1. **CALL TO ORDER**

2. **ROLL CALL**

3. **PUBLIC COMMENT**

4. **CHAIRMAN'S REPORT - CHAIR LARSEN**

5. **APPROVAL OF MINUTES**
   
   Health & Human Services - Regular Meeting - Tuesday December 6th, 2016

6. **COMMUNITY SERVICES - MARY KEATING**
   
   CS Requests That Also Require Finance And/Or County Board Approval
   
   A. FI-R-0033-17 **RESOLUTION** -- Acceptance and Appropriation of the Illinois Association of Community Action Agencies (IACAA) Grant FY17 Company 1000 - Accounting Unit 1750 January 3, 2017 through August 31, 2017 $9,000.00
   
   B. FI-R-0034-17 **RESOLUTION** -- Acceptance and Appropriation of the DuPage Housing Authority Family Self-Sufficiency Program PY17 Agreement No. IL101FSH209A016 Company 5000 - Accounting Unit 1740 January 1, 2017 through December 31, 2017 $102,702.00
   
   C. HHS-P-0027-17 Intergovernmental Agreement Between DuPage County and PACE Suburban Bus Service for Para-transit Services to Eligible Seniors, for the period of August 1, 2016 through September 30, 2016, for a contract total not to exceed $37,378, per Intergovernmental Agreement. (Grant Funded)
   
   D. HHS-P-0028-17 Intergovernmental Agreement Between DuPage County and PACE Suburban Bus Service to provide County sponsored transportation services for income eligible persons and persons with disabilities, for the period August 1, 2016 through November 30, 2017, through Ride DuPage for Community Services, for a contract total not to exceed $803,866, Intergovernmental Agreement.
E. HHS-CO-0002-17 Amendment to Resolution DC-P-0495-15 (Service Agreement 1257-0001 SERV) issued to Optimum Management Resources to provide technical assistance and consultation services to coordinate the activities of the DuPage County Homeless Continuum of Care. The amendment increases the contract for $19,500.00, resulting in a new contract total amount of $46,500.00, an increase of 77.22%.

7. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

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

HHS-R-0035-17 RESOLUTION -- Recommendation for approval of a Community Development Block Grant- Disaster Recovery agreement modification between DuPage County and the Village of Villa Park, Project Number CDBG-DR-13Villa Park, 546 Euclid Property Acquisition, increasing the amount of funding by $45,000.00 for a total of $326,250.00.

8. CONVALESCENT CENTER - JENNIFER ULMER

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

1. HHS-P-0029-17 Recommendation for the approval of a contract purchase order to Medline Industries, for incontinent products for the DuPage Convalescent Center, for the period March 1, 2017 through February 28, 2018, for a contract total not to exceed $186,000.00, per renewal option under bid #15-233-GV, first of three optional one year renewal.

2. HHS-P-0030-17 Recommendation for the approval of a contract purchase order to McKesson Medical Surgical, for prime medical supplies, for the DuPage Convalescent Center, for the period January 15, 2017 through January 14, 2018, for a contract total amount not to exceed $225,000.00, per MMCAP.

3. HHS-CO-0003-17 Amendment to County purchase order 1546-0001 SERV, issued to Pan-O-Gold Baking Company, for assorted sliced breads, rolls and sandwich buns for the DuPage Convalescent Center, for the period January 23, 2016 through January 22, 2017, to extend the contract through February 28, 2017 and increase the encumbrance in the amount of $3,500.00, for a new contract total not to exceed $26,000.00. (1546-0001 SERV)

4. Change Order -- HHS-P-0518B-15 - Amendment to Resolution HHS-P-0518A-15 issued to Alliance Rehab Inc., to provide Therapy and Consulting services: Physical, Occupational and Speech Therapy to the residents at the Convalescent Center for the period November 1, 2015 through October 31, 2016, to increase encumbrance in the amount of $4,465.64, resulting in an amended contract total amount not to exceed $1,008,965.64, an increase of 0.44%. (1317-0001 SERV)Alliance Rehab Inc.
B. Convo Requests for Parent Committee Final Approval

1. 2017-27 Recommendation for the approval of a contract purchase order to Office Depot, for office supplies for the DuPage Convalescent Center, for the period January 8, 2017 through January 7, 2018, for a contract total amount not to exceed $16,575.00, per National IPA.

2. 2017-28 Recommendation for the approval of a contract purchase order to Chicago Vendor Supply, for snack and sundry items for dining services operations including DuPage Convalescent Center, JTK Administration and Judicial Office Facility, for the period January 6, 2017 through July 5, 2017, for a contract total not to exceed $8,000.00, per renewal option under quote Q6-141-BF, first of three options to renew.

9. BUDGET TRANSFERS

A. Budget Transfers -- Community Services - Senior Services - Aging Care Coordination Units (CCU) Program - To cover FY16 negative line items; actual expenditures approved by the grantor were charged differently than originally budgeted for - $27,206.00

B. Budget Transfers -- Community Services - Community Services Block Grant (CSBG) - To cover FY16 negative balance line items. Actual expenditures approved by the grantor were charged different than originally budgeted for - $26,002.00

C. Budget Transfers -- DuPage Family Center - Access & Visitation Grants - To balance FY16 negative line items created by FY15 adjustment for accrued absences - $47,656.00

D. Budget Transfers -- DuPage Family Center Part-Time Help - To cover FY16 negative line items; actual expenditures for part-time help were more than originally budgeted for - $53,093.00

10. TRAVEL REQUESTS - IN STATE - PARENT COMMITTEE FINAL APPROVAL

Authorization to Travel -- Senior Services Manager to attend the Regional Ombudsman Meeting in Springfield, Illinois, January 11, 2017 through January 12, 2017. Expenses to include transportation, lodging, and per diem for approximate total of $386.75. Grant funded.

11. TRAVEL REQUESTS - OUT OF STATE - REQUIRE COUNTY BOARD APPROVAL

Authorization to Travel -- Information & Referral Administrator to attend the Annual In-Service Continuing Education Program for the Results Oriented Management and Accountability (ROMA) Continuing Education in Dallas, Texas, April 17, 2017, through April 19, 2017. Expenses to include registration, transportation, lodging, and per diem for approximate total of $1,175.00. Grant funded.
12. CONSENT ITEMS

A. Consent Item -- Extend Metro Professional Products dba Warehouse Direct contract through April 27, 2017, for the purchase of cleaning chemicals, section 2 for the Convalescent Center, for the two year period January 14, 2015 through January 13, 2017. (744-0001 SERV)

B. Consent Item -- Extend HP Products Corporation contract through April 27, 2017, for the purchase of housekeeping cleaning supplies, section 1 for the Convalescent Center, for the two year period January 14, 2015 through January 13, 2017. (743-0001 SERV)

13. RESIDENCY WAIVERS - JENNIFER ULMER

14. COMMUNITY SERVICES UPDATE - MARY KEATING

15. CONVALESCENT CENTER UPDATE - JENNIFER ULMER

16. OLD BUSINESS

17. NEW BUSINESS

18. INFORMATIONAL ITEMS

19. ADJOURNMENT
1. CALL TO ORDER

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

2. ROLL CALL

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

3. PUBLIC COMMENT

No public comments were received at this meeting.

4. CHAIRMAN'S REPORT - CHAIR LARSEN

Chairman Larsen apologized to Member Chaplin for expressing a premature farewell at the previous meeting when it appeared she lost her bid for re-election on November 8, 2016. When the full count was completed, Ms. Chaplin was re-elected to her District 2 seat.

5. APPROVAL OF MINUTES

Health & Human Services - Regular Meeting - Nov 15, 2016 10:15 AM

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

6. COMMUNITY SERVICES - MARY KEATING
A. CS Requests That Also Require Finance And/Or County Board Approval

1. HHS-P-0004-17 Recommendation for the approval of a contract purchase order to Verizon Wireless for Cellular and Wireless Services for the Aging Case Coordination, for the period October 1, 2016 through November 30, 2017, for a contract total amount not to exceed $46,692.00. Per the State of Illinois Cooperative Purchasing Agreement CMS793372P.(Grant Funded Unit Fund PY17 $46,692.00)

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

2. HHS-CO-0001-17 Amendment to County Contract 1975-0001SERV, issued to Custom Appliance, to furnish, deliver, and install energy star appliances for the Weatherization Program, to increase the encumbrance in the amount of $12,090.00, for additional grant funding received by the ILDCEO, resulting in an amended contract total not to exceed $25,590.00, an increase of 89.56%. (1975-0001 SERV)

   RESULT: APPROVED [UNANIMOUS]
   MOVER: Tonia Khouri, District 5
   SECONDER: Elizabeth Chaplin, District 2
   AYES: Larsen, Tornatore, Chaplin, Grasso, Grant, Khouri

3. Change Order -- HHS-P-0237A-16 Amendment to resolution HHS-P-0237-16, issued to ARC Insulation, Inc., to provide architectural weatherization labor and materials, to increase the encumbrance in the amount of $121,276.30, for additional grant funding received by the ILDCEO, resulting in an amended contract total not to exceed $257,776.30, an increase of 88.85%. (1992 SERV)

   RESULT: APPROVED [UNANIMOUS]
   MOVER: Elizabeth Chaplin, District 2
   SECONDER: Sam Tornatore, Vice Chair
   AYES: Larsen, Tornatore, Chaplin, Grasso, Grant, Khouri
4. Change Order -- HHS-P-0236A-16 - Amendment to resolution HHS-P-0236-16, issued to Healthy Air Heating & Air, Inc., to provide mechanical (HVAC) weatherization labor and materials, to increase the encumbrance in the amount of $136,136.70, for additional grant funding received by the ILDCEO, resulting in an amended contract total not to exceed $318,032.70, an increase of 74.84%. (1991-SERV)

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

B. CS Requests for Parent Committee Final Approval

Action Item -- to approve Merged Agency Policy into selection criteria for the 2017 Human Services Grant Fund. (HSGF)

Mary Keating, Director of Community Services, followed up on the discussion from the November 15, 2016, Health and Human Services (HHS) Committee meeting, and submitted a policy proposal that establishes eligibility criteria for previous recipients of the Human Services Grant Fund (HSGF) that have merged into one agency. The proposal states that the newly merged agency will be able to apply for a maximum of $80,000.00, or 50% of the total project cost, whichever is less, for up to three years. Additionally, merged agencies will receive three bonus points toward the scoring guidelines in recognition of the benefits of consolidation. Ms. Keating will incorporate the changes in the formal HSGF selection criteria that will be presented to the committee for review in January, 2017. Ms. Keating added that the HSGF is County funded and not bound by State and Federal regulations, so the criteria regarding merged agencies can be modified the following year if needed.

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

7. CONVALESCENT CENTER - JENNIFER ULMER

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

A. Grant Proposal Notifications -- DuPage Convalescent Center Foundation Coordinator
   Grant PY17 - DuPage Convalescent Center - $25,126.00
RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Elizabeth Chaplin, District 2
AYES: Larsen, Tornatore, Chaplin, Grasso, Grant, Khouri

B. FDR-0013-17 RESOLUTION -- Acceptance and Appropriation of the DuPage Convalescent Center Foundation Coordinator Grant PY17 - Company 5000 Accounting Unit 2120 - $25,126.00
RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Elizabeth Chaplin, District 2
AYES: Larsen, Tornatore, Chaplin, Grasso, Grant, Khouri

C. HHS-P-0005-17 Recommendation for the approval of a contract purchase order to Pratapas Associates, LLC, for professional consulting services provided to the DuPage Convalescent Center Foundation for facilitation of an internal assessment and feasibility study related to a capital campaign, for the period January 1, 2017 through June 30, 2017, for a contract total amount not to exceed $32,000.00, per most qualified offeror, per proposal #16-227-GV.
RESULT: APPROVED [UNANIMOUS]
MOVER: Elizabeth Chaplin, District 2
SECONDER: Sam Tornatore, Vice Chair
AYES: Larsen, Tornatore, Chaplin, Grasso, Grant, Khouri

D. HHS-P-0006-17 Recommendation for the approval of a contract purchase order to CliftonLarsonAllen, for Medicare and Medicaid cost reports, for the DuPage Convalescent Center, for the period December 14, 2016 through December 13, 2020, for a contract not to exceed $29,295.00, per most qualified offeror per Proposal 16-148-GV.
RESULT: APPROVED [UNANIMOUS]
MOVER: Gary Grasso, District 3
SECONDER: Elizabeth Chaplin, District 2
AYES: Larsen, Tornatore, Chaplin, Grasso, Grant, Khouri
E. Change Order -- HHS-P-0038C-16 -- Amendment to Resolution HHS-P-0038B-16, issued to Brightstar Care of Central DuPage-Wheaton, for supplemental staffing services for the purpose of staffing RNs, LPNs and CNAs, for the Convalescent Center, for the period January 13, 2016 through January 12, 2017, to extend contract through April 9, 2017 and increase the encumbrance in the amount of $245,000.00, resulting in an amended contract total amount not to exceed $1,245,870.00, an increase of 24.48% resulting in a cumulative increase of 315.29%. (1596-0001 SERV)

RESULT: APPROVED [UNANIMOUS]
MOVER: Tonia Khouri, District 5
SECONDER: Sam Tornatore, Vice Chair
AYES: Larsen, Tornatore, Chaplin, Grasso, Grant, Khouri

8. RESIDENCY WAIVERS - JENNIFER ULMER
Two out of County residency waivers were presented for approval.

A. Residency Waiver One

The committee discussed the residency waiver applicant not having residential ties to DuPage County, and agreed that the goal is to fill the empty beds at the Convalescent Center, which is presently six. The committee established a policy that the lack of previous residency should only be a consideration if there are less available beds than there are applicants.

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

B. Residency Waiver Two

RESULT: APPROVED [UNANIMOUS]
MOVER: Gary Grasso, District 3
SECONDER: Sam Tornatore, Vice Chair
AYES: Larsen, Tornatore, Chaplin, Grasso, Grant, Khouri

9. COMMUNITY SERVICES UPDATE - MARY KEATING
Mary Keating reminded the committee that the Charitable Contributions Campaign is under way and that she sent an email last week to all email users, with a link to the online pledge form. She added that the DuPage Convalescent Center Foundation, DSSA, and Giving DuPage, as part of the Campus Charities, are major beneficiaries of the campaign pledges. Donations can be automatically deducted from paychecks, and Ms. Keating will provide a paper pledge form upon request. Chairman Larsen asked Ms. Keating to send a reminder email to everyone.

10. **CONVALESCENT CENTER UPDATE - JENNIFER ULMER**

Jennifer Ulmer, Administrator for the DuPage Convalescent Center, announced the annual Holiday Banquet for the residents is Friday, December 9, from 11:00 a.m. to 1:00 p.m. at the Convalescent Center. A full holiday meal will be served and all committee members were invited to attend.

The Holiday Employee breakfast, and dinner for the night staff, will be served at the Convalescent Center on Friday, December 16. The Convalescent Center staff is seeking volunteers to help serve the meals.

The Adopt a Resident Program gifts should be dropped off at the Convalescent Center by Friday, December 9, by 9:00 p.m.

11. **OLD BUSINESS**

Member Khouri asked about the status of Judge Kenneth Moy's donation to the DuPage Convalescent Center Foundation. Ms. Ulmer replied that the contract with Pratapas & Associates, LLC, on today's agenda, is for a consulting firm that will be working with the Foundation to begin development of the Capital Campaign to match Judge Moy's donation. The Foundation is aiming to get one member from each district (there are currently five) of the County Board to assist with the Foundation to expand efforts to match funding. The Capital Campaign will start in January, 2017 and will be ongoing for three to five years. Some ideas being discussed to improve life for the residents includes renovation of the common areas. The renaming project is in discussions with some proposals, but no timeline has been established.

12. **NEW BUSINESS**

None

13. **INFORMATIONAL ITEMS**

None

14. **ADJOURNMENT**

There being no further business, the meeting adjourned at 10:50 a.m.
Resolution
FI-R-0033-17

ACCEPTANCE AND APPROPRIATION OF THE
ILLINOIS ASSOCIATION OF COMMUNITY ACTION AGENCIES (IACAA) GRANT FY17
COMPANY 1000 - ACCOUNTING UNIT 1750
$9,000

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage has been notified by IACAA that grant funds from
the Illinois Department of Commerce and Economic Opportunity (DCEO) in the amount of
$9,000 (NINE THOUSAND AND NO/100 DOLLARS) are available to be used on an internship
pilot program; and

WHEREAS, to receive said grant funds, the County of DuPage must enter into an
agreement with the IACAA, a copy of which is attached to and incorporated as a part of this
resolution by reference (Attachment II); 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 period of the grant agreement is from January 3, 2017 through August 31,
2017; and

WHEREAS, the DuPage 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
agreement (Attachment II) between DuPage County and IACAA is hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional
appropriation on the attached sheet (Attachment I) be made to establish the Illinois Association
of Community Action Agencies Grant FY17, Company 1000 - Accounting Unit 1750 for the
period January 1, 2017 through August 31, 2017; and

BE IT FURTHER RESOLVED, that the personnel budget for the Community Services
Department be revised to reflect the addition of:

Temporary

50050 (1) Summer Intern $17.00/hour - $18.00/hour

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

BE IT FURTHER RESOLVED that should state and/or federal funding cease for this
grant, the Health and Human Services Committee shall review the need for continuing the
specified program and related head count; 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
Resolution
FI-R-0033-17

Board by resolution.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________
PAUL HINDS, COUNTY CLERK
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IACAA SUBAWARD AGREEMENT FOR THE CAA SUMMER INTERNSHIP PILOT

This Sub AGREEMENT (“Agreement”) is entered into as of _January 3, 2017_ by and between the Illinois Association of Community Action Agencies (IACAA) and the member Community Action Agency, DuPage County Department of Community Services, (Subcontractor). This agreement shall govern certain activities and responsibilities to be carried out by Subcontractor on behalf of IACAA.

Whereas, IACAA received funding from the Department of Commerce and Economic Opportunity (DCEO) through its discretionary funds to sponsor an internship pilot that would fund internships at selected Community Action Subcontractor around the state. The purpose of the pilot is to help Subcontractor build their capacity to meet the organizational standards and to introduce a new generation to the work of Community Action.

Whereas, the Subcontractor was selected by an external committee from the University of Illinois, Springfield (UIS) to participate in the pilot based on the quality of their application and their ability to demonstrate their capacity to host a successful internship experience;

Whereas, the internship pilot will operate according to the respective schools’ summer school calendar;

Whereas, IACAA will award the Subcontractor $9,000 to fund the three-month internship program and the Subcontractor shall spend the funds according to the approved budget (attachment A). The breakout of the $9,000 should be spent as follows: $6,000 must go toward paying the intern and any activities directly related to the intern’s experience; the remaining $3,000 will cover the Subcontractor’s expenses as outlined in the approved budget.

Obligations of IACAA:

1. IACAA will host a joint meeting with all of the awarded Subcontractor to ensure Subcontractor is prepared to host an intern. IACAA will reimburse the Subcontractor for travel cost for this meeting.

2. IACAA can assist Subcontractor in the recruitment process by contacting universities and helping Subcontractor navigate the online job posting systems of the various universities.

3. IACAA will disperse the full award to the Subcontractor ($9,000) at least two weeks prior to the start of the internship.
4. IACAA will conduct site visits of the Subcontractor to check in with the Subcontractor and interns, view the intern’s workspace and any work schedules provided to the intern.
5. IACAA will provide technical assistance to Subcontractor as needed utilizing the peer model or consultation with the appropriate university.
6. IACAA will host a final evaluation with the Subcontractor and the interns to assess what elements of the internship experience can be improved.

Scope of Service for Subcontractor:

Recruitment and Selection
1. Subcontractor will develop or utilize existing partnerships with universities to recruit a graduate intern that can fulfill the job duties specified in their job description.
2. Subcontractor will interview candidates for the internship position. The candidates must provide a cover letter and resume to the Subcontractor.
3. The Subcontractor is responsible for sending IACAA the resume and cover letters of those candidates that will be interviewed by the Subcontractor.
4. The Subcontractor shall select the intern that best fits the needs of the organization and shows interest in the mission of Community Action.
5. The Subcontractor shall sign an internship agreement with the University as part of the universities’ protocol for tracking interns.

Internship Job Description and Agreement
6. The Subcontractor shall provide the intern with a job description and agreement that the student and the Subcontractor authorized signatory shall sign.
7. The job description should be detailed and approved by IACAA and the UIS review team.
8. The agreement will detail location where intern will report, supervisor and/or mentor, time commitment, expectations, confidentiality, pay of intern, work assignments and a clause to end contract if the internship does not work out.
9. The Subcontractor shall provide IACAA copies of the signed internship agreements.

Orientation and Evaluation
10. Subcontractor shall provide an orientation to the intern about the Subcontractor and about Community Action. This should not be a one-day experience but something that is carried out throughout the internship time period.
11. The supervisor and/or mentor is responsible for conducting monthly “check in” evaluations with the intern to assess the internship experience. The supervisor and/or mentor and the student will complete an IACAA survey each month and email it back to Michelle Pulce, mpulce@iacaanet.org.
12. Subcontractor must provide a fiscal report on a monthly basis to demonstrate how funds are spent according to the agreement.
13. Subcontractor must participate in a final evaluation of the internship pilot.

Term of contract
If requested by either party, this agreement may be revised before services are rendered. This contract shall be effective from the date of signature through **August 31, 2017**. All work to be performed under this Agreement is to be completed by the end of the term.

Termination of Agreement
This agreement may be terminated by either party immediately upon written notice to the other if either party hereto becomes the subject of voluntary or involuntary bankruptcy or other insolvency proceeding; by IACAA or the Subcontractor if either party defaults in the performance of any of its deliverables set forth in this agreement (except when such default is due to a cause beyond the control of the party) and such default is not cured within thirty (30) days after notice from either party specifying the nature of such default, and by IACAA or the Subcontractor with or without cause upon providing thirty (30) days written notice. Termination of this agreement shall have no effect on either party’s obligation to pay any amount due and owing with respect to such periods prior to the effective date of such termination. During the 30-day notice of termination period, IACAA will require the Subcontractor to pay back any funds not used.

Independent Contractor Relationship:
The parties specifically agree and understand that the Subcontractor is an independent contractor. The employees or agents of the Subcontractor are not now nor shall they be deemed to be employees of IACAA and employees or agents of IACAA are not now nor shall they be deemed to be employees of the Subcontractor.

Entire Agreement:
This agreement contains the entire and sole agreement between IACAA and the Subcontractor related to the work defined herein and any representations, promises, conditions or commitments in connection herewith but not incorporated herein shall not be binding upon either IACAA or the Subcontractor.

Liability:
It is understood and agreed that neither party to this agreement shall be legally liable for any negligent or wrongful acts, either of commission or omission, chargeable to the other, unless such liability is imposed by law and this agreement shall not be construed as seeking to either enlarge or diminish any obligation or duty owed by one party against the other or against third parties.
Acceptance

Your signature below indicates acceptance of this proposal and its terms.

___________________________  ___________________________
IACAA                          Subcontractor:  

Dalitso Sulamoyo, PhD
President/CEO

Date: _________  Date: _________

Mary A. Keating
Director
Resolution
FI-R-0034-17

ACCEPTANCE AND APPROPRIATION OF THE Dupage Housing Authority Family Self-Sufficiency Program PY17 Agreement No. IL101FSH209A016 Company 5000 - Accounting Unit 1740 $102,702

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage has been notified by the DuPage Housing Authority that grant funds in the amount of $102,702 (ONE HUNDRED TWO THOUSAND, SEVEN HUNDRED TWO AND NO/100 DOLLARS) are available to be used to pay for the staffing of individuals who serve those in the Family Self-Sufficiency Program; and

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

WHEREAS, the term of the agreement is from January 1, 2017 through December 31, 2017; 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 DuPage 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 Agreement (Attachment II) between DuPage County and DuPage Housing Authority is hereby accepted; and

BE IT FURTHER RESOLVED that the additional appropriation on the attached sheet (Attachment I) in the amount of $102,702 (ONE HUNDRED TWO THOUSAND, SEVEN HUNDRED TWO AND NO/100 DOLLARS) be made to establish the DuPage Housing Authority Family Self-Sufficiency Program PY17, Company 5000, Accounting Unit 1740, for the period January 1, 2017 through December 31, 2017; and

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

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

BE IT FURTHER RESOLVED that should the Health and Human Services Committee determine the need for other funding is appropriate, it may recommend action to the County
Resolution
FI-R-0034-17

Board by resolution.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

______________________________________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: ______________________________________________________
PAUL HINDS, COUNTY CLERK
**REVENUE**

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<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td><strong>TOTAL ANTICIPATED REVENUE</strong></td>
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**EXPENDITURES**

**PERSONNEL**

<table>
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<th>Description</th>
<th>Amount</th>
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<td>51040 Employee Med &amp; Hosp Insurance</td>
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<tr>
<td><strong>TOTAL PERSONNEL</strong></td>
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</tr>
</tbody>
</table>

**TOTAL ADDITIONAL APPROPRIATION** $102,702
Family Self-Sufficiency Program

SERVICE CONTRACT

DuPage Housing Authority
&
DuPage County Community Services

Background: The DuPage Housing Authority has been administering the Family Self-Sufficiency program in cooperation and coordination with the DuPage County Department of Community Services since January 1992. Continues funding for this initiative has been provided by the U.S. Department of Housing And Urban Development (HUD) under the Public and Indian Housing Family Self-Sufficiency (FSS) program. Acceptance of this award requires the DuPage Housing Authority to administer the FSS Program in accordance with HUD regulations and requirements in 24 CFR part 984 and must comply with HCV program requirements, notices, and guidebooks.

Purpose: This service agreement between the DuPage Housing Authority (DHA) and the DuPage County Department of Community Services (COUNTY) seeks to define the relative roles and responsibilities of each partner in this program during the contract period.

Contract Period: This agreement shall be effective from January 1, 2017 through December 31, 2017.

Scope of Project: The DuPage Housing Authority administers the Family Self Sufficiency program and in this role is responsible for the maintenance of the waiting list for the program, client eligibility determinations and redeterminations, completion of the Contract of Participation for each client, unit inspections, maintenance of client escrow accounts, program accounting, grant management and other administrative functions. In addition the DHA will ensure that the Program Coordinating Council convenes at least annually and that the FSS Action Plan is updated as required.

The COUNTY will continue to coordinate the FSS program using rental assistance under the Housing Choice Voucher Programs together with public and private resources to provide supportive services to enable participating families to achieve economic independence and self-sufficiency. These services include the development of the client Individual Training and Service Plan (also called the Personal Development Plan), case management and supportive service referral activities, service plan updates, home visits with program participants and other direct services.

The COUNTY will hire, train, and supervise FSS Coordinators. The COUNTY will comply with program requirements of FSS Program Coordinator Role, Staffing Guidelines and Other Requirements.

Reporting Requirements: The DHA shall grant to the COUNTY, as payment for all HUD eligible expenses for activities performed by the COUNTY pursuant to the Agreement, compensation not to exceed $102,702.00 for salary of program coordinator
FSS Service Contract
HUD Fiscal Year: 2016
Grant Number: IL101FSH209A016
August 18, 2016

FSS program coordinators will continue to provide annual progress reports on FSS participants.

Term and Termination: Either party can terminate the agreement and its respective responsibilities after notifying the other party, in writing, of its intent to terminate in thirty (30) days. In the event of termination by either party, the sole remedy to each shall be according to quantum meruit for services performed under this agreement.

Retention of Records: The COUNTY shall maintain records to show actual time devoted and cost incurred with respect to services under this agreement. Upon fifteen (15) days’ notice from the DHA, all time sheets, billing and other documentation, used in preparation of monthly billings shall be made available for inspection, copying or auditing by the DHA at any time during normal billing hours at 421 N. County Farm Road, Wheaton, Illinois. All records in connection with this project shall be retained by COUNTY for a period of three years following project completion. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the three-year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later.

Audit and Inspection of Records: The COUNTY shall, as often as deemed necessary by the DHA or any of their duly authorized representatives, grant full access and the right to examine any pertinent books, documents, papers and records of this grant for three years from the date of submission or the final expenditure report or until all audit findings have been resolved, whichever is later.

Exchange of Information: The parties of this agreement are committed to strict standards of confidentiality with regard to interagency communication concerning people in need of rental assistance and the Family Self-Sufficiency Program service and will observe both agencies' confidentiality policies as well applicable confidentiality laws. All clients enrolled in the FSS shall sign an authorization to exchange information that identifies all of the organizations and agencies who will be supporting the individual and their need to exchange information.

Terms of the agreement accepted and agreed to:

DuPage Housing Authority
711 E. Roosevelt Road
Wheaton, IL 60187
(630) 690-3555

By: ____________________________
Name: Kenneth Coles
Title: Executive Director

DuPage County Community Services
421 N. County Farm Road
Wheaton, IL 60187
(630) 407-6500

By: ____________________________
Name: Mary A. Keating
Title: Director
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 to Pace Suburban Bus to provide County sponsored transportation services through RIDE DUPAGE, for DuPage County senior citizens approved through the Community Services Department, Senior Services Division, for the period August 1, 2016 through September 30, 2017.

NOW, THEREFORE BE IT RESOLVED, that County Contract to provide transportation services for approved DuPage County senior citizens for the period August 1, 2016 through September 30, 2017 through RIDE DUPAGE for Community Services, Senior Services Division, be, and it is hereby approved for issuance of a Contract by the Procurement Division to Pace Suburban Bus, 550 West Algonquin Road, Arlington Heights, IL 60005 for a contract total amount of $37,378.00 per Intergovernmental Agreement.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

_________________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

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

**REQUISITION**

This form must accompany all County Purchase Requisitions.

## NEW PURCHASE ORDER REQUEST

<table>
<thead>
<tr>
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<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
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<td>December 6, 2016</td>
<td>$37,378</td>
<td>8/01/2016 - 09/30/2017</td>
<td>HEALTH &amp; HUMAN SERVICES</td>
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</tbody>
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## SOLICITATION METHOD FOR SOURCE SELECTION

**No Decision Memo Required**  
Intergovernmental Agreement

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<tr>
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<th>Status</th>
<th>Date Time</th>
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<tr>
<td>Mary Keating</td>
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<td>Kathy Ostrowski</td>
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<td>01/10/2017 8:00 AM</td>
</tr>
<tr>
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<td>Pending</td>
<td>01/10/2017 10:00 AM</td>
</tr>
</tbody>
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# Purchase Requisition
## Procurement Services Division

**Send Purchase Order To:**
- **Vendor:** PACE Suburban Bus Service  
  **Vendor #:** 11831
- **Attn:** Thomas Ross  
  **Email:** Thomas.Ross@pacebus.com
- **Address:** 550 W. Algonquin Road  
  **City:** Arlington Heights  
  **State:** IL  
  **Zip:** 60005
- **Phone:** 847-228-2302

**Send Invoices To:**
- **Dept:** Community Services  
  **Division:** Seniors
- **Attn:** Mary Keating  
  **Email:** Mary.Keating@dupageco.org
- **Address:** 421 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187
- **Phone:** 630-407-6457

**Send Payments To:**
- **Vendor:** PACE Suburban Bus Service  
  **Vendor #:** 11831
- **Attn:** Thomas Ross  
  **Email:** Thomas.Ross@pacebus.com
- **Address:** 550 W. Algonquin Road  
  **City:** Arlington Heights  
  **State:** IL  
  **Zip:** 60005
- **Phone:** 847-228-2302

**Send Payments To:**
- **Dept:** Community Services  
  **Division:** Seniors
- **Attn:** Mary Keating  
  **Email:** Mary.Keating@dupageco.org
- **Address:** 421 N. County Farm Road  
  **City:** Wheaton  
  **State:** IL  
  **Zip:** 60187
- **Phone:** 630-407-6457

**Payment Terms:**
- **F.O.B.:** PER 50 ILCS 505/1
- **Destination:**  
  **PO 20 Delivery Date:**  
  **Requisitioner:** Julie Tremberth

**Use for:** Contract Administrator
- **Contract Start Date:**  
  **Contract End Date:**
- **Use for:** PO25 only

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<th>FY</th>
<th>Dept #</th>
<th>Acctg Unit</th>
<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
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**Requisition Total:** $37,376

**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 PO to Michelle Tunk in Finance.

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

Vendor: PACE Suburban Bus Service  Vendor #: 11831  Contract Term: 08/01/16-09/30/17  Contract Total: $37,378.00
Dept: Community Services  Contact: Mary Keating  Phone: 630-407-6457  Assigned Committee: Health and Human Services

Description of Procurement/ Scope of Work/ Background: Intergovernmental agreement to provide para-transit service through Ride DuPage, including Curb-to-Curb, Dial-A-Ride Bus, and Taxi Service. Total Amount of Contract $37,378. Agreement allows Community Services to provide transportation services to low-income seniors traveling to medical facilities and to the County complex and provides transportation services to seniors with developmental disabilities traveling to work.

Reason for Procurement: Annual intergovernmental agreement for delivery of services.

FUNDING SOURCE

☐ Procurement budgeted for (FY and budget code(s)): 5000 1660
☐ Funds identified in budget line(s): 53827

DEcision Memo NOT REQUIRED

☐ LOwEST RESPONSIBLE QUOTE #, BID # or RFP # (attach applicable Tabulation)

QUOTE Less Than $25,000; BID Equal To or Greater Than $25,000)

☒ EXEMPT FROM BIDDING PER ILLINOIS COMPLIED STATUTES
  ☐ PER COOPERATIVE DuPage Ordinance (4-107) and 55 ILCS-1022/6 (select one below)
  ☐ GOVERNMENT AGENCY (select one below)

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

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

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

BASIS OF DECISION MEMO (attach Decision Memo)

☐ EXPLANATION OF REQUEST FOR PROPOSAL RFP # (Include Evaluation Summary if 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)

MT  Dec 6, 2016  Recommended for Approval  Dec 6, 2016  IT Approval, if required  Date
Prepared By  Recommended for Approval  IT Approval, if required

REVIEWED BY (Initials Only)

Buyer  12-8-16  Procurement Officer  11-8-16
Chief Financial Officer  12-25-16  Chairman’s Office  12-20-16
(Decision Memos Over $25,000)  (Decision Memos Over $25,000)  

Attachment: PACE Senior Services - Checklist (HHS-P-0027-17: PACE - Senior Services)
INTERGOVERNMENTAL AGREEMENT BETWEEN THE COUNTY OF DUPAGE, ILLINOIS AND PACE, THE SUBURBAN BUS DIVISION OF THE REGIONAL TRANSPORTATION AUTHORITY, FOR PARATRANSIT LOCAL SHARE SERVICES – SENIOR GRANT PROGRAM

This AGREEMENT is entered into this ___ day of __________, 201_, between the County of DuPage, a body corporate and politic (hereinafter referred to as “COUNTY”), with offices located at 421 North County Farm Road, Wheaton, Illinois, 60187 and the Suburban Bus Division of the Regional Transportation Authority, a municipal corporation created by Sections 1.04 and 3A.01 of the Regional Transportation Authority Act (70 ILCS 3615/1.04, 3A.01), with offices located at 550 West Algonquin Road, Arlington Heights, Illinois 60005 (hereinafter referred to as “PACE”).

RECITALS

WHEREAS, PACE was established under the Regional Transportation Authority Act (70 ILCS 3615/1.01 et. seq.) for the purpose of aiding and assisting public transportation in the six county Northeastern Illinois area; and

WHEREAS, the COUNTY and PACE are public agencies and governmental units within the meaning of the Illinois Intergovernmental Cooperation Act, as specified at 5 ILCS 220/1, et seq., and are authorized by Article 7, Section 10 of the Constitution of the State of Illinois to cooperate, contract, and otherwise associate for public purposes; and

WHEREAS, the COUNTY has requested that PACE provide paratransit service on behalf of its clients and/or constituents and/or Ride DuPage Program Sponsors.

NOW THEREFORE, the Parties hereby agree to the following:

1. SERVICE DESCRIPTION - PACE shall contract with a provider for the provision of transportation service described in the attached Exhibit A. Exhibit A is hereby incorporated and made a part of this Agreement.

2. REPORTING - PACE shall provide a monthly report to the COUNTY with the following information:

   A. Number of one-way trips.

   B. Total Vehicle service hours (attributable to provision of Dial-A-Ride service as outlined in Exhibit A of this Agreement).
C. A billing for Local Share, determined as outlined in Section 4 of this Agreement.

3. **LOCAL SHARE FUNDING** - The COUNTY agrees to reimburse PACE monthly for the Local Share incurred in operating the service described in Exhibit A of this Agreement. The Total Expense of the project will be the actual service cost to PACE. The Total Expense of the project will be calculated adding the Hourly Based Service Cost plus the Per Trip Based Service Cost. The Hourly Based Service Cost and the Per Trip Based Service Cost will be calculated in the following manner:

A. **For Hourly Based Service** - Hourly Based Service expense will be calculated by multiplying the number of vehicle service hours attributed to service delivered per this Agreement by the hourly rate charged to PACE by the Contractor.

B. **For Per Trip Based Service** - The per-trip expense for service will be calculated on a trip by trip basis. The operating expense shall be the aggregate of rates and or fees charged to PACE by the Contractor to deliver service per this Agreement.

3.1 The Local Share is the Total Expense less fare revenue.

3.2 The COUNTY shall pay PACE within thirty (30) days of receiving the monthly bill.

3.3 The Local Share for this agreement shall not exceed $37,378.00. It shall be the responsibility of the COUNTY to direct PACE to modify Exhibit A should service changes be necessary in order not to exceed the maximum Local Share.

4. **AMENDMENT** - This Agreement constitutes the entire Agreement between the parties hereto. Any proposed changes in this Agreement shall be submitted to PACE for its prior approval. No modification, addition, deletion, revision, alteration or other change to this Agreement shall be effective unless and until such changes are reduced to writing and executed by the authorized representatives of the parties hereto.

5. **TERM** - This agreement will be in effect beginning August 1, 2016 and ending September 30, 2017, unless terminated pursuant to Paragraph 6 or at such time as PACE’s contract with the COUNTY ceases.

6. **TERMINATION** - This contract can be terminated immediately upon written notice by PACE, if: (1) sufficient funds have not been appropriated to cover the estimated requirements by PACE or by any other agency funding the service; (2) PACE develops alternative public transportation services which, as determined by PACE, will better meet the transportation needs of the public; or (3) the COUNTY fails to make payments as required by Section 4 of this Agreement.
6.1 This contract can be terminated upon sixty (60) calendar days written notice by the COUNTY.

7. **FAILURE TO PERFORM** - PACE will not be responsible for any failure to provide service due to circumstances beyond the reasonable control of PACE. PACE shall make every reasonable effort to have service restored as soon as practical under the circumstances. No fees will be charged for service not performed. Pace shall contact COUNTY, pursuant to paragraph X, within twenty-four (24) hours of any failure to provide service under this Agreement with notice of the failure and a reasonable estimate of when service will resume.

8. **INDEMNIFICATION** – PACE agrees to indemnify, hold harmless and defend the County of DuPage and its affiliates, directors, officers, agents and employees in connection with the matters to which such indemnification relates against any losses, claims, suits, demands, damages, liabilities or costs to which the COUNTY may become subject arising out of its services pursuant to this Agreement, and that a court of competent jurisdiction determines to be the direct result of negligent acts or willful acts or gross negligence of the PACE. These provisions shall survive termination of this Agreement.

9. **GENERAL PROVISIONS**

   A. **Independent Contractor**: The status of PACE is that of an independent contractor and not of an agent or employee of COUNTY and, as such, PACE shall not have the right or power to enter into any contract, agreements, or any other commitments on behalf of COUNTY.

   B. **Assignment**: Neither party shall assign, directly or indirectly, any of its rights, duties or obligations under this Agreement, in whole or in part, without the prior written consent of the other party.

   C. **Description Headings**: The section headings and numbers in this Agreement have been inserted for convenience only, and if there shall be any conflict between such headings or numbers and the text of this Agreement, the text shall control.

   D. **Notices**: All notices, approvals or other communications that either party desires or is required to give to the other party under the terms of this Agreement shall be in writing and shall be considered to be properly given (i) if delivered by messenger, (ii) if mailed in the United States via certified or registered mail, postage prepaid, return receipt requested, (iii) if telefaxed, telegraphed or telecopied or (iv) if delivered by reputable express carrier, prepaid, the next business day after delivery to such carrier, addressed to such party as follows:
If to PACE, addressed as follows:

PACE
Thomas J. Ross, Executive Director
550 West Algonquin Road
Arlington Heights, IL  60005

If to COUNTY, addressed as follows:

County of DuPage
Department of Community Services
Mary Keating, Director
421 N. County Farm Rd.
Wheaton, IL  60187

E. **Governing Law:** This Agreement has been executed in Illinois, and shall be governed in accordance with the laws of the State of Illinois in every respect. Venue for any dispute pertaining to this Agreement shall be in the 18th Judicial Circuit Court of DuPage County, Illinois.

F. **Attorney’s Fees:** In the event that either party shall maintain or commence any action or proceeding against the other party to enforce this Agreement or any provision thereof, the prevailing party therein shall be entitled to recover its reasonable attorney’s fees and court costs, if any, incurred in connection with such action or proceeding.

G. **No Waiver:** The failure of either party to this Agreement to insist upon the performance of any of the terms and conditions of this Agreement, or the waiver of any breach of any of the terms of this Agreement, shall not be construed as thereafter waiving any such terms and conditions, but the same shall continue and remain in full force and effect as if no such forbearance or waiver has occurred. The PACE and COUNTY shall not be deemed to have waived any rights, protections or immunities under the *Local Government and Governmental Employees Tort Immunity Act* (745 ILCS 10/1-101, et seq.).

H. **Severability:** In the event that any term or provision of this Agreement shall be determined by a court of competent jurisdiction to be void or unenforceable, the remainder hereof shall survive and unenforceable provision(s) shall be reformed to form an enforceable provision(s) consistent with intent of the parties as evidenced herein.

I. **Applicable Standards:** PACE agrees that all Services provided pursuant to this Agreement shall be performed in compliance with all applicable standards set forth by law or ordinance or established by the rules and regulations of any federal, state or local agency, department, commission, association or other pertinent governing, accrediting, or advisory body.
IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be made effective and executed as of the date first set forth above by their duly authorized officials.

COUNTY OF DUPAGE
(“COUNTY”)

SIGNED: __________________________
NAME: Mary A. Keating
TITLE: Director of Community Services
DATE: __________________________

SUBURBAN BUS DIVISION OF THE REGIONAL TRANSPORTATION AUTHORITY
(“PACE”)

SIGNED: __________________________
NAME: Thomas J. Ross, Executive Director
TITLE: Executive Director
DATE: __________________________
EXHIBIT A

TRANSPORTATION SERVICES
DuPage County Community Services

TYPE OF SERVICE
Curb-to-Curb, Dial-A-Ride Bus and Taxi Service

SERVICE OPERATED BY
Pace will contract with transportation provider(s) (the "Contractor") to provide the service which is the subject of this Agreement.

TRIP RESERVATION METHOD
Maximum of 7-day advance reservation and minimum of 2-hour advance reservation. Subscription service is allowable.

SERVICE AREA
DuPage County and the surrounding area.

SERVICE HOURS
24 hour, 7-day a week service.

ONE-WAY FARE
For County Paratransit - $3.00 per one-way trip
For Senior Grant service - $0.00 per one-way trip
For Adult Daycare - $0.00 per one-way trip
For Health Department Service - $0.00 per one-way trip
For Transportation to Work - $3.00 for first 5 miles and $1.00 per mile, each mile thereafter.

RIDER ELIGIBILITY
For County Paratransit – Individuals at 125% or below of poverty level (200% if senior or disabled). All clients must be registered with DuPage County Human Services. Trips restricted to medical services and County complex only.

For Senior Grant service – All clients must be registered through DuPage County Senior Services. Each individual trip must be approved by Senior Services.

For Adult Daycare - All clients must be registered through DuPage County Senior Services.

For Health Department Service - All clients must be registered through the DuPage County Health Department Crisis Unit.

For Transportation to Work - All clients must be registered through the DuPage County Health Department, Parents’ Alliance, Ray Graham Association, Spectrum Services, or Little Friends. Trips are restricted to work trips only.
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 to Pace Suburban Bus to provide County sponsored transportation services for income eligible persons and persons with disabilities, for the period August 1, 2016 through November 30, 2017, through Ride DuPage for Community Services.

NOW, THEREFORE BE IT RESOLVED, that the County Contract to provide transportation services for income eligible persons and persons with disabilities, for the period August 1, 2016 through November 30, 2017 through RIDE DUPAGE for Community Services, be, and it is hereby approved for issuance of a Contract the Procurement Division to Pace Suburban Bus, 550 West Algonquin Road, Arlington Heights, IL 60005, for a contract total amount of $803,866, per Intergovernmental Agreement.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

__________________________________________
DANIEL J. CRONIN, CHAIRMAN
DUPAGE COUNTY BOARD

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

**REQUISITION**

This form must accompany all County Purchase Requisitions.

### NEW PURCHASE ORDER REQUEST

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<tr>
<td><strong>Vendor #:</strong> 11831</td>
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</tr>
<tr>
<td><strong>Attn:</strong> Melinda Metzger</td>
<td><strong>Attn:</strong> Mary Keating</td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:Melinda.Metzger@pacebus.com">Melinda.Metzger@pacebus.com</a></td>
<td><strong>Email:</strong> <a href="mailto:Mary.Keating@dupageco.org">Mary.Keating@dupageco.org</a></td>
</tr>
<tr>
<td><strong>Address:</strong> 550 W. Algonquin Road</td>
<td><strong>Address:</strong> 421 N. County Farm Road</td>
</tr>
<tr>
<td><strong>City:</strong> Arlington Heights</td>
<td><strong>City:</strong> Wheaton</td>
</tr>
<tr>
<td><strong>State:</strong> IL</td>
<td><strong>State:</strong> IL</td>
</tr>
<tr>
<td><strong>Zip:</strong> 60005</td>
<td><strong>Zip:</strong> 60187</td>
</tr>
<tr>
<td><strong>Phone:</strong> 847-228-2302</td>
<td><strong>Phone:</strong> 630-407-6457</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Send Payments To:</th>
<th>Ship To:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vendor:</strong> PACE Suburban Bus Service</td>
<td><strong>Vendor:</strong> PACE Suburban Bus Service</td>
</tr>
<tr>
<td><strong>Vendor #:</strong> 11831</td>
<td><strong>Vendor #:</strong> 11831</td>
</tr>
<tr>
<td><strong>Attn:</strong> Melinda Metzger</td>
<td><strong>Attn:</strong> Mary Keating</td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:Melinda.Metzger@pacebus.com">Melinda.Metzger@pacebus.com</a></td>
<td><strong>Email:</strong> <a href="mailto:Mary.Keating@dupageco.org">Mary.Keating@dupageco.org</a></td>
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<td><strong>Zip:</strong> 60005</td>
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<tr>
<td><strong>Phone:</strong> 847-228-2302</td>
<td><strong>Phone:</strong> 630-407-5457</td>
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**Payment Terms**

- **F.O.B.**
- **PO 20 Delivery Date**
- **Requisitioner**

<table>
<thead>
<tr>
<th>Use for</th>
<th>Contract Administrator</th>
<th>Contract Start Date</th>
<th>Contract End Date</th>
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</thead>
<tbody>
<tr>
<td>PO25 only</td>
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<td>PO25 only</td>
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**Item Detail**

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<tr>
<th>LN</th>
<th>Qty</th>
<th>UOM</th>
<th>Description</th>
<th>FY</th>
<th>Dept #</th>
<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
<th>Unit Price</th>
<th>Extensior</th>
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<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Para-transit services for income eligible individuals and individuals with disabilities in DuPage County.</td>
<td>17</td>
<td>1000</td>
<td>1750</td>
<td>53827</td>
<td>550,000.00</td>
<td>550,000</td>
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<tr>
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<td>EA</td>
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<td>17</td>
<td>5000</td>
<td>1710</td>
<td>53827</td>
<td>253,866.00</td>
<td>253,866</td>
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</table>

**Requisition Total** $803,866

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

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

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

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

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

**Procurement Services Division**

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

<table>
<thead>
<tr>
<th>Vendor: PACE Suburban Bus Service</th>
<th>Vendor #: 11831</th>
<th>Contract Term: 08/01/16-11/30/17</th>
<th>Contract Total: $803,866.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: Community Services</td>
<td></td>
<td>Phone: 630-407-6457</td>
<td>Assigned Committee: Services</td>
</tr>
<tr>
<td>Contact: Mary Keating</td>
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</tr>
</tbody>
</table>

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

Intergovernmental agreement to provide para-transit service through Ride DuPage, including Curb-to-Curb, Dial-A-Ride Bus, and Taxi Service. Total Amount of Contract $803,866. Agreement allows Community Services to provide transportation services to low-income individuals traveling to medical facilities and to the County complex and provides transportation services to individuals with developmental disabilities traveling to work.

**Reason for Procurement**

Annual intergovernmental agreement for delivery of services.

**FUNDING SOURCE**

- Procurement budgeted for (FY and budget code(s)): 1000 1750 & 5000 1710
- Funds identified in budget line(s): 53827

**DECISION MEMO NOT REQUIRED**

- LOWEST RESPONSIBLE QUOTE #, BID # or RFP #
  
- QUOTE Less Than $25,000; BID Equal To or Greater Than $25,000
- EXEMPT FROM BIDDING PER ILLINOIS COMPLIED STATUTES
  - PER COOPERATIVE DuPage Ordinance (4-107) and 55 ILCS-1022/b (select one below)
  - GOVERNMENT AGENCY (select one below)
- SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00
- PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

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

- EXPLANATION OF REQUEST FOR PROPOSAL RFP #
  
- (Include Evaluation Summary if 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)**

<table>
<thead>
<tr>
<th>MT</th>
<th>Dec 6, 2016</th>
<th>Recommended for Approval</th>
<th>Dec 6, 2016</th>
<th>IT Approval, if required</th>
<th>Date</th>
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<tbody>
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<td></td>
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**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>12/18/16</td>
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<td>12/18/16</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>Date</td>
<td>Chairman's Office</td>
<td>Date</td>
</tr>
<tr>
<td>(Decision Memos Over $25,000)</td>
<td></td>
<td>(Decision Memos Over $25,000)</td>
<td></td>
</tr>
</tbody>
</table>
INTERGOVERNMENTAL AGREEMENT BETWEEN THE COUNTY OF DUPAGE, ILLINOIS AND PACE, THE SUBURBAN BUS DIVISION OF THE REGIONAL TRANSPORTATION AUTHORITY, FOR PARATRANSPORT LOCAL SHARE SERVICES

This AGREEMENT is entered into this ___ day of __________, 201_, between the County of DuPage, a body corporate and politic (hereinafter referred to as “COUNTY”), with offices located at 421 North County Farm Road, Wheaton, Illinois, 60187 and the Suburban Bus Division of the Regional Transportation Authority, a municipal corporation created by Sections 1.04 and 3A.01 of the Regional Transportation Authority Act (70 ILCS 3615/1.04, 3A.01), with offices located at 550 West Algonquin Road, Arlington Heights, Illinois 60005 (hereinafter referred to as “PACE”).

RECITALS

WHEREAS, PACE was established under the Regional Transportation Authority Act (70 ILCS 3615/1.01 et. seq.) for the purpose of aiding and assisting public transportation in the six county Northeastern Illinois area; and

WHEREAS, the COUNTY and PACE are public agencies and governmental units within the meaning of the Illinois Intergovernmental Cooperation Act, as specified at 5 ILCS 220/1, et seq., and are authorized by Article 7, Section 10 of the Constitution of the State of Illinois to cooperate, contract, and otherwise associate for public purposes; and

WHEREAS, the COUNTY has requested that PACE provide paratransit service on behalf of its clients and/or constituents and/or Ride DuPage Program Sponsors.

NOW THEREFORE, the Parties hereby agree to the following:

1. SERVICE DESCRIPTION - PACE shall contract with a provider for the provision of transportation service described in the attached Exhibit A. Exhibit A is hereby incorporated and made a part of this Agreement.

2. REPORTING - PACE shall provide a monthly report to the COUNTY with the following information:

   A. Number of one-way trips.

   B. Total Vehicle service hours (attributable to provision of Dial-A-Ride service as outlined in Exhibit A of this Agreement).

   C. A billing for Local Share, determined as outlined in Section 4 of this Agreement.
3. **LOCAL SHARE FUNDING** - The COUNTY agrees to reimburse PACE monthly for the Local Share incurred in operating the service described in Exhibit A of this Agreement. The Total Expense of the project will be the actual service cost to PACE. The Total Expense of the project will be calculated adding the Hourly Based Service Cost plus the Per Trip Based Service Cost. The Hourly Based Service Cost and the Per Trip Based Service Cost will be calculated in the following manner:

   A. **For Hourly Based Service** - Hourly Based Service expense will be calculated by multiplying the number of vehicle service hours attributed to service delivered per this Agreement by the hourly rate charged to PACE by the Contractor.

   B. **For Per Trip Based Service** - The per-trip expense for service will be calculated on a trip by trip basis. The operating expense shall be the aggregate of rates and or fees charged to PACE by the Contractor to deliver service per this Agreement.

   3.1 The Local Share is the Total Expense less fare revenue.

   3.2 The COUNTY shall pay PACE within thirty (30) days of receiving the monthly bill.

   3.3 The Local Share for this agreement shall not exceed $803,866.00. It shall be the responsibility of the COUNTY to direct PACE to modify Exhibit A should service changes be necessary in order not to exceed the maximum Local Share.

4. **AMENDMENT** - This Agreement constitutes the entire Agreement between the parties hereto. Any proposed changes in this Agreement shall be submitted to PACE for its prior approval. No modification, addition, deletion, revision, alteration or other change to this Agreement shall be effective unless and until such changes are reduced to writing and executed by the authorized representatives of the parties hereto.

5. **TERM** - This agreement will be in effect beginning August 1, 2016 and ending November 30, 2017, unless terminated pursuant to Paragraph 6 or at such time as PACE’s contract with the COUNTY ceases.

6. **TERMINATION** - This contract can be terminated immediately upon written notice by PACE, if: (1) sufficient funds have not been appropriated to cover the estimated requirements by PACE or by any other agency funding the service; (2) PACE develops alternative public transportation services which, as determined by PACE, will better meet the transportation needs of the public; or (3) the COUNTY fails to make payments as required by Section 4 of this Agreement.

   6.1 This contract can be terminated upon sixty (60) calendar days written notice by the COUNTY.
7. **FAILURE TO PERFORM** - PACE will not be responsible for any failure to provide service due to circumstances beyond the reasonable control of PACE. PACE shall make every reasonable effort to have service restored as soon as practical under the circumstances. No fees will be charged for service not performed. Pace shall contact COUNTY, pursuant to paragraph X, within twenty-four (24) hours of any failure to provide service under this Agreement with notice of the failure and a reasonable estimate of when service will resume.

8. **INDEMNIFICATION** – PACE agrees to indemnify, hold harmless and defend the County of DuPage and its affiliates, directors, officers, agents and employees in connection with the matters to which such indemnification relates against any losses, claims, suits, demands, damages, liabilities or costs to which the COUNTY may become subject arising out of its services pursuant to this Agreement, and that a court of competent jurisdiction determines to be the direct result of negligent acts or willful acts or gross negligence of the PACE. These provisions shall survive termination of this Agreement.

9. **GENERAL PROVISIONS**

A. **Independent Contractor**: The status of PACE is that of an independent contractor and not of an agent or employee of COUNTY and, as such, PACE shall not have the right or power to enter into any contract, agreements, or any other commitments on behalf of COUNTY.

B. **Assignment**: Neither party shall assign, directly or indirectly, any of its rights, duties or obligations under this Agreement, in whole or in part, without the prior written consent of the other party.

C. **Description Headings**: The section headings and numbers in this Agreement have been inserted for convenience only, and if there shall be any conflict between such headings or numbers and the text of this Agreement, the text shall control.

D. **Notices**: All notices, approvals or other communications that either party desires or is required to give to the other party under the terms of this Agreement shall be in writing and shall be considered to be properly given (i) if delivered by messenger, (ii) if mailed in the United States via certified or registered mail, postage prepaid, return receipt requested, (iii) if telefaxed, telegraphed or telemated or (iv) if delivered by reputable express carrier, prepaid, the next business day after delivery to such carrier, addressed to such party as follows:
If to PACE, addressed as follows:

PACE
Thomas J. Ross, Executive Director
550 West Algonquin Road
Arlington Heights, IL  60005

If to COUNTY, addressed as follows:

County of DuPage
Department of Community Services
Mary A. Keating, Director
421 N. County Farm Rd.
Wheaton, IL  60187

E. **Governing Law**: This Agreement has been executed in Illinois, and shall be governed in accordance with the laws of the State of Illinois in every respect. Venue for any dispute pertaining to this Agreement shall be in the 18th Judicial Circuit Court of DuPage County, Illinois.

F. **Attorney’s Fees**: In the event that either party shall maintain or commence any action or proceeding against the other party to enforce this Agreement or any provision thereof, the prevailing party therein shall be entitled to recover its reasonable attorney’s fees and court costs, if any, incurred in connection with such action or proceeding.

G. **No Waiver**: The failure of either party to this Agreement to insist upon the performance of any of the terms and conditions of this Agreement, or the waiver of any breach of any of the terms of this Agreement, shall not be construed as thereafter waiving any such terms and conditions, but the same shall continue and remain in full force and effect as if no such forbearance or waiver has occurred. The PACE and COUNTY shall not be deemed to have waived any rights, protections or immunities under the *Local Government and Governmental Employees Tort Immunity Act* (745 ILCS 10/1-101, et seq.).

H. **Severability**: In the event that any term or provision of this Agreement shall be determined by a court of competent jurisdiction to be void or unenforceable, the remainder hereof shall survive and unenforceable provision(s) shall be reformed to form an enforceable provision(s) consistent with intent of the parties as evidenced herein.
I. **Applicable Standards:** PACE agrees that all Services provided pursuant to this Agreement shall be performed in compliance with all applicable standards set forth by law or ordinance or established by the rules and regulations of any federal, state or local agency, department, commission, association or other pertinent governing, accrediting, or advisory body.

A portion of the cost to be paid by the County under this Agreement will be provided through federal pass through funds in grants from the Regional Transportation Authority (the “RTA”). The availability of these funds is conditioned upon the satisfaction of certain provisions set forth in the Technical Service Agreements (the “TSAs”) by and between the County and the RTA for the project. PACE agrees to comply with the following provisions of the TSAs: Article VI, Sections 6.1(b) and 6.1(d); Article VII, Sections 7.1, 7.2, and 7.3; Article VII, Sections 8.1(a), 8.1(b), and 8.1(c); Article IX, Sections 9.4 and 9.5; Article XII, Section 12.1; Article XVI, Section 16.1; Article XIX, Section 19.1; Article XX, Sections 20.1 and 20.2; Article XXI, Sections 21.1, 21.2, 21.3, and 21.4; Article XXII; Article XXIII; Article XXIV; Article XXIX, Sections 29.2 and 29.3; Article XXXI; and Exhibit C.

**IN WITNESS WHEREOF,** the parties hereto have caused this Agreement to be made effective and executed as of the date first set forth above by their duly authorized officials.

---

**COUNTY OF DUPAGE**

(“COUNTY”)

SIGNED: __________________________

NAME: Mary A. Keating

TITLE: Director of Community Services

DATE: __________________________

---

**SUBURBAN BUS DIVISION OF THE REGIONAL TRANSPORTATION AUTHORITY**

(“PACE”)

SIGNED: __________________________

NAME: Thomas J. Ross, Executive Director

TITLE: Executive Director

DATE: __________________________
**EXHIBIT A**

**TRANSPORTATION SERVICES**  
**DuPage County Community Services**

| **TYPE OF SERVICE** | Curb-to-Curb, Dial-A-Ride Bus and Taxi Service |

**SERVICE OPERATED BY** | Pace will contract with transportation provider(s) (the "Contractor") to provide the service which is the subject of this Agreement. |

**TRIP RESERVATION METHOD** | Maximum of 7-day advance reservation and minimum of 2-hour advance reservation. Subscription service is allowable. |

**SERVICE AREA** | DuPage County and the surrounding area. |

**SERVICE HOURS** | 24 hour, 7-day a week service. |

**ONE-WAY FARE** |  
**For County Paratransit** - $3.00 per one-way trip  
**For Senior Grant service** - $0.00 per one-way trip  
**For Adult Daycare** - $0.00 per one-way trip  
**For Health Department Service** - $0.00 per one-way trip  
**For Transportation to Work** - $3.00 for first 5 miles and $1.00 per mile, each mile thereafter. |

**RIDER ELIGIBILITY** |  
**For County Paratransit** – Individuals at 125% or below of poverty level (200% if senior or disabled). All clients must be registered with DuPage County Human Services. Trips restricted to medical services and County complex only.  
**For Senior Grant service** – All clients must be registered through DuPage County Senior Services. Each individual trip must be approved by Senior Services.  
**For Adult Daycare** - All clients must be registered through DuPage County Senior Services.  
**For Health Department Service** - All clients must be registered through the DuPage County Health Department Crisis Unit.  
**For Transportation to Work** - All clients must be registered through the DuPage County Health Department, Parents’ Alliance, Ray Graham Association, Spectrum Services, or Little Friends. Trips are restricted to work trips only. |
Change Order with Resolution
HHS-CO-0002-17

AMENDMENT TO RESOLUTION DC-P-0495-15
SERVICE AGREEMENT 1257-0001 SERV
ISSUED TO OPTIMUM MANAGEMENT RESOURCES TO PROVIDE TECHNICAL
ASSISTANCE AND CONSULTATION SERVICES TO COORDINATE THE ACTIVITIES
OF THE TO THE DUPAGE COUNTY HOMELESS CONTINUUM OF CARE
(INCREASE $19,500.00)

WHEREAS, Resolution DC-P-0495-15 was approved by the County Board on
August 25, 2015; and

WHEREAS, the Health and Human Services Committee recommends changes as stated
in the Change Order Notice to increase the service agreement in the amount of $19,500.00, for
the DuPage County Homeless Continuum of Care.

NOW, THEREFORE BE IT RESOLVED that the County Board adopts Change Order
Notice, dated December 2, 2016, to service agreement 1257-0001 SERV, issued to Optimum
Management Resources to provide technical assistance and consultation services to the DuPage
County Homeless Continuum of Care, for a change order to increase service agreement total in
the amount of $19,500.00, resulting in an amended service agreement total amount not to exceed
$46,500.00, an increase of 77.22%.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

________________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
# Request for Change Order

**Procurement Services Division**  
Attach copies of all prior Change Orders

---

**Purchase Order #:** 1257-0001 SERV  
**Original Purchase Order Date:** Oct 1, 2015  
**Vendor Name:** Optimum Management Resources  
**Vendor #:** 11548  
**Department:** Community Services  
**Dept Contact:** Joan Fox

---

**Background and/or Reason for Change Order Request:**  
Increase contract for additional deliverables provided through September 30, 2016. Add line 3 for $19,500 and charge 5000 1510 53090 HUDPLNG15 53090.

---

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

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

---

**INCREASE/DECREASE**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Amount</th>
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<tbody>
<tr>
<td>A</td>
<td>Starting contract value</td>
<td>$27,000.00</td>
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<tr>
<td>B</td>
<td>Net $ change for previous Change Orders</td>
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</tr>
<tr>
<td>C</td>
<td>Current contract amount (A + B)</td>
<td>$27,000.00</td>
</tr>
<tr>
<td>D</td>
<td>Amount of this Change Order</td>
<td>Increase</td>
</tr>
<tr>
<td>E</td>
<td>New contract amount (C + D)</td>
<td>$46,500.00</td>
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<tr>
<td>F</td>
<td>Percent of current contract value this Change Order represents (D / C)</td>
<td>72.22%</td>
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<tr>
<td>G</td>
<td>Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)</td>
<td>72.22%</td>
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**DECISION MEMO NOT REQUIRED**

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<th>Yes</th>
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<tr>
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<td>Cancel entire order</td>
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<tr>
<td>□</td>
<td>Change budget code from:</td>
<td>Contract Extension (29 days)</td>
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<tr>
<td>□</td>
<td>Increase/Decrease quantity from:</td>
<td>Consent Only</td>
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<tr>
<td>□</td>
<td>Price shows: should be:</td>
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<td>□</td>
<td>Decrease remaining encumbrance and close contract</td>
<td>Increase encumbrance and close contract</td>
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<tr>
<td>□</td>
<td>Decrease encumbrance</td>
<td>Increase encumbrance</td>
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**DECISION MEMO REQUIRED**

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<td>Increase (greater than 29 days)/Decrease contract expiration from:</td>
<td>to:</td>
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<td>□</td>
<td>Increase equal to or greater than $2,500.00, or equal to or greater than 10%, of current contract amount</td>
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<td>OTHER - explain below:</td>
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**MT 6145**  
**Sample Dec 2, 2016**  
**Recommended for Approval (Initials) 6447 Dec 2, 2016**

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**REVIEWED BY (Initials Only)**

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<tbody>
<tr>
<td><strong>Buyer</strong></td>
<td>12/12/16</td>
<td><strong>Procurement Officer</strong> 12/14/16</td>
</tr>
<tr>
<td><strong>Chief Financial Officer</strong> (Decision Memos Over $25,000)</td>
<td>12/22/16</td>
<td><strong>Chairman’s Office</strong> (Decision Memos Over $25,000) 12/22/16</td>
</tr>
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</table>
### Decision Memo

**Procurement Services Division**

This form is required for all Professional Service (3090) Contracts over $25,000 and as otherwise required by the Procurement Review Checklist.

<table>
<thead>
<tr>
<th>Requesting Department:</th>
<th>Community Services</th>
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</thead>
<tbody>
<tr>
<td>Contact Email:</td>
<td><a href="mailto:joan.fox@dupageco.org">joan.fox@dupageco.org</a></td>
</tr>
<tr>
<td>Department Contact:</td>
<td>Joan Fox</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>630-407-6426</td>
</tr>
<tr>
<td>Vendor Name:</td>
<td>Optimum Management Resources (OMR)</td>
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<tr>
<td>Vendor #:</td>
<td>11548</td>
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</table>

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

Increase funding for $19,500.00 for additional deliverables provided by vendor. In 2016 OMR prepared both the 2015 and 2016 Notice of Fund Availability (NOFA) reports. Due to the timing of the annual competitions the 2016 NOFA was due prior to September 30, 2016.

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

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 $3.9 million each year.

#### 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.

The Homeless Continuum of Care (Continuum) is a multi-agency collaboration of service providers, advocates, and other professionals that work together to end chronic homelessness. Having a Continuum is a requirement of the U.S. Dept. of Housing and Urban Development (HUD) in order to receive Federal homeless funds. Approximately $3.9 million comes to the Continuum each year to address the needs of the homeless population. The DuPage Continuum has historically been successful in obtaining the maximum amount of Federal homeless funds available because of the strength of its planning and organizational efforts.

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

OMR is the local entity with the 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 approximately 18 meetings per year of various committees of the Continuum. OMR has a proven track record of success with the Continuum since 1999 and is currently responsible for the DuPage Continuum receiving approximately $3.9 million annually from HUD.

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

1) Contract with OMR for services to the Continuum - a local entity that has already proven their expertise to the Continuum.
2) Eliminate the contract and hire additional full-time staff - it would be significantly more expensive to hire a full-time employee and it is unlikely that this individual would have the expertise required to be as effective as OMR.

#### 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>$46,500</td>
</tr>
<tr>
<td>2015</td>
<td>$38,400</td>
</tr>
</tbody>
</table>
Resolution
HHS-R-0035-17

MODIFICATION ONE TO COMMUNITY DEVELOPMENT COMMISSION AGREEMENT CDBG-DR-13 BETWEEN THE COUNTY OF DU PAGE AND THE VILLAGE OF VILLA PARK

WHEREAS, DuPage County has participated in the Housing and Community Development Program since 1975; and

WHEREAS, the County approved this project on April 12th, 2016, as part of the Community Development Block Grant Disaster Recovery Action Plan Substantial Amendment 3 submitted to HUD and approved with Resolution HHS-R-0117-16; and

WHEREAS, the Plan provided for a grant to the VILLAGE OF VILLA PARK in the amount of $281,250 for project CDBG-DR-13 for the purpose of acquiring the property located at 546 Euclid, IL. 60181 and converting it into open space; and

WHEREAS, the VILLAGE OF VILLA PARK has approved an Agreement with the County covering the distribution and use of said grant funds; and

WHEREAS, on October 4th, 2016, the County entering into an Agreement with the VILLAGE OF VILLA PARK to implement said project; and

WHEREAS, the VILLAGE OF VILLA PARK has requested a Modification to the Agreement for the purpose of increasing grant funds by $45,000.00 from the original approved amount of $281,250.00m and said Modification request has been approved by the DuPage County Community Development Executive Committee and the Health and Human Services Committee.

NOW THEREFORE BE IT RESOLVED by the County Board that said Modification to Agreement between DuPage County and the VILLAGE OF VILLA PARK, herein incorporated by reference, is hereby approved; and

BE IT FURTHER RESOLVED, that the Chairman of the DuPage County Board is authorized and directed to execute the Modification on behalf of DuPage County and the Clerk is hereby authorized and directed to attest to such execution and affix the official seal thereto; and

BE IT FURTHER RESOLVED, that the Chairman of the DuPage County Board is hereby authorized to approve amendments to project CDBG-DR-13 so long as such amendments further the completion of said project and are in accordance with regulations applicable to the Community Development Block Grant Disaster Recovery Program and are in accordance with the policies of DuPage County and the DuPage Community Development Commission; and
Resolution
HHS-R-0035-17

BE IT FURTHER RESOLVED that the County Clerk be directed to send certified copies of this Resolution to the VILLAGE OF VILLA PARK at 20 S. Ardmore Villa Park, IL 60181; and Community Development Commission.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

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

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

SUBJECT: Request for Additional Community Development Block Grant –
    Disaster Recovery Funds for Project CDBG-DR-13 – Municipal Buyout
    Project

DATE: December 8th, 2016

Background:
Community Development Commission Agreement CDBG-DR-13 was adopted by
Resolution HHS-R-0117-16 on April 12, 2016 in the amount of $281,250 to fund a
municipal acquisition of a residential property in the Village of Villa Park that was
affected by the April 18, 2013 flooding event.

In late 2015 the Village submitted an application to fund a municipal acquisition
project requiring a minimum of 25% match to be provided by the Village. As part of
the requirements of the program, in November 2016 an appraisal was completed on the
home and the value was determined to be substantially higher than originally estimated.
An increase in funding to this project would still be within the maximum funding
request guidelines, would maintain a required 25% match requirement, and would not
require a substantial amendment to the CDBG-DR Action Plan. This request was
previously approved by the Community Development Executive Committee on
December 6th, 2016.

Recommendation: The CDC Executive Committee recommends increasing funding
to project CDBG-DR-13 – Villa Park Acquisition Project by $45,000 to a total of
$326,250.

If you have any questions regarding the above recommendation, please contact me at
630-407-6457.
MODIFICATION ONE TO COMMUNITY DEVELOPMENT COMMISSION AGREEMENT CDBG-DR-13

THIS MODIFICATION TO AGREEMENT is entered into this 10th day of January, 2017 by and between the COUNTY OF DU PAGE, Illinois (hereinafter called “COUNTY”) and the VILLAGE OF VILLA PARK (hereinafter called “SUBGRANTEE”). The purpose of this MODIFICATION TO AGREEMENT is to modify an existing agreement between the above parties known as Community Development Commission Agreement CDBG-DR-13, which was adopted by Resolution HHS-R-0117-16 on April 12th, 2016, to grant funding in the amount of $281,250 for the purpose of acquiring the property located at 546 Euclid, IL 60181 and converting it into open space (hereinafter, together with any previous modifications thereto, called “Agreement”).

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

1. Increase CDBG-DR funding by $45,000 to a total of $326,250. The cost share between DuPage County and the Village of Villa Park will remain a split of 75% of costs covered by DuPage County and 25% covered by the Village of Villa Park.

In all other respects, the terms and conditions of the Agreement shall remain in full force and effect.
IN WITNESS WHEREOF, the parties hereto have executed this Modification on the dates recited below:

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

By: _____________________________________
   Dan Cronin, Chairman
   DuPage County Board

Date: _________________________________

Attest: ________________________________

SUBGRANTEE: VILLAGE OF VILLA PARK

BY: _____________________________________
   Signature
   Printed Name: Richard Keehner
   Title: Village Manager

DATE: _________________________________

ATTEST: ________________________________
   Signature
   Printed Name: _________________________
   Title: _______________________________
AWARDING RESOLUTION
ISSUED TO MEDLINE INDUSTRIES
FOR INCONTINENT PRODUCTS
FOR THE CONVALESCENT CENTER RESIDENTS
(CONTRACT AMOUNT: $186,000.00)

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

WHEREAS, the Health and Human Service Committee recommends County Board approval for the issuance of a contract purchase order for incontinent products, for the period March 1, 2017 through February 28, 2018, for the Convalescent Center.

NOW, THEREFORE BE IT RESOLVED, that County Contract covering said for incontinent products, for the period March 1, 2017 through February 28, 2018, for the Convalescent Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Medline Industries, One Medline Place, Mundelein, Illinois 60060, for a total contract amount of $186,000.00, per renewal option under bid #15-233-GV, first of three optional one year renewal.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

_______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

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

**REQUISITION**

This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 19, 2016</td>
<td>$186,000.00</td>
<td>MARCH 1, 2017 - FEBRUARY 28, 2018</td>
<td>CONVALESCENT CENTER</td>
</tr>
</tbody>
</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

- Karen Graczyk: Completed 12/20/2016 9:42 AM
- Jennifer Ulmer: Completed 12/20/2016 10:02 AM
- Kathy Ostrowski: Completed 12/21/2016 12:26 PM
- John Meneghini: Completed 12/22/2016 11:08 AM
- Paul Rafac: Completed 12/22/2016 1:06 PM
- Kathy Ostrowski: Completed 12/27/2016 11:48 AM
- Health & Human Services: Pending 01/03/2017 10:15 AM
- Finance Committee: Pending 01/10/2017 8:00 AM
- County Board: Pending 01/10/2017 10:00 AM
<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>Incontinent products</td>
<td></td>
<td></td>
<td>1200</td>
<td>2075</td>
<td>52320</td>
<td></td>
<td>186,000.00</td>
<td>186,000</td>
</tr>
</tbody>
</table>

**Requisition Total**: $186,000.00

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

Furnish and deliver incontinent products for the DuPage Convalescent Center for the period March 1, 2017 through February 28, 2018, per renewal option under bid #15-233-GV, first of three optional 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:

February 7, 2017  HHS  
February 14, 2017 County Board
## Procurement Review Checklist

**Procurement Services Division**

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

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Vendor #</th>
<th>Contract Term</th>
<th>Contract Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medline Industries</td>
<td>10299</td>
<td>March 1, 2017 - February 28, 2018</td>
<td>$186,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Contact</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convalescent Center</td>
<td>Vinit Patel</td>
<td>630-784-4273</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Procurement/Scope of Work/Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furnish and deliver incontinent products for the Convalescent Center for the period 03/01/17 through 02/28/18, per renewal option under Bid 15-233-GV, first optional one year renewal.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Procurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide incontinent products for the residents for the DuPage Convalescent Center.</td>
</tr>
</tbody>
</table>

### FUNDING SOURCE

- [ ] Procurement budgeted for (FY and budget code(s)): 1200-2075-52320
- [ ] Funds identified in budget line(s):

### DECISION MEMO NOT REQUIRED

- [ ] LOWEST RESPONSIBLE QUOTE #, BID # or RFP # 15-233-GV (attach applicable Tabulation)  
  (QUOTE Less Than $25,000; BID Equal To or Greater Than $25,000)
- [ ] EXEMPT FROM BIDDING PER ILLINOIS COMPLIED STATUTES
- [ ] SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00
- [ ] PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

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

- [ ] EXPLANATION OF REQUEST FOR PROPOSAL RFP #  
  (Include Evaluation Summary if 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)

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>IT Approval, if required</th>
</tr>
</thead>
<tbody>
<tr>
<td>cdk</td>
<td>Dec 14, 2016</td>
<td>12/16/16</td>
<td>11/21/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REVIEWED BY (Initials Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buyer</td>
</tr>
<tr>
<td>12/21/16</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>12-22-16</td>
<td>12-22-16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Attachment:** Medline Industries - Checklist Incontinent products fy17 first renewal (HHS-P-0029-17 : Medline Industries)
This agreement, made and entered into by the County of DuPage, Department of Finance, Procurement Services Division, 421 North County Farm Road, Wheaton, Illinois hereinafter called the "County" and Medline Industries, Inc, of Three Lakes Drive, Northfield, IL 60093, hereinafter called the "Contractor", witnesseth;

The County and the Contractor have previously entered into a Contract, pursuant to Bid 15-233-GV which became effective March 1, 2016, and which will expire February 28, 2017. The contract is subject to an 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 March 1, 2017 and expires February 28, 2018 contingent upon any applicable Parent Committee and County Board approval.

Medline Industries, Inc
Signature on File 1/28/16

Michael O'Ryan
PRINTED NAME

Government Bid Manager
PRINTED TITLE

COUNTY OF DU PAGE, ILLINOIS
Signature on File 1/29/16

Glenda Vasak
Buyer II
Required Vendor Ethics Disclosure Statement

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

Date: 11/28/2016

Bid/Contract/PO #: 15-233-GV

Company Name: Medline Industries
Contact Phone: 847-643-4928

Company Contact: Tom Handyside
Contact Email: GovBids@medline.com

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

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

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

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

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

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

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

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

Authorized Signature

Signature on File

Printed Name
Michael O'Ryan

Title
Government Bid Manager

Date
November 28th, 2016

Attach additional sheets if necessary. Sign each sheet and number each page. Page 1 of 1 (total number of pages)
AWARDING RESOLUTION
ISSUED TO MCKESSON MEDICAL-SURGICAL
FOR PRIME SUPPLIER MEDICAL SUPPLIES
FOR THE PURCHASE OF MEDICAL SUPPLIES
(CONTRACT TOTAL AMOUNT: $225,000.00)

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

WHEREAS, the Health and Human Service Committee recommends County Board approval for the issuance of a contract purchase order to McKesson Medical Surgical for the prime supplier of medical supplies for the purchase of medical supplies, per the MMCAP, for the period January 15, 2017 through January 14, 2018, for the Convalescent Center.

NOW, THEREFORE BE IT RESOLVED, that County Contract covering said for the prime supplier medical supplies for the purchase of medical supplies, per the MMCAP, for the period January 15, 2017 through January 14, 2018, for the Convalescent 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 of $225,000.00, per MMCAP.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

__________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: ______________________
PAUL HINDS, COUNTY CLERK
PROCUREMENT REVIEW CHECKLIST
REQUISITION
This form must accompany all County Purchase Requisitions.

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>CONTRACT TERM</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 19, 2016</td>
<td>$225,000.00</td>
<td>JANUARY 15, 2017 - JANUARY 14, 2018</td>
<td>CONVALESCENT CENTER</td>
</tr>
</tbody>
</table>

SOLICITATION METHOD FOR SOURCE SELECTION

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Graczyk</td>
<td>Completed</td>
<td>12/20/2016 9:26 AM</td>
</tr>
<tr>
<td>Jennifer Ulmer</td>
<td>Completed</td>
<td>12/20/2016 9:35 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>12/21/2016 12:37 PM</td>
</tr>
<tr>
<td>John Meneghini</td>
<td>Completed</td>
<td>12/22/2016 11:10 AM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>12/22/2016 12:54 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>12/29/2016 12:33 PM</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>Pending</td>
<td>01/03/2017 10:15 AM</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>Pending</td>
<td>01/10/2017 8:00 AM</td>
</tr>
<tr>
<td>County Board</td>
<td>Pending</td>
<td>01/10/2017 10:00 AM</td>
</tr>
</tbody>
</table>
**Purchase Requisition**  
**Procurement Services Division**

---

**Send Purchase Order To:**  
Vendor: McKesson Medical Surgical MN  
Vendor #: 10196  
Attn:  
Address: 8121 10th Avenue North  
City: Golden Valley  
State: MN  
Zip: 55427-4401  
Phone: 800-328-8111  
Fax: 630-879-2670

---

**Send Invoices To:**  
Dept: Convalescent 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: McKesson Medical Surgical MN  
Vendor #: 10196  
Attn:  
Address: 8121 10th Avenue North  
City: Golden Valley  
State: MN  
Zip: 55427-4401  
Phone: 800-328-8111  
Fax: 630-879-2670

---

**Ship To:**  
Dept: Convalescent 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:

---

<table>
<thead>
<tr>
<th>LN</th>
<th>Qty</th>
<th>UOM</th>
<th>Item Detail (Product #)</th>
<th>Description</th>
<th>FY</th>
<th>Dept #</th>
<th>Acct #</th>
<th>Sub-Accts and/or Activity #</th>
<th>Unit Price</th>
<th>Extension</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Prime Supplier for general medical surgical supplies</td>
<td></td>
<td>1200</td>
<td>2050</td>
<td>52320</td>
<td></td>
<td>225,000.00</td>
<td>225,000.00</td>
</tr>
</tbody>
</table>

---

**Payment Terms:**  
PER 50 ILCS 505/1  
F.O.B.  
PO 20 Delivery Date:  
Requisitioner: Christine Kliebhan

---

**Special Instructions/Comments to Buyer or Approver** (these comments will NOT appear on the Purchase Order):  
Prime Supplier for general medical surgical supplies, to include exam/diagnostic resident care, respiratory surgical, syringe/needed/i.v., urinary/ostomy and wound care supplies, for the period January 15, 2017 through January 14, 2018, per MMCAP.

---

**User Department Internal Notes** (these comments will NOT appear on the Purchase Order):  
01/03/17 HHS  
01/10/17 County Board

---

**Requisition Total:**  
$225,000.00

---

**Header Comments** (these comments will appear on the PO20 and PO25 Purchase Order):  
Prime Supplier for general medical surgical supplies, to include exam/diagnostic resident care, respiratory surgical, syringe/needed/i.v., urinary/ostomy and wound care supplies, for the period January 15, 2017 through January 14, 2018, per MMCAP.
Procurement Review Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions
Attach Required Vendor Ethics Disclosure Statement

Date: Dec 15, 2016
MinuteTraq (IQM2) ID #: 8874

Vendor: McKesson Medical Surgical  Vendor #: 10196
Contract January 15, 2017 -
Term: January 14, 2018
Contract Total: $5,000,000

Dept: Convalescent Center  Contact: Clementine Nelson
Phone: 630-784-4251

Assigned
Committee: Health and Human

Description of Procurement/
Scope of Work/Background
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/LV, urinary/ostomy and wound care supplies for the period January 15, 2017 through January 14, 2018, per MMCAP.

Reason for Procurement
The Convalescent 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. We do not bid out for Prime medical supplies - they have the MMCAP contract.

FUNDING SOURCE
☐ Procurement budgeted for (FY and budget code(s)): 1200-2050-52320
☐ Funds identified in budget line(s):

DECISION MEMO NOT REQUIRED
☐ LOWEST RESPONSIBLE QUOTE #, BID # or RFP #
☐ PER COOPERATIVE DuPage Ordinance (4-107) and 55 ILCS-1022/b (select one below)
☐ MMCAP
☐ SOLE SOURCE per DuPage County Purchasing Ordinance, Article 4-102(5) (attach Sole Source Justification form)
☐ PER 55 ILCS 5/5-1022 'Competitive Bids' (d) IT/Telecom purchases under $35,000.00
☐ PER 55 ILCS 5/5-1022 'Competitive Bids' (c) not suitable for competitive bidding. Explain below:

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

PREPARED BY AND APPROVAL(S) (Initials Only)

cdk

Recommended for Approval Date 12/16/16
Prepared By Date 12/15/16

REVIEWED BY (Initials Only)

Buyer Date 12/21/16

Procurement Officer Date 12/21/16

Chief Financial Officer Date 12/22/16

Chairman’s Office Date 12/22/16

Form Optimized for Acrobat and Adobe Reader Version 9 or Later
Packet Pg. 61
Required Vendor Ethics Disclosure Statement

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

Date: 12/27/16

Bid/Contract/PO #: 

Company Name: McKesson Medical-Surgical Minnesota Supply Inc.
Company Contact: Amanda Johnson

Contact Phone: 800-328-8111
Contact Email: Government.Bids@McKesson.com

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

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

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

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description (e.g. cash, type of item, in-kind services, etc.)
Amount/Value
Date Made

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.

☐ 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 bid</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Email</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
- 365 days prior to the optional renewal of any contract
- Annual disclosure for multi-year contracts on the anniversary of said contract
- With any request for change order except those issued by the county for administrative adjustments

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

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

Authorized Signature

Printed Name: Amanda Johnson
Title: Proposal Manager
Date: December 27, 2016

Attach additional sheets if necessary. Sign each sheet and number each page. Page 1 of 1 (total number of pages)
AMENDMENT TO COUNTY CONTRACT 1546-0001 SERV
ISSUED TO PAN-O-GOLD BAKING COMPANY
FOR ASSORTED SLICED BREADS, ROLLS AND SANDWICH BUNS
FOR THE CONVALESCENT CENTER
(INCREASE ENCUMBRANCE AND EXTEND CONTRACT TIME: $3,500.00)

WHEREAS, County contract 1546-0001 SERV was approved and adopted by the Health and Human Services Committee on December 1, 2015; and

WHEREAS, the Health and Human Services Committee recommends changes as stated in the Change Order Notice to increase contract 1546-0001 SERV in the amount of $3,500.00 and extend contract period, issued to Pan-O-Gold Baking Company, contract for assorted sliced breads, rolls and sandwich buns, for the Convalescent Center.

NOW, THEREFORE BE IT RESOLVED, that County Board adopts Change Order Notice, dated December 15, 2016, to contract 1546-0001 SERV, issued to Pan-O-Gold Baking Company, contract for assorted sliced breads, rolls and sandwich buns, for the Convalescent Center, to increase the encumbrance in the amount of $3,500.00 and extend contract period, taking the original contract amount of $22,500.00, and resulting in an amended contract total amount not to exceed $26,000.00, an increase of 15.56%.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

_______________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

Attest: _________________________________
PAUL HINDS, COUNTY CLERK
### Request for Change Order

**Procurement Services Division**

**Date:** Dec 15, 2016

**ID #:** 8914

**Vendor Name:** Pan-O-Gold Baking Company

**Vendor #:** 12439

**Dept Contact:** Mario Plata

**Department:** Convalescent Center

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

This contract is for assorted sliced breads, rolls and sandwich buns for the Dining Services at the DuPage Convalescent Center, 421 JTK Administration Building and the Judicial Office Facility for the period 01/23/16 through 01/22/17. Extend contract through 02/28/17 and increase contract to accommodate the extension, due to no vendors submitting bids on scheduled day - new bid in process

1200-2025-52210 $3,500.00

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

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

#### INCREASE/DECREASE

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>A</td>
<td>Starting contract value</td>
<td>$22,500.00</td>
</tr>
<tr>
<td>B</td>
<td>Net $ change for previous Change Orders</td>
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</tr>
<tr>
<td>C</td>
<td>Current contract amount (A + B)</td>
<td>$22,500.00</td>
</tr>
<tr>
<td>D</td>
<td>Amount of this Change Order</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase</td>
<td>Decrease</td>
</tr>
<tr>
<td>E</td>
<td>New contract amount (C + D)</td>
<td>$26,000.00</td>
</tr>
<tr>
<td>F</td>
<td>Percent of current contract value this Change Order represents (D / C)</td>
<td>15.56%</td>
</tr>
<tr>
<td>G</td>
<td>Cumulative percent of all Change Orders (B + D/A) (60% maximum on construction contracts)</td>
<td>15.56%</td>
</tr>
</tbody>
</table>

#### DECISION MEMO NOT REQUIRED

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

#### DECISION MEMO REQUIRED

- [X] Increase (greater than 29 days)/Decrease contract expiration from: ____________________________ to: ____________________________
- [ ] Increase equal to or greater than $2,500.00, or equal to or greater than 10%, of current contract amount
- [ ] OTHER - explain below:

---

**Signature on File**

**Prepared By (Initials):**

**Phone Ext:**

**Date:**

**Recommended for Approval (Initials):**

**Phone Ext:**

**Date:**

**Reviewed By (Initials Only):**

**Buyer:**

**Date:**

**Procurement Officer:**

**Date:**

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

**Date:**

**Chairman (Decision Memos Over $25,000):**

**Date:**
Decision Memo
Procurement Services Division
This form is required for all Professional Service (3090) Contracts over $25,000 and as otherwise required by the Procurement Review Checklist.

Date: Dec 15, 2016
MinuteTraq (IQM2) ID #: 8914
Department Requisition #: 1546-0001

Requesting Department: Convalescent Center
Department Contact: Mario Plata
Contact Email: mario.plata@dupageco.org
Contact Phone: 630-784-4416
Vendor Name: Pan-O-Gold Baking Company
Vendor #: 12439

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

Extend contract through February 28, 2017 and Increase in the amount of $3,500.00 to accommodate the time extension.

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

On 12/8/16, bid 16-251-GV opened for assorted sliced breads, rolls and sandwich buns for the Dining Services at the DuPage Convalescent Center, 421 JTK Administration Building and the Judicial Office Facility, for the contract covering period 01/23/17 through 01/22/18.
At 1:00pm, it was determined that no vendors submitted bids. Procurement reached out to various vendors and it was determined that it was an oversight on vendors part - DPCC and Procurement, discussed and determined that we would like to re-bid, therefore, extending the contract expiration date and increasing to accommodate the extension and to allow time for the bidding procedure.

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

The DPCC 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 physicians diet orders and clearly defined menu guideline which includes bread is necessary to avoid fines and or penalties to ensure that we are allowed to bill for and be reimbursed for care provided to residents as well as to operated campus cafeterias and catering operations, bread purchases are necessary.

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

bid #16-251-GV

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

1) Extend contract and increase to accommodate the extension to allow for proper re-bidding procedures.
2) Do not extend contract and increase to accommodate the extension to allow for proper re-bidding procedures, however, Dining Services will still need to purchase bread to stay in compliance with regulations.

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.

FY17: 1200-2025-52210 $3,500.00
WHEREAS, Resolution HHS-P-0518-15 was approved and adopted by the County Board on September 22, 2015; and

WHEREAS, Resolution HHS-P-0518A-15 was approved and adopted by the County Board on September 13, 2016, for an increase in encumbrance; and

WHEREAS, the Health and Human Services Committee recommends changes as stated in the Change Order Notice to increase contract 1317-0001 SERV in the amount of $4,465.64, issued to Alliance Rehab Incorporated, contract for therapy and consulting services: physical, occupational and speech therapy, for the Convalescent Center.

NOW, THEREFORE BE IT RESOLVED, that County Board adopts Change Order Notice, dated December 20, 2016, to contract 1317-0001 SERV, issued to Alliance Rehab Incorporated, contract for therapy and consulting services: physical, occupational and speech therapy, for the Convalescent Center, to increase the encumbrance in the amount of $4,465.64, taking the amended contract amount of $1,004,500.00, and resulting in a new amended contract total amount not to exceed $1,008,965.64, an increase of 0.44%.

Enacted and approved this 10th day of January, 2017 at Wheaton, Illinois.

_________________________________________
DANIEL J. CRONIN, CHAIRMAN
DU PAGE COUNTY BOARD

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

<table>
<thead>
<tr>
<th>Purchase Order #: 1317-0001 SERV</th>
<th>Original Purchase Order Date: Nov 1, 2015</th>
<th>Change Order #: 2</th>
<th>Department: Convalescent Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Name: Alliance Rehab Inc.</td>
<td>Vendor #: 12242</td>
<td>Dept Contact: Karen Ceryn</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for Change Order Request:**
Increase contract in the amount of $4,465.64 to cover final payment of contract.

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

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

**INCREASE/DECREASE**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>A. Starting contract value</td>
<td>$805,000.00</td>
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<td>B. Change Order 1 to Change Order</td>
<td>$199,500.00</td>
</tr>
<tr>
<td>C. Current contract amount (A + B)</td>
<td>$1,004,500.00</td>
</tr>
<tr>
<td>D. Amount of this Change Order</td>
<td>$4,465.64</td>
</tr>
<tr>
<td>E. New contract amount (C + D)</td>
<td>$1,008,965.64</td>
</tr>
<tr>
<td>F. Percent of current contract value this Change Order represents (D / C)</td>
<td>0.44%</td>
</tr>
<tr>
<td>G. Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)</td>
<td>25.34%</td>
</tr>
</tbody>
</table>

**DECISION MEMO NOT REQUIRED**

- [ ] Cancel entire order
- [ ] Change budget code from: ______________________ to: ______________________
- [ ] Increase/decrease quantity from: ______________________ to: ______________________
- [ ] Prices shows: ______________________ should be: ______________________
- [ ] Decrease remaining encumbrance and close contract
- [ ] Increase encumbrance and close contract
- [ ] Decrease encumbrance

**DECISION MEMO REQUIRED**

- [ ] Increase/decrease contract expiration from: ______________________ to: ______________________
- [ ] Increase equal to or greater than $2,500.00, or equal to or greater than 10%, of current contract amount
- [ ] OTHER - explain below:

---

**Reviewed By (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-21-16</td>
<td></td>
<td>12-22-16</td>
</tr>
</tbody>
</table>

**Chief Financial Officer**

<table>
<thead>
<tr>
<th>Date</th>
<th>Chairmen’s Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-22-16</td>
<td></td>
</tr>
</tbody>
</table>

---

**FACFANCE**

12/16 DEC 16
Rev 1.1
Packet Pg 67
**Decision Memo**

**Procurement Services Division**

This form is required for all Professional Service (3090) Contracts over $25,000 and as otherwise required by the Procurement Review Checklist.

---

**Requesting Department:** 1317-0001 SERV  
**Department Contact:** Karen Cerny  
**Contact Phone:** 630-784-4402  
**Vendor Name:** Alliance Rehab Inc.  
**Vendor #:** 12242

---

**Date:** Dec 20, 2016  
**MinuteTraq (IQM2) ID #:** 8916

---

**Department Requisition #:**

---

**Action Requested**

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

Increase contract in the amount of $4,465.64 to cover final payment of contract.

---

**Summary Explanation/Background**

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

This contract is for therapy and consulting services (i.e. Physical therapy, Occupational Therapy, and Speech therapy) provided to the residents of the Convalescent Center for the period 11/01/15 - 10/31/16.

---

**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.

The original contract encumbrance was calculated on historical average monthly spending of $67,000.00 per month. Year-to-dated, the DPCC has experienced actual monthly spending under this contract of $81,081.14.

August services were billed at $101,618.72 and October was billed at $83,141.48.

Upon analysis, it has been determined that the increase in monthly spending can be attributed to an overall increase in both Medicare Part A and Part b billable services being provided to residents as follows:

1. Overall length of stay for rehab patients has increased from 41 days in 2015 to 44 days in 2016.
2. In 2015, the DPCC realized a total of 6793 Medicare Part a rehab days; however we are trending toward a total of 7315 Medicare Part A rehab days for 2016.
3. 10,567 units of Medicare Part B services were realized in 2015; however we are trending toward 21,134 units of Medicare Part B services for 2016.

The DPCC is billed by Alliance Rehab for the amount of services provided each month. The increase in the amount of services provided accounts for the increased costs.

---

**Source Selection/Vetting Information**

- Describe method used to select source.

P13-140

---

**Recommendations/Alternatives**

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

1. Increase the current contract in the amount of $4,465.64 to cover final payment of contract for therapy and consulting services (i.e. Physical therapy, Occupational Therapy, and Speech Therapy) provided to the residents of the DPCC for the period November 1, 2015 through October 31, 2016.
2. Do not approve the increase to Alliance Rehab Inc., However, the DPCC must continue to provide therapy and consulting services for residents.
services to the residents, whether from Alliance Rehab Inc. or an alternate vendor.

**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.

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Budget Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200-2055-53090</td>
<td>$4,465.64</td>
</tr>
</tbody>
</table>

a budget transfer will be needed
Required Vendor Ethics Disclosure Statement

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

Company Name: Alliance Rehab, Inc.
Company Contact: John P. Callen, President
Contact Phone: 630-412-5820
Contact Email: jcallen@synergie.com

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

1. Every contractor, supplier, 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, supplier, 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, supplier, 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.

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: John P. Callen
Title: President
Date: 8/29/2016

Attachment: Alliance Rehab - Vendor ethics (16-17-86 : Alliance Rehab Inc.)
Requisition under 25k dollars

2017-27
## PROCUREMENT REVIEW CHECKLIST

### REQUISITION

This form must accompany all County Purchase Requisitions.

### NEW PURCHASE ORDER REQUEST

<table>
<thead>
<tr>
<th>DATE SUBMITTED</th>
<th>CONTRACT TERM</th>
<th>CONTRACT TOTAL AMOUNT</th>
<th>REQUESTING DEPT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 20, 2016</td>
<td>JANUARY 8, 2017 - JANUARY 7, 2018</td>
<td>$16,575.00</td>
<td>CONVALESCENT CENTER</td>
</tr>
</tbody>
</table>

### SOLICITATION METHOD FOR SOURCE SELECTION

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Graczyk</td>
<td>Completed</td>
<td>12/20/2016 12:09 PM</td>
</tr>
<tr>
<td>Jennifer Ulmer</td>
<td>Completed</td>
<td>12/21/2016 10:40 AM</td>
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<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>12/21/2016 12:17 PM</td>
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<tr>
<td>John Meneghini</td>
<td>Completed</td>
<td>12/22/2016 11:04 AM</td>
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<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>12/22/2016 1:08 PM</td>
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<td>Health &amp; Human Services</td>
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<td>01/03/2017 10:15 AM</td>
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</tbody>
</table>
**Purchase Requisition**

**Procurement Services Division**

---

**Send Purchase Order To:**
- Vendor: Office Depot
  - Vendor #: 11109
- Dept: Convalescent Center
- Address: 515 Kehoe Boulevard
  - City: Carol Stream
  - State: IL
  - Zip: 60188
- Phone: 630 386-6023
- Attn: Susan Witherspoon
  - Email: susan.witherspoon@officedepot.com

**Send Invoices To:**
- Dept: Convalescent Center
- Division: Administration
- Address: 400 N. County Farm Road
  - City: Wheaton
  - State: IL
  - Zip: 60187
- Phone: 630-784-4208
- Attn: Susan Witherspoon
  - Email: susan.witherspoon@officedepot.com

**Send Payments To:**
- Dept: Convalescent Center
  - Division: Administration
  - Address: PO BOX 633211
    - City: Cincinnati
    - State: OH
    - Zip: 45263-3211
- Phone: 630-386-6023
- Attn: Susan Witherspoon
  - Email: susan.witherspoon@officedepot.com

**Ship To:**
- Dept: Convalescent Center
  - Division: Administration
  - Address: 400 N. County Farm Road
    - City: Wheaton
    - State: IL
    - Zip: 60187
- Phone: 630-784-4208
- Attn: Susan Witherspoon
  - Email: susan.witherspoon@officedepot.com

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

**Use for:**
- Contract Administrator
  - Contract Start Date: January 8, 2017
  - Contract End Date: January 7, 2018

**Special Instructions/Comments to Buyer or Approver:**
- Purchase of office supplies for the Convalescent Center for the period January 8, 2017 through January 7, 2018, per National IPA pricing

**User Department Internal Notes:**
- 01/03/17 HHS Committee

---

<table>
<thead>
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<th>LN</th>
<th>Qty</th>
<th>UOM</th>
<th>Item Detail (Product #)</th>
<th>Description</th>
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<td>52200</td>
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<td>1</td>
<td>EA</td>
<td>office supplies</td>
<td>1200 2050</td>
<td></td>
<td>52200</td>
<td></td>
<td>5,200.00</td>
<td>5,200.00</td>
</tr>
<tr>
<td>6</td>
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<td>EA</td>
<td>office supplies</td>
<td>1200 2060</td>
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<td>1,300.00</td>
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<tr>
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<td>office supplies</td>
<td>1200 2065</td>
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<td>office supplies</td>
<td>1200 2070</td>
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<td>200.00</td>
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<td>9</td>
<td>1</td>
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<td>1</td>
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<td>office supplies</td>
<td>1200 2085</td>
<td></td>
<td>52200</td>
<td></td>
<td>1,100.00</td>
<td>1,100.00</td>
</tr>
</tbody>
</table>

**Requisition Total:** $16,575
**Procurement Review Checklist**

**Procurement Services Division**

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: Convalescent Center</td>
<td>Contact: Christine Kliebhan</td>
<td>Phone: 630-784-4208</td>
<td>Assigned Committee: Health and Human</td>
</tr>
</tbody>
</table>

**Description of Procurement/Scope of Work/Background**
Office supplies for the DPCC for the period January 8, 2017 through January 7, 2018, per National IPA

**Reason for Procurement**
Purchase of office supplies necessary to support the daily operations of the DuPage Convalescent Center.

**FUNDING SOURCE**
- Procurement budgeted for (FY and budget code(s)): various departments within DPCC
- Funds identified in budget line(s):

**DECISION MEMO NOT REQUIRED**
- LOWEST RESPONSIBLE QUOTE #: BID # or RFP # (attach applicable Tabulation)
  - QUOTE Less Than $25,000; BID Equal To or Greater Than $25,000)
- EXEMPT FROM BIDDING PER ILLINOIS COMPLIED STATUTES
  - PER COOPERATIVE DuPage Ordinance (4-107) and 55 ILCS 1022/b (select one below)
    - National IPA/TCPM #

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

**BASIS OF DECISION MEMO** (attach Decision Memo)
- EXPLANATION OF REQUEST FOR PROPOSAL RFP # (Include Evaluation Summary if 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)**

<table>
<thead>
<tr>
<th>Prepared By</th>
<th>Date</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>If Approval, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>cdk</td>
<td>Dec 14, 2016</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-21-16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Financial Officer</th>
<th>Date</th>
<th>Chairman's Office</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Decision Memos Over $25,000)</td>
<td></td>
<td>(Decision Memos Over $25,000)</td>
<td></td>
</tr>
</tbody>
</table>
Required Vendor Ethics Disclosure Statement

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

Date: 12/15/2016

Bid/Contract/PO #: 

Company Name: Office Depot, Inc
Contact: 630-386-6023

Company Contact: Susan Witherspoon
Contact Email: susan.witherspoon@officedepot.com

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

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

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

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

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

Authorized Signature

Signature on File

Printed Name
Claudia Hughes

Title
Vice President

Date
12/15/2016

Attach additional sheets if necessary. Sign each sheet and number each page. Page_____ of______ (total number of pages)
Requisition under 25k dollars
2017-28
**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 20, 2016</td>
<td>$8,000.00</td>
<td>JANUARY 6, 2017 - JULY 5, 2017</td>
<td>CONVALESCENT CENTER</td>
</tr>
</tbody>
</table>

**SOLICITATION METHOD FOR SOURCE SELECTION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Graczyk</td>
<td>Completed</td>
<td>12/20/2016 2:36 PM</td>
</tr>
<tr>
<td>Jennifer Ulmer</td>
<td>Completed</td>
<td>12/21/2016 10:46 AM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>12/21/2016 12:01 PM</td>
</tr>
<tr>
<td>John Meneghini</td>
<td>Completed</td>
<td>12/28/2016 3:24 PM</td>
</tr>
<tr>
<td>Paul Rafac</td>
<td>Completed</td>
<td>12/28/2016 4:20 PM</td>
</tr>
<tr>
<td>Kathy Ostrowski</td>
<td>Completed</td>
<td>12/29/2016 10:56 AM</td>
</tr>
<tr>
<td>Health &amp; Human Services</td>
<td>Pending</td>
<td>01/03/2017 10:15 AM</td>
</tr>
</tbody>
</table>
**Purchase Requisition**  
Procurement Services Division

**Send Purchase Order To:**
- Vendor: Chicago Vendor Supply  
  - Vendor #: 11157  
- Attn: Dan Brander  
  - Email: dbrander@cvs vend.com  
- Address: 7000 W. 60th Street  
- City: Chicago  
  - State: IL  
  - Zip: 60638  
- Phone: 773-586-4300  
  - Fax: 773-586-4336

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

**Send Payments To:**
- Vendor: Chicago Vendor Supply  
  - Vendor #: 11157  
- Attn: Dan Brander  
  - Email: dbrander@cvs vend.com  
- Address: 7000 W. 60th Street  
- City: Chicago  
  - State: IL  
  - Zip: 60638  
- Phone: 773-586-4300  
  - Fax: 773-586-4336

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

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

**Special Instructions/Comments to Buyer or Approver**

**User Department Internal Notes**

---

**Item Detail**

<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>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>Snack and Sundry items for Dining Services operations including: DPCC, JTK Admin and JOF Facility</td>
<td>1200 2100 52210</td>
<td></td>
<td></td>
<td>8,000.00</td>
<td>8,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Requisition Total**

$8,000

**Header Comments**

Snack and Sundry items for Dining Services operations including: DPCC, JTK Admin and JOF Facility for the period January 6, 2017 through July 5, 2017, per renewal option under quote Q16-141-BF, first of three option to renew.

**Special Instructions/Comments to Buyer or Approver**

**User Department Internal Notes**

January 3, 2017 HHS Committee
**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: Chicago Vendor Supply</th>
<th>Vendor #: 11157</th>
<th>Contract: January 6, 2017 - July 5, 2017</th>
<th>Contract Total: $8,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept: Convalescent Center</td>
<td>Contact: Mario Plata</td>
<td>Phone: 630-784-4416</td>
<td>Assigned Committee: Health and Human Services</td>
</tr>
</tbody>
</table>

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

Snack and sundry items for Dining Services operations including: Convalescent Center, JTK Administration Building and Judicial Office Facility for the period January 6, 2017 through July 5, 2017, per first renewal of Quote #16-141-BF.

**Reason for Procurement**

Sale of snack and sundry items in the County campus cafeterias is necessary to meet customer expectations and maintain customer satisfaction.

---

**FUNDING SOURCE**

- [x] Procurement budgeted for (FY and budget code(s)): 1200-2100-52210
- [ ] Funds identified in budget line(s):

---

**DECISION MEMO NOT REQUIRED**

- [x] LOWEST RESPONSIBLE QUOTE #, BID # or RFP # Q16-141-BF (attach applicable Tabulation)

  (QUOTE Less Than $25,000; BID Equal To or Greater Than $25,000)

- [ ] EXEMPT FROM BIDDING PER ILLINOIS COMPLIED STATUTES

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

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

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

---

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

- [ ] EXPLANATION OF REQUEST FOR PROPOSAL RFP #

  (Include Evaluation Summary if 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)**

<table>
<thead>
<tr>
<th>cdk</th>
<th>Date</th>
<th>Prepared By</th>
<th>Recommended for Approval</th>
<th>Date</th>
<th>If Approval, if required</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dec 14, 2016</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**REVIEWED BY (Initials Only)**

<table>
<thead>
<tr>
<th>Buyer</th>
<th>Date</th>
<th>Procurement Officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-21-16</td>
<td></td>
<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>12-28-16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Packet Pg. 79**

---

**Attachment: Chicago Vendor Supply - Checklist 16-141-BF 1st renewal (2017-28 : Chicago Vendor Supply)**

---

**Signature on File**
Required Vendor Ethics Disclosure Statement

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

Company Name: CHICAGO VENDOR SUPPLY  
Company Contact: DANIEL BRANDE  
Contact Phone: 773-842-1006  
Contact Email: dbrander@csvend.com

Date: 6/9/2016  
Bid/Contract/PQ #: 16-141-BF

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

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

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

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Donor</th>
<th>Description (e.g. cash, type of item, kind services, etc.)</th>
<th>Amount/Value</th>
<th>Date Made</th>
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<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
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A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future county contracts.

Continuing disclosure is required, and I agree to update this disclosure form as follows:
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- 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/county/sales/policies

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

Authorized Signature:  
signature on file  

Printed Name:  
Leonard Mahle

Title:  
President

Date:  
6/9/2016

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

FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER
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>
<th>After Transfer</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1720</td>
<td>50000</td>
<td></td>
<td>REGULAR SALARIES</td>
<td>$22,158.00</td>
<td>2,204,395.19</td>
<td>2,234,553.19</td>
<td>12/19/16</td>
</tr>
<tr>
<td>1720</td>
<td>52200</td>
<td></td>
<td>OPERATING SUPPLIES &amp; MATERIALS</td>
<td>$470.00</td>
<td>2,304.55</td>
<td>2,334.55</td>
<td></td>
</tr>
<tr>
<td>1720</td>
<td>53830</td>
<td></td>
<td>OTHER CONTRACTUAL EXPENSES</td>
<td>$4,578.00</td>
<td>6,734.22</td>
<td>6,763.22</td>
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</table>

**Total** $27,206.00

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount</th>
<th>Prior to Transfer</th>
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</thead>
<tbody>
<tr>
<td>1720</td>
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<td>BENEFIT PAYMENTS</td>
<td>$22,158.00</td>
<td>(22,156.38)</td>
<td>1.62</td>
<td>12/19/16</td>
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<td>52000</td>
<td></td>
<td>FURN/MACH/EQUIP SMALL VALUE</td>
<td>$470.00</td>
<td>1679 -</td>
<td>2149 -</td>
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<tr>
<td>1720</td>
<td>53803</td>
<td></td>
<td>MISCELLANEOUS MEETING EXPENSE</td>
<td>$4,578.00</td>
<td>(4206.31)</td>
<td>371.69</td>
<td></td>
</tr>
</tbody>
</table>

**Total** $27,206.00

Reason for Request:  
To cover negative balances at 11/30/16. Actual expenditures approved by the grantor were charged differently than originally budgeted for.

[Signature on File]

Department Head

Date: 12-20-16

Chief Financial Officer

Date: 12-20-16

Finance Department Use Only

Fiscal Year 2016 Budget Journal # _______ Acctg Period _______
Entered By/Date ______ Released By/Date ______ Posted By/Date ______

---

9.A.a
### DuPage County, Illinois

**BUDGET ADJUSTMENT**

**Effective September 21, 2016**

#### Community Services Block Grant

**Company/Accounting Unit Name**

<table>
<thead>
<tr>
<th>Accounting</th>
<th>Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount Prior to Transfer</th>
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<th>Amount Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1650</td>
<td>50000</td>
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<td></td>
<td>Regular Salaries</td>
<td>$6,056.00</td>
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<td>$2,15,397.45</td>
</tr>
<tr>
<td>1650</td>
<td>52200</td>
<td></td>
<td></td>
<td>Operating Supplies &amp; Materials</td>
<td>$198.00</td>
<td>$91.31</td>
<td>$8,733.36</td>
</tr>
<tr>
<td>1650</td>
<td>53000</td>
<td></td>
<td></td>
<td>Other Professional Services</td>
<td>$26,149.00</td>
<td>$42,973.36</td>
<td>$28,324.36</td>
</tr>
</tbody>
</table>

**Total** $26,002.00

#### To: 5000

**Company #**

<table>
<thead>
<tr>
<th>Accounting</th>
<th>Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Amount Prior to Transfer</th>
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<th>Amount Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1650</td>
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<td></td>
<td>Overtime</td>
<td>$42.00</td>
<td>($41.03)</td>
<td>.97</td>
</tr>
<tr>
<td>1650</td>
<td>51000</td>
<td></td>
<td></td>
<td>Benefit Payments</td>
<td>$2,492.00</td>
<td>($2,491.03)</td>
<td>.97</td>
</tr>
<tr>
<td>1650</td>
<td>52000</td>
<td></td>
<td></td>
<td>Furn/Mach/Equip Small Value</td>
<td>$3,121.00</td>
<td>($3,120.93)</td>
<td>.97</td>
</tr>
<tr>
<td>1650</td>
<td>52100</td>
<td></td>
<td></td>
<td>DP Equipment Small Value</td>
<td>$198.00</td>
<td>($198.00)</td>
<td>.97</td>
</tr>
<tr>
<td>1650</td>
<td>53070</td>
<td></td>
<td></td>
<td>Medical Services</td>
<td>$13,152.00</td>
<td>($13,151.96)</td>
<td>.97</td>
</tr>
<tr>
<td>1650</td>
<td>53600</td>
<td></td>
<td></td>
<td>Dues &amp; Memberships</td>
<td>$1,691.00</td>
<td>($1,690.39)</td>
<td>.97</td>
</tr>
<tr>
<td>1650</td>
<td>53803</td>
<td></td>
<td></td>
<td>Miscellaneous Meeting Expense</td>
<td>$46.00</td>
<td>($45.24)</td>
<td>.97</td>
</tr>
<tr>
<td>1650</td>
<td>53804</td>
<td></td>
<td></td>
<td>Postage &amp; Postal Charges</td>
<td>$21.00</td>
<td>($20.73)</td>
<td>.27</td>
</tr>
<tr>
<td>1650</td>
<td>53815</td>
<td></td>
<td></td>
<td>Supportive Services</td>
<td>$5,238.00</td>
<td>($5,311.82)</td>
<td>.97</td>
</tr>
<tr>
<td>1650</td>
<td>53830</td>
<td></td>
<td></td>
<td>Other Contractual Expenses</td>
<td>$1.00</td>
<td>($1.00)</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total** $26,002.00

**Reason for Request:**

To cover negative balances at 11/30/16. Actual expenditures approved by the grantor were charged differently than originally budgeted for.

**Signature on File**

**Department Head**

Date 12-20-16

**Signature on File**

**Activity (optional)**

**Chief Financial Officer**

Date 12-20-16

**Approved - Finance Committee**

Date

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

**Finance Department Use Only**

**Fiscal Year 2016**

**Budget Journal #**

**Acctg Period**

**Entered By/Date**

**Released By/Date**

**Posted By/Date**

---

Packet Pg. 82
## BUDGET ADJUSTMENT
**Effective September 21, 2016**

**Accounting Title**  
<table>
<thead>
<tr>
<th>Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1670</td>
<td>50000</td>
<td></td>
<td>$33,435.00</td>
<td>40,337.29</td>
<td>6903.29</td>
<td>1219116</td>
</tr>
<tr>
<td>1670</td>
<td>51010</td>
<td></td>
<td>$5,155.00</td>
<td>5237.56</td>
<td>87.56</td>
<td></td>
</tr>
<tr>
<td>1670</td>
<td>51030</td>
<td></td>
<td>$3,286.00</td>
<td>3,333.67</td>
<td>47.67</td>
<td></td>
</tr>
<tr>
<td>1670</td>
<td>51040</td>
<td></td>
<td>$5,440.00</td>
<td>5616.83</td>
<td>176.83</td>
<td></td>
</tr>
<tr>
<td>1670</td>
<td>51050</td>
<td></td>
<td>$340.00</td>
<td>340.00</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Total** $47,656.00

**Accounting Title**  
<table>
<thead>
<tr>
<th>Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Amount</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1670</td>
<td>51000</td>
<td></td>
<td>$47,656.00</td>
<td>(47,656)</td>
<td>0</td>
<td>1219116</td>
</tr>
</tbody>
</table>

**Total** $47,656.00

**Reason for Request:**  
To cover negative balance at 11/30/16 created by FY15 adjustment for accrued absences.

**Signature on File**

**Date**  
12-20-16

**Activity**

**Finance Department Use Only**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Budget Journal #</th>
<th>Acctg Period</th>
<th>Entered By/Date</th>
<th>Released By/Date</th>
<th>Posted By/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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>Available Balance</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1640</td>
<td>50000</td>
<td></td>
<td>REGULAR SALARIES</td>
<td>$51,890.00</td>
<td>52,575.81</td>
<td>185.81</td>
<td>12/21/16</td>
</tr>
<tr>
<td>1640</td>
<td>53090</td>
<td></td>
<td>OTHER PROFESSIONAL SERVICES</td>
<td>900.00</td>
<td>900.00</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1640</td>
<td>53500</td>
<td></td>
<td>MILEAGE EXPENSE</td>
<td>$163.00</td>
<td>163.10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>1640</td>
<td>53610</td>
<td></td>
<td>INSTRUCTION &amp; SCHOOLING</td>
<td>$140.00</td>
<td>140.26</td>
<td>2.26</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>$53,093.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To: 1000

<table>
<thead>
<tr>
<th>Accounting Unit</th>
<th>Account</th>
<th>Sub-Account</th>
<th>Title</th>
<th>Available Balance</th>
<th>Prior to Transfer</th>
<th>After Transfer</th>
<th>Date of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1640</td>
<td>50040</td>
<td></td>
<td>PART TIME HELP</td>
<td>$53,017.00</td>
<td>53,041.41</td>
<td>59</td>
<td>12/21/16</td>
</tr>
<tr>
<td>1640</td>
<td>53510</td>
<td></td>
<td>TRAVEL EXPENSE</td>
<td>$76.00</td>
<td>76.00</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>$53,093.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for Request:
To cover negative balances at 11/30/16. Actual expenditures for Part-Time help were more than originally budgeted for.

Signature on File

Department Head

Signature on File

Chief Financial Officer

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

Finance Department Use Only

Fiscal Year: 2016 Budget Journal #: Accnt Period:
Entered By/Date: Released By/Date: Posted By/Date:

Packet Pg. 84
Senior Services Manager to attend the Regional Ombudsman Meeting in Springfield, Illinois, January 11, 2017 through January 12, 2017. Expenses to include transportation, lodging, and per diem for approximate total of $386.75. Grant funded.

Name: [redacted]  Title: Community Services Manager

Department: Health & Human Services

Request Date: 12/14/2016  Account Code: 5000-1720/17-703S

Purpose of Trip: (explain fully the necessity of making the trip)
Regional Ombudsman Meeting. Grant funded.

Destination: Springfield, IL

Date of Departure: 1/11/2017  Date of Return Arrival: 1/12/2017
(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>Transportation</td>
<td>$230.00</td>
</tr>
<tr>
<td>Lodging</td>
<td>$90.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Reference Materials</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$66.75</td>
</tr>
<tr>
<td>Total</td>
<td>$386.75</td>
</tr>
</tbody>
</table>

Reviewed by and Date Approved

Karen Graczyk  Completed  12/20/2016 9:17 AM
Health & Human Services  Pending  01/03/2017 10:15 AM
Other Action Item
16-17-92

Information & Referral Administrator to attend the Annual In-Service Continuing Education Program for the Results Oriented Management and Accountability (ROMA) Continuing Education in Dallas, Texas, April 17, 2017, through April 19, 2017. Expenses to include registration, transportation, lodging, and per diem for approximate total of $1,175.00. Grant funded.

<table>
<thead>
<tr>
<th>Name: [REDACTED]</th>
<th>Title: Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department: Health &amp; Human Services</td>
<td></td>
</tr>
<tr>
<td>Request Date: 12/12/2016</td>
<td>Account Code: 5000-1650</td>
</tr>
<tr>
<td>Purpose of Trip: (explain fully the necessity of making the trip)</td>
<td>Grant funded authorization for Information and Referral Administrator to attend the Annual In-Service Continuing Education Program for ROMA to maintain certification.</td>
</tr>
<tr>
<td>Destination: Dallas, Texas</td>
<td></td>
</tr>
<tr>
<td>Date of Departure: April 17, 2017</td>
<td>Date of Return Arrival: April 19, 2017</td>
</tr>
<tr>
<td>(Please include a detailed explanation if different from official business dates)</td>
<td></td>
</tr>
</tbody>
</table>

**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>$250.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$550.00</td>
</tr>
<tr>
<td>Lodging</td>
<td>$250.00</td>
</tr>
<tr>
<td>Rental Car</td>
<td>0</td>
</tr>
<tr>
<td>Reference Materials</td>
<td>0</td>
</tr>
<tr>
<td>Meals: (Per Diems)</td>
<td>$125.00</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>$1,175.00</strong></td>
</tr>
</tbody>
</table>

**Reviewed by and Date Approved**

Karen Graczyk | Completed 12/14/2016 11:47 AM
Health & Human Services | Pending 01/03/2017 10:15 AM
County Board | Pending 01/10/2017 10:00 AM
**Request for Change Order**

**Procurement Services Division**

Attach copies of all prior Change Orders

---

**Purchase Order #: 744-0001 SERV**

**Original Purchase Order Date:** Jan 14, 2015

**Change Order #: 3**

**Department:** Convalescent Center

**Vendor Name:** Metro Professional Products dba Warehouse Direct Inc.

**Vendor #: 10068**

**Dept Contact:** Vinit Patel

---

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

This contract is to furnish and deliver chemicals for the DuPage Convalescent Center, section 2 (cleaning chemicals) for a two year period 01/14/15 - 01/13/17.

Extend contract through 04/27/17. Vendor did not want to renew and the time extension will allow for a proper bidding procedure. (DPCC is a section of Facilities Management bid).

No extra monies are needed to accommodate the time extension.

---

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

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

---

**INCREASE/DECREASE**

- **A** Starting contract value
  - **$108,651.70**

- **B** Net $ change for previous Change Orders

- **C** Current contract amount (A + B)
  - **$108,651.70**

- **D** Amount of this Change Order
  - **Increase**
  - **Decrease**

- **E** New contract amount (C + D)
  - **$108,651.70**

- **F** Percent of current contract value this Change Order represents (D/C)
  - **0.00%**

- **G** Cumulative percent of all Change Orders (D/A); 60% maximum on construction contracts
  - **0.00%**

---

**DECISION MEMO NOT REQUIRED**

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

**DECISION MEMO REQUIRED**

- **Increase (greater than 29 days)/Decrease contract expiration from:** Jan 13, 2017
  - **to:** Apr 27, 2017

- **Increase equal to or greater than $2,500.00, or equal to or greater than 10%, of current contract amount**

- **OTHER - explain below:**

---

**cdk**

**Prepared By (Initials):**

**Phone Ext:**

**Date:** Dec 15, 2016

---

**Recommended for Approval (Initials):**

**Phone Ext:**

**Date:**

---

**REVIEWED BY (Initials Only):**

**Buyer:**

**Date:**

---

**Procurement Officer:**

**Date:** 12-21-16

---

**Chief Financial Officer**

**Date:** 12-21-16

---

**Chairman's Office**

**Date:**

---

**CONSENT AGENDA**

**JAN 10 2017**

---

**Packet Pg. 87**

---

**Attachment: Metro Professional Products - Change Order (16-17-93 : Metro Professional Products dba Warehouse Direct)**
Decision Memo
Procurement Services Division

This form is required for all Professional Service (3090) Contracts over $25,000 and as otherwise required by the Procurement Review Checklist.

Requesting Department: Convalescent Center
Contact Email: vinit.patel@dupageco.org
Vendor Name: Metro Professional Products dba Warehouse Direct

Department Requisition #: 744-0001SERV

Date: Dec 15, 2016
MinuteTraq (IQM2) ID #: 8911

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

Extend contract through 04/27/17.

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

This contract provides for the furnishing and delivery of cleaning chemicals to the DuPage Convalescent Center, section 2 (cleaning chemicals) for a two year period of 01/14/15 - 01/13/17.

The vendor did not want to renew and the time extension will allow for proper bidding procedure. (DPCC is a section of facilities Management bid.) No extra monies are needed to accommodate the time extension.

Strategic Impact

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

Cleaning chemical supplies is necessary to maintain day to day operations of a sanitary healthcare facility.

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

744-0001 SERV - section 2 of bid

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

1) Extend contract through 04/27/17, to allow for proper bidding procedure.
2) Do not extend contract through 04/27/17 to allow for proper bidding procedure, however, the DPCC will still need to purchase cleaning chemical supplies to maintain operations of a sanitary healthcare facility.

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

no extra monies are needed to accommodate the time extension
Required Vendor Ethics Disclosure Statement

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

Date: 10/7/16

Bid/Contract/PO #: X

Company Name: Metro Professional Products X
Contact Phone: (847) 631-0351
Company Contact: Bob Herrmann
Contact Email: bobbherrmann@unhousedirect.com

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

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

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

<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.

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

<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.

\[\text{Signature on File}\]

Authorized Signature: x

Printed Name: Robert Herrmann

Title: Senior Account Manager

Date: 10/7/16

Packet Pg. 89
Form W-9
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.

   Warehouse Direct, Inc.

2. Business name/registered entity name, if different from above.

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - Corporation (S corporation)
   - Partnership
   - Trust or estate

4. Exemptions (code(s) apply only to certain entities, not individuals; see instructions on page 3; exempt payee code if any; Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.)

   2001 S. Mount Prospect Road
   Des Plaines, IL 60018

6. City, state, and ZIP code

7. List account number(s) (if optional)

   Requester's name and address (optional)

Part I
Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose name to enter.

Social security number

3 - 6 - 3 0 3 6 8 0 1

or

Employer identification number

Part II
Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am an exempt recipient withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out line 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here: Signature of U.S. person

Robert Herrmann

Date: 10/17/16

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requestor) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC miscellaneous income (e.g., prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee, if applicable, you are also certifying that a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See What is FATCA reporting? on page 2 for further information.
Request for Change Order
Procurement Services Division
Attach copies of all prior Change Orders

Date: Dec 15, 2016
MinuteReq (IQM2) ID #: 8912

Purchase Order #: 743-0001 SERV  Original Purchase Order Date: Jan 14, 2015  Change Order #: 1
Department: Convalescent Center
Vendor Name: HP Products Corp  Vendor #: 12415  Dept Contact: Vinil Patel

Background and/or Reason for Change Order Request:
This contract is to furnish and deliver housekeeping cleaning supplies for the DuPage Convalescent Center, section 1 (housekeeping supplies) for a two year period 01/14/15 - 01/13/17. Extend contract through 04/27/17. Vendor did not want to renew and the time extension will allow for proper bidding procedure. (DPCC is a section of Facilities Management bid). No extra monies are needed to accommodate the time extension.

IN ACCORDANCE WITH 720 ILCS 5/33E-9

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

INCREASE/DECREASE

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

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

☒ Increase (greater than 29 days)/Decrease contract expiration from: Jan 13, 2017 to: Apr 27, 2017
☐ Increase equal to or greater than $2,500.00, or equal to or greater than 10%, of current contract amount
☐ OTHER - explain below:

cdk  Dec 15, 2016  Signature on File

Prepared By (Initials)  Phone Ext  Date  Recommended for Approval (Initials)  Phone Ext  Date

REVIEWED BY (Initials Only)

Buyer  Date  Procurement Officer  Date

Chief Financial Officer  Date  Chairman's Office  Date

FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER
Decision Memo

Procurement Services Division

This form is required for all Professional Service (3090) Contracts over $25,000 and as otherwise required by the Procurement Review Checklist.

Requesting Department: Convalescent Center
Department Contact: Vinit Patel
Contact Email: vinit.patel@dupageco.org
Vendor Name: HP Products Corporation

Department Requisition #: 743-0001SERV

Date: Dec 15, 2016
MinuteTraq (IQM2) ID #: 8912

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

Extend contract through 04/27/17.

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

This contract is to furnish and delivery of housekeeping cleaning supplies to the DuPage Convalescent Center, section 1 (housekeeping supplies) for a two year period of 01/14/15 - 01/13/17. The vendor did not want to renew and the time extension will allow for proper bidding procedure. (DPCC is a section of facilities Management bid.) No extra monies are needed to accommodate the time extension.

Strategic Impact

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

Housekeeping supplies is necessary to maintain day to day operations of a sanitary healthcare facility.

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

743-0001 SERV - section 1 of bid

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

1) Extend contract through 04/27/17, to allow for proper bidding procedure.
2) Do not extend contract through 04/27/17 to allow for proper bidding procedure, however, the DPCC will still need to purchase housekeeping supplies to maintain operations of a sanitary healthcare facility.

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

No extra monies are needed to accommodate the time extension.
**Required Vendor Ethics Disclosure Statement**

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

**Company Name:** HP Products

**Company Contact:** Barbara Wetzler

**Contact Phone:** 615-334-9620

**Contact Email:** BarbaraWetzler@gmail.com

**Fax:** 615-334-9623

**Date:** 12-16-16

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

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change order to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount of $25,000 or more, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor during 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 or vendor shall update such disclosure with any changes that may occur.

| Lobbyists, Agents and Representatives and all individuals who are or will be having contact with county officers or employees in relation to the contractor or vendor | Telephone | Email |

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 disenfranchisement 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/](http://www.dupageco.org/CountyBoard/Policies/)

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

X Authorized Signature

X Printed Name: Barbara Wetzler

X Title:

X Date: 12-16-16

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