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the “County” and Professional Medical & Surgical Supply, Inc., hereinafter called the “Contractor”, witnesseth;

The County and the Contractor have previously entered into a Contract, pursuant to Bid #18-235-GV which became effective 01/07/18 and which expires 01/06/20. The contract is subject to an SECOND option to renew for a twelve (12) month period.

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

The contract renewal becomes effective 01/07/20 and expires 01/06/21.

COUNTY OF DU PAGE, ILLINOIS

[Signature on File]

[Signature on File]
# COUNTY OF DU PAGE, ILLINOIS

## BID FORM

**PROCUREMENT SERVICES DIVISION**  
**BID #17-235-GV**

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

<table>
<thead>
<tr>
<th>Full Name of Bidder</th>
<th>Professional Medical Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Business Address</td>
<td>1917 Garnet Court</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Lenox, IL 60451</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>800-648-5180</td>
</tr>
<tr>
<td>Fax Number</td>
<td>816-721-3440</td>
</tr>
<tr>
<td>Bid Contact Person</td>
<td>Alan Ferry</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:alan@promedsupply.com">alan@promedsupply.com</a></td>
</tr>
</tbody>
</table>

TO: The DuPage County Procurement Services

The undersigned certifies that he is:

- [ ] the Owner/Sole Proprietor
- [ ] a Member authorized to sign on behalf of the Partnership
- [X] an Officer of the Corporation
- [ ] a Member of the Joint Venture

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

(President or Partner)  

(Secretary or Partner)  

(Treasurer or Partner)  

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Officer, DuPage County, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. 17-235-GV, and issued thereto;

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

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

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

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

### Pro-Stat Sugar Free AWC™ (OPTION A)

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
<th>Percent of Mark-Up Over Cost</th>
<th>Unit Cost (Per Master Case)</th>
<th>Extended Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro-Stat Sugar Free AWC™ Manufactured by Nutricia Case Pack: Four (4) 30 ounce/case Flavors: Wild Cherry Munch</td>
<td>60 cases annually</td>
<td>2%</td>
<td>$124.01</td>
<td>$1476.00</td>
</tr>
</tbody>
</table>

Approved Equal such as Pro-Stat Sugar Free AWC™ Manufactured by Nutricia, four (4) 30 ounce case (or provide information below) Based on Nutritional Value and Product Acceptance (taste) (OPTION B)

| Product Name: Pro Heal Critical Care Manufacturer: Professional Medical Flavor: Cherry Case Pack: Four (4) 30 ounce/case | 60 cases annually | 2% | $54.78 | $3286.30 |

### Pro-Stat Sugar Free™ (OPTION C)

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
<th>Percent of Mark-Up Over Cost</th>
<th>Unit Cost (Per Master Case)</th>
<th>Extended Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro-Stat Sugar Free™ Manufactured by Nutricia Case Pack: Four (4) 30 ounce/case Flavors: Vanilla Case Pack: 6 pack (6c)</td>
<td>60 cases annually</td>
<td>2%</td>
<td>$87.65</td>
<td>$5259.00</td>
</tr>
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</table>

Approved Equal such as Pro-Stat Sugar Free™ Manufactured by Nutricia, four (4) 30 ounce case (or provide information below) Based on Nutritional Value and Product Acceptance (taste) (OPTION D)

| Product Name: Pro Heal Manufacturer: Professional Medical Flavor: Cherry Case Pack: Six (6c) 30 ounce/case | 60 cases annually | 2% | $75.97 | $4558.20 |

*BID #17-235-GV*  
Page 14 of 25  
Packet Pg. 88
COUNTY OF DU PAGE, ILLINOIS

*Percentage of mark-up over cost with cost defined as direct product cost plus freight. Should other liquid protein special supplements be prescribed on occasion, they could be purchased at pricing using the identical percent mark-up over cost.

CONTRACT ADMINISTRATION INFORMATION:

<table>
<thead>
<tr>
<th>CORRESPONDENCE TO CONTRACTOR:</th>
<th>REMIT TO CONTRACTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>Professional Medical</td>
</tr>
<tr>
<td>CONTACT</td>
<td>Alan Ferry</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>1917 Garrett Court</td>
</tr>
<tr>
<td>CITY ST ZIP</td>
<td>New Lenox, IL 60451</td>
</tr>
<tr>
<td>TX</td>
<td>800-648-5190</td>
</tr>
<tr>
<td>FX</td>
<td>816-772-7410</td>
</tr>
<tr>
<td>EMAIL</td>
<td>Alan F Professional Medical</td>
</tr>
</tbody>
</table>

| NAME | Professional Medical |
| CONTACT | Alan Ferry |
| ADDRESS | 1917 Garrett Court |
| CITY ST ZIP | New Lenox, IL 60451 |
| TX | 800-648-5190 |
| FX | 816-772-7410 |
| EMAIL | Alan F Professional Medical |

COUNTY BILL TO INFORMATION:

DuPage Care Center
Attn: Nancy Palima
400 North County Farm Road
Wheaton, IL 60187
TX: (630) 784-4422

DuPage Care Center
Attn: Mario Plata
400 North County Farm Road
Wheaton, IL 60187
TX: (630) 784-4416

ALL MATERIALS MUST BE BID AND SHIPPED F.O.B. DELIVERED (FREIGHT INCLUDED IN PRICE).
COUNTY OF DU PAGE, ILLINOIS

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

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

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

BID AWARD CRITERIA:
This bid will be awarded to the lowest responsive, responsible bidder meeting specifications based upon the total lump sum bid amount.

TOTAL PRO-STAT SUGAR FREE AWC™ (OPTION A): $74,767.60

Seven Thousand, Four Hundred Seventy-Six Dollars and Sixty Cents.

DELIVERY: 1-2 DAYS ARO

TOTAL APPROVED ALTERNATE EQUAL (OPTION B): $32,868.80

Three Thousand, Two Hundred Eighty-Six Dollars and Eighty Cents.

DELIVERY: 1-2 DAYS ARO

TOTAL PRO-STAT SUGAR FREE™ (OPTION C): $52,599.00

Five Thousand, Two Hundred Fifty-Nine Dollars and Zero Cents.

DELIVERY: 1-2 DAYS ARO

TOTAL APPROVED ALTERNATE EQUAL (OPTION D): $45,589.00

Four Thousand, Five Hundred Fifty-Eight Dollars and Twenty Cents.

DELIVERY: 1-2 DAYS ARO
COUNTY OF DU PAGE, ILLINOIS

The Contractor agrees to provide the equipment, service, and/or supplies as described in this solicitation and subject, without limitation, to all specifications, terms, and conditions herein contained. Bidder shall acknowledge receipt of each addendum issued in the space provided on the bid form.

[Signature and Title]

CORPORATE SEAL
(If available)

BID MUST BE SIGNED AND NOTARIZED
(WITH SEAL) FOR CONSIDERATION

Subscribed and sworn to before me this 6th day of December AD, 2017

My Commission Expires: 05/31/19

(Notary Public)

OFFICIAL SEAL
Dena L. Trudeau
Notary Public, State of Illinois
My Commission Expires 05/31/19
COUNTY OF DU PAGE, ILLINOIS

SPECIAL CONDITIONS

ACCURACY DISCLAIMER:
The Contractor shall thoroughly acquaint himself with the sites for the proposed bid to fully understand the facilities, difficulties and restrictions attending to the execution of the bid. The Contractor will be allowed no additional compensation for his failure to be so informed.

ANNUAL ADJUSTMENTS:
If the parties elect to renew the contract, compensation to the Contractor for succeeding years will be based on the prior fiscal year (January 1 to December 31) average of the Consumer Price Index all urban consumers (CPI-U), U.S. City average, Food Away From Home Index, published by the U.S. Department of Labor and Adjusted for facilities, equipment, utilities and personnel furnished by the County.

Original invoices must be presented for payment in accordance with instructions contained on the Purchase Order including reference to Purchase Order number and submitted to the correct address for processing.

Payment will not be made on invoices submitted later than six-months (180 days) after provision of services and by submitting this bid, you waive any statute of limitations to the contrary.

DELIVERY REQUIREMENTS:
All purchases must be delivered to DuPage County Care Center Dining Services, 400 N. County Farm Road, Wheaton, Illinois 60187.

Bidder shall have a truck with a lift gate or ramp descending to the pavement, as no loading dock is available at this facility for deliveries. Inside delivery is required. All deliveries shall be made Monday through Friday between the hours of 7:00 a.m. and 3:00 p.m.

Seller will notify Buyer if Seller is not able to fulfill the complete Purchase Order by the requested date in the stated quantities. Buyer will then determine whether the changes are acceptable or if the Purchase Order will be cancelled and issued to a different supplier.

Seller will notify Buyer before making any changes or substitutions of materials and quantities specified on the Purchase Order with cost of cover to be paid by Seller.

JOINT PURCHASING:
OTHER TAXING BODIES: Based on County Board Resolution IR-084-76.

Would your firm be willing to extend your bid to other taxing bodies in DuPage County such as school districts, townships, cities and villages, etc.? The approximate quantity usage is unknown.

YES: X NO:

State any other requirements that they would have to meet beyond that of our Bid invitation and specification.

They would need to meet a min. order of $500 for free freight.

NOTE: The County of DuPage would not be involved in purchasing by any other taxing body other than to receive a copy of their purchase order that would reference the County of DuPage contract number. The invoicing and payments would be entirely between the other taxing bodies and the Contractor. If the County of DuPage accepts this bid, the procedure to handle joint purchases would be developed by the County of DuPage with the Contractor and distributed to the taxing bodies by the County of DuPage.

BID #17-295-GV
Page 11 of 25
COUNTY OF DU PAGE, ILLINOIS

BID #17-235-GV
SPECIFICATIONS

This bid is to furnish and deliver Pro-Stat Sugar Free, Pro-Stat Sugar Free AWC™ or an approved alternate equal, for the DuPage Care Center, a 368 bed skilled nursing facility operated by the County of DuPage. The successful Contractor shall provide prompt and reliable service at fair and reasonable prices, which meets the requirements of these specifications. All goods are to be shipped prepaid, F.O.B. delivered, 400 N. County Farm Road, Wheaton, Illinois 60187. Orders will be placed on an “as needed” basis, with quantities and delivery dates stated at time of order releases.

Bidder shall make the County aware of any programs (e.g. manufacturer incentives, rebates, etc.) that can be offered to the County for additional savings. Committed manufacturer incentives should be to reduce unit prices, when possible. Additional incentives including, but not limited to, drop size or quick payment incentives will be given every consideration.

Billing and Payment:
The County of DuPage shall make payment from the Contractor's original invoice only, statements and facsimile copies will not be considered in authorizing payments to the Contractor. The contract number shall be included on all invoices.

Applicable provisions of the Local Government Prompt Payment Act (50 ILCS 505/1) shall apply to this contract.

Delivery Requirements:
All items shall be bid F.O.B. destination. The term F.O.B. Destination shall mean: delivered to DuPage Care Center, Dining Services, 400 North County Farm Road, Wheaton, Illinois 60187, with all charges for transportation and unloading and inside delivery paid by the Contractor. Under no circumstances will the County be liable for additional delivery charges. Any claim for loss or damage shall be between the Contractor and the carriers. There will be no minimum order requirement to qualify for free delivery. Deliveries shall be made between the hours of 7:00 a.m. to 3:00 p.m. at Dining services.

The Contractor shall be required to maintain, or have available; an inventory sufficient to deliver required items.

Contractor shall have a truck with a lift gate or ramp descending to the pavement, as no loading dock is available at this facility for deliveries, or an unloading method acceptable by the Dining Services Manager. Inside delivery is required.

Emergency delivery may be required within twenty-four (24) hours of request during evenings, weekend and holidays. Provide the name, phone number, and pager number of contact person responsible for providing this Emergency delivery:

Name: [Name]
Phone Number: [Phone Number]
Pager: [Pager]

The Contractor shall be required to maintain, or have available; an inventory sufficient to deliver required items.

Pricing:
Product and vendor selection will be made by comparing product costs bid per one (1) fluid ounce serving size, and gram of protein.

Volume:
Liquid Protein Supplements for the DuPage Care Center average approximately $20,000.00 annually. The average usage amounts specified in this solicitation, however, are approximate only, and are given for the information of the Contractor and for the purpose of Bid evaluation. They do not indicate the actual amount, which may be spent annually, since such volume will depend upon the requirements of the DuPage Care Center residents.
**Purchase Requisition**

**Procurement Services Division**

---

**Send Purchase Order To:**

- **Vendor:** Professional Medical & Surgical Supply, Inc.
  - **Vendor #:** 11409
- **Attn:** Alan Ferry
  - **Email:** alanf@promedsupply.com
- **Address:** 1917 Garnet Court
- **City:** New Lenox
  - **State:** IL
  - **Zip:** 60451
- **Phone:** 800-648-5190
  - **Fax:** 866-726-7416

---

**Send Invoices To:**

- **Dept:** DuPage Care Center
  - **Division:** Dining Services
- **Attn:** Nancy Palima
  - **Email:** nancy.palima@dupageco.org
- **Address:** 400 N. County Farm Road
- **City:** Wheaton
  - **State:** IL
  - **Zip:** 60187
- **Phone:** 630-784-4422
  - **Fax:**

---

**Send Payments To:**

- **Vendor:** Professional Medical & Surgical Supply, Inc.
  - **Vendor #:** 11409
- **Attn:** Alan Ferry
  - **Email:** alanf@promedsupply.com
- **Address:** 1917 Garnet Court
- **City:** New Lenox
  - **State:** IL
  - **Zip:** 60451
- **Phone:** 800-648-5190
  - **Fax:** 866-726-7416

---

**Ship To:**

- **Dept:** DuPage Care Center
  - **Division:** Dining Services
- **Attn:** Mario Plata
  - **Email:** mario.plata@dupageco.org
- **Address:** 400 N. County Farm Road
- **City:** Wheaton
  - **State:** IL
  - **Zip:** 60187
- **Phone:** 630-784-4416
  - **Fax:**

---

**Payment Terms**

- F.O.B.

**PO 20 Delivery Date**

- **Requisitioner:** Christine Kliebhan

**PER 50 ILCS 505/1**

**Destination**

- **Contract Administrator:** Christine Kliebhan
- **Contract Start Date:** January 7, 2020
- **Contract End Date:** January 6, 2021
- **Use for:** PO25 only

---

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<tr>
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<th>Item Detail (Product #)</th>
<th>Description</th>
<th>FY</th>
<th>Dept #</th>
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<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
<th>Unit Price</th>
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<td></td>
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</tr>
</tbody>
</table>

**Requisition Total** $9,504.00

---

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

Liquid protein supplements (approved equal, option B and options D) for the DuPage Care Center, for the period January 7, 2020 through January 6, 2021, for a contract total not to exceed $9,504.00, per renewal option under bid #17-235-GV, second of three one-year renewals.

---

**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):

January 7, 2020 HHS Committee
Required Vendor Ethics Disclosure Statement

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

<table>
<thead>
<tr>
<th>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.

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: Alan Ferry Jr.

Printed Name: Alan Ferry Jr.

Title: COO

Date: 12/13/19

Packet Pg. 95
**DuPage County, Illinois**

**BUDGET ADJUSTMENT**

*Effective September 21, 2016*

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
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<tbody>
<tr>
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<td>CD19 Admin BENEFIT PAYMENTS</td>
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**Total** $14,000.00

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<th>Accounting Unit</th>
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<th>Sub-Account</th>
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<tbody>
<tr>
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<td>19,704.00</td>
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**Total** $14,000.00

**Reason for Request:**

Additional Funds needed for part time help line item to carry the department through the end of the March 31st fiscal year.

---

**Finance Department Use Only**

**Fiscal Year 2020**

Budget Journal # ________  Acctg Period ________

Entered By/Date ______________ Released By/Date ______________  Posted By/Date ______________

---

**Department Head**

Date 12-2-19

**Chief Financial Officer**

Date 12-2-19

---

Signature on File

Signature on File
### BUDGET ADJUSTMENT
Effective September 21, 2016

#### FROM: 1200

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Total $33,000.00

#### TO: 1200

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Total $33,000.00

**Reason for Request:**
Transfer monies to cover final year FY19 invoices for the DuPage Care Center

**Signature on File**

**Date:** 12/18/19

**Activity:** (optional)

**Signature on File**

**Date:** 12-20-19

---

**Finance Department Use Only**

**Fiscal Year:** 2019  
**Budget Journal #:**  
**Acctg Period:**  

**Entered By/Date:**  
**Released By/Date:**  
**Posted By/Date:**
Other Action Item

19-20-46

| Request Date: 12/5/2019 | Account Code: 5000-1720 |

Purpose of Trip: (explain fully the necessity of making the trip)
Mandatory Regional Ombudsman Quarterly Meeting

| Destination: Springfield, IL |

| Date of Departure: 1/15/2020 | Date of Return Arrival: 1/16/2020 |

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

---

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration:</td>
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<tr>
<td>Transportation:</td>
<td>$180.00</td>
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<td>Lodging:</td>
<td>$80.00</td>
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<td>Rental Car:</td>
<td>0</td>
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<td>Meals: (Per Diems)</td>
<td>$80.00</td>
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<tr>
<td>Total:</td>
<td>$340.00</td>
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</table>

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: __________________________
JEAN KACZMAREK, COUNTY CLERK
Other Action Item

19-20-47

<table>
<thead>
<tr>
<th>Request Date:</th>
<th>12/18/2019</th>
<th>Account Code:</th>
<th>5000-1480, 5000-1470, 1000-1750</th>
</tr>
</thead>
</table>

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

To attend the National Human Services Data Consortium (NHSDC) for ongoing training provided by peers, HUD, and HUD Technical Assistance to support HMIS and Continuum of Care staff to further address reporting, data and policy needs. Expenses to be allocated to HMIS (58.88%), ESG (35.5%), and the General Fund (5.62%)

<table>
<thead>
<tr>
<th>Destination:</th>
<th>Minneapolis, MN</th>
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</table>

<table>
<thead>
<tr>
<th>Date of Departure:</th>
<th>4/5/2020</th>
<th>Date of Return Arrival:</th>
<th>4/8/2020</th>
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</table>

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

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
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<tr>
<td>Registration</td>
<td>$600.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$500.00</td>
</tr>
<tr>
<td>Lodging</td>
<td>$408.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Reference Materials</td>
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<td>Meals: (Per Diems)</td>
<td>$342.00</td>
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<tr>
<td><strong>Total</strong></td>
<td>$1,850.00</td>
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</tbody>
</table>

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _______________________
JEAN KACZMAREK, COUNTY CLERK
| Purpose of Trip: (explain fully the necessity of making the trip) |
| To attend the National Human Services Data Consortium (NHSDC) for ongoing training provided by peers, HUD, and HUD Technical Assistance to support HMIS and Continuum of Care staff to further address reporting, data and policy needs. Expenses to be allocated to HMIS (58.88%), ESG (35.5%), and the General Fund (5.62%) |

| Destination: Minneapolis, MN |
| Date of Departure: 4/5/2020 | Date of Return Arrival: 4/8/2020 |
| (Please include a detailed explanation if different from official business dates) |

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

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>$600.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$500.00</td>
</tr>
<tr>
<td>Lodging</td>
<td>$408.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Reference Materials</td>
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<td>Meals: (Per Diems)</td>
<td>$342.00</td>
</tr>
<tr>
<td>Total</td>
<td>$1,850.00</td>
</tr>
</tbody>
</table>

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

______________________________  
DANIEL J. CRONIN, CHAIRMAN 
DU PAGE COUNTY BOARD

Attest: ______________________  
JEAN KACZMAREK, COUNTY CLERK
Other Action Item
19-20-49

Request Date: 12/19/2019
Account Code: 5000-1510

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

To attend the National Human Services Data Consortium (NHSDC) for ongoing training provided by peers, HUD, and HUD Technical Assistance for HMIS and Continuum of Care to address and explore best practice in data requirements to support homeless housing and service providers in DuPage County CoC Grant funded.

Destination: Minneapolis, MN

Date of Departure: 4/5/2020
Date of Return Arrival: 4/8/2020
(Please include a detailed explanation if different from official business dates)

Please indicate the estimated amount for each applicable expense.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration:</td>
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<td>Transportation:</td>
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<td>Lodging:</td>
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<td>Rental Car:</td>
<td>0</td>
</tr>
<tr>
<td>Reference Materials:</td>
<td>0</td>
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<tr>
<td>Meals: (Per Diems)</td>
<td>$342.00</td>
</tr>
<tr>
<td>Total:</td>
<td>$1,850.00</td>
</tr>
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Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

__________________________________
DANIEL J. CRONIN, CHAIRMAN
DUPAGE COUNTY BOARD

Attest: ________________________________
JEAN KACZMAREK, COUNTY CLERK
Other Action Item

19-20-50

<table>
<thead>
<tr>
<th>Request Date: 12/23/2019</th>
<th>Account Code: 5000-1650</th>
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</table>

Purpose of Trip: (explain fully the necessity of making the trip)
To Attend the Results Oriented Management and Accountability (R.O.M.A.) Peer to Peer In-Services Training to maintain R.O.M.A. Implementer certification per the CSBG Organizational Standards.

Destination: Omaha, Nebraska

Date of Departure: 3/31/2020
Date of Return Arrival: 4/2/2020

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

Please indicate the estimated amount for each applicable expense.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<td>Registration</td>
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<tr>
<td>Transportation</td>
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<tr>
<td>Lodging</td>
<td>$275.00</td>
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<td>Rental Car</td>
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<tr>
<td>Miscellaneous (parking, mileage, etc.)</td>
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<tr>
<td>Meals: (Per Diems)</td>
<td>$183.00</td>
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<td>Total</td>
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Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _______________________
JEAN KACZMAREK, COUNTY CLERK
Other Action Item
19-20-51

<table>
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<th>Request Date: 12/23/2019</th>
<th>Account Code: 5000-1650</th>
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Purpose of Trip: (explain fully the necessity of making the trip)
To Attend the Results Oriented Management and Accountability (R.O.M.A.) Peer to Peer In- Services Training to maintain R.O.M.A. Implementer certification per the CSBG Organizational Standards.

<table>
<thead>
<tr>
<th>Destination: Omaha, Nebraska</th>
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<table>
<thead>
<tr>
<th>Date of Departure: 3/31/2020</th>
<th>Date of Return Arrival: 4/2/2020</th>
</tr>
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</table>

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

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

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<tr>
<th>Registration:</th>
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</thead>
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<td>Lodging:</td>
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<td>Rental Car:</td>
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<tr>
<td>Miscellaneous (parking, mileage, etc.):</td>
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<tr>
<td>Reference Materials:</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems):</td>
<td>$183.00</td>
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<tr>
<td>Total:</td>
<td>$1,258.00</td>
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Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _______________________
JEAN KACZMAREK, COUNTY CLERK
### Other Action Item

**19-20-52**

<table>
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<tr>
<th>Request Date: 12/20/2019</th>
<th>Account Code: 5000-1440</th>
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</table>

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

National Association for County Community and Economic Development Spring Legislative Meeting. CDBG funded.

**Destination:** Washington, D.C.

<table>
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<tr>
<th>Date of Departure: 2/26/2020</th>
<th>Date of Return Arrival: 3/1/2020</th>
</tr>
</thead>
</table>

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

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

<p>| | |</p>
<table>
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<th></th>
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</thead>
<tbody>
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<td>Transportation</td>
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<td>Lodging</td>
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<td>Rental Car</td>
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<td>Reference Materials</td>
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<td>Meals: (Per Diems)</td>
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<td><strong>Total</strong></td>
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Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

______________________________

DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _______________________

JEAN KACZMAREK, COUNTY CLERK
Other Action Item

19-20-53

<table>
<thead>
<tr>
<th>Request Date: 12/20/2019</th>
<th>Account Code: 5000-1440</th>
</tr>
</thead>
</table>

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

Part three of the Rental Housing Development Finance Professional certification program for training related to administering the federal HOME Program

**Destination:** Philadelphia, PA

<table>
<thead>
<tr>
<th>Date of Departure: 3/8/2020</th>
<th>Date of Return Arrival: 3/13/2020</th>
</tr>
</thead>
</table>

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

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

<table>
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<th>Expense Description</th>
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<tr>
<td>Lodging</td>
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<td>Rental Car</td>
<td>$0</td>
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<tr>
<td>Miscellaneous Expenses (parking, mileage, etc.)</td>
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<td>Reference Materials</td>
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<td>Meals: (Per Diems)</td>
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<td><strong>Total</strong></td>
<td><strong>$3,546.00</strong></td>
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</tbody>
</table>

Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

______________________________________________
DANIEL J. CRONIN, CHAIRMAN
DUPAGE COUNTY BOARD

Attest: _______________________________________
JEAN KACZMAREK, COUNTY CLERK
Request Date: 12/20/2019

Account Code: 5000-1440

Purpose of Trip: (explain fully the necessity of making the trip)
Part three of the Rental Housing Development Finance Professional certification program for training related to administering the federal HOME Program

Destination: Philadelphia, PA

Date of Departure: 3/8/2020
Date of Return Arrival: 3/13/2020
(Please include a detailed explanation if different from official business dates)

Please indicate the estimated amount for each applicable expense.

<table>
<thead>
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<th>Item</th>
<th>Amount</th>
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<tbody>
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<tr>
<td>Transportation</td>
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<tr>
<td>Lodging</td>
<td>$1,080.00</td>
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<tr>
<td>Rental Car</td>
<td>0</td>
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<tr>
<td>Miscellaneous Expenses (parking, mileage, etc.)</td>
<td>$250.00</td>
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<tr>
<td>Reference Materials</td>
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<td>Meals: (Per Diems)</td>
<td>$336.00</td>
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<tr>
<td>Total</td>
<td>$3,453.50</td>
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Enacted and approved this 14th day of January, 2020 at Wheaton, Illinois.

__________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: ________________________
JEAN KACZMAREK, COUNTY CLERK
Grant Proposal Notification

GPN Number: 006-20

Date of Notification: 12/19/2019

Parent Committee Agenda Date: 01/07/2020

Grant Application Due Date: (MM/DD/YYYY)

Name of Grant: Recreation Therapy Grant FY20

Name of Grantor: DuPage Care Center Foundation

Originating Entity: DuPage Care Center

County Department: 

Department Contact: Shauna Berman, Assistant Administrator, x4261

Parent Committee: HHS

Grant Amount Requested: $21,279.77

Type of Grant: Project

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

Source of Grant:

☐ Federal ☐ State ☑ Private ☐ Corporate

If Federal, provide CFDA: ☐

If State, provide CSFA: ☐

Page 1 of 5
1. Justify the department’s need for this grant.

Grant allows the facility to extend recreational and quality of life programs for the residents. It allows for additional opportunities to take residents out into the community and enhances weekend and evening activities for the residents.

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

Quality of Life- supports operational strategy to improve the quality of life for short stay and long term care resident that live at the facility.

3. What is the period covered by the grant? ________ to: _________________ (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) __________

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)  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 $21,279.77 Percentage covered by grant 100%

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?

1200-2080

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)  
   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  
   0%  
   
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?
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)? $21,279.77

$0.00
Grant Proposal Notification

GPN Number: 007-20
Date of Notification: 12/19/2019
Parent Committee Agenda Date: 01/07/2020
Grant Application Due Date: ____________

Name of Grant: DuPage Care Center Foundation Coordinator Grant PY20
Name of Grantor: DuPage Care Center Foundation
Originating Entity: DuPage Care Center
County Department: County Department:
Department Contact: Shauna Berman, Assistant Administrator, x4261
Parent Committee: HHS
Grant Amount Requested: $30,453.45
Type of Grant: Project

- Is this a new non-recurring Grant: □ Yes □ No
- Source of Grant: □ Federal □ State □ Private □ Corporate
- If Federal, provide CFDA: ____________
- If State, provide CSFA: ____________

Page 1 of 5
1. Justify the department’s need for this grant.

Grant allows the facility to facilitate the needed internal and external outreach needed to support and raise funds for the DuPage Care Center Foundation. This allows a direct impact on quality care and services provided to the residents and impacts resident quality of life.

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

Quality of Life—supports the operational strategy to provide the best possible living environment for the residents that reside at the DuPage Care Center.

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

   (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) __________

   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)  __________

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 $48,043.84  Percentage covered by grant 47.85%

6.1.2. Total fringe benefits $15,594.97  Percentage covered by grant 47.85%

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?

       1200-2080

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 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  0%  

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?   __________  

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)?

$30,453.45