

**A GRANT AGREEMENT BETWEEN THE COUNTY OF DUPAGE AND WE GO  
TOGETHER FOR KIDS**

WHEREAS, the County of DuPage (“County”) is a body corporate and politic; and

WHEREAS, METROPOLITAN FAMILY SERVICES DUPAGE d/b/a WE GO TOGETHER FOR KIDS (“Agency”) is a 501(c)(3) organization created under the Internal Revenue Code, and

WHEREAS, the County has established the Member Initiative Program which permits members of the County Board to advance items which benefit their district and assigns certain amounts of public funds for those purposes; and

WHEREAS, the County’s funding for each Agency is not a donation and must be used to perform certain services or functions within the County’s statutory authority to perform; and

WHEREAS, the County and the Agency are hereafter sometimes referred to as the “Party” and collectively referred to herein as “the Parties”; and

WHEREAS, the Parties have prepared this Agreement to govern the distribution of the grant funds identified above.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the Parties hereby agree as follows:

1. **Purpose of the Agreement.** The Purpose of this Agreement is to define the project for which grant funds are to be used and provide funding for eligible expenses.
2. **Recitals.** The recitals to this Agreement are incorporated as though set forth fully herein.
3. **Term.** This Agreement shall remain in effect through November 30, 2025. Sections 5, 6, 7, 8, 9, 10, 11, and 12 of this Agreement shall remain in effect indefinitely and shall survive the termination of this Agreement. Funds shall be expended prior to November 30, 2025.
4. **Project Description.** Agency shall receive ten thousand dollars (\$10,000.00) from the County. Agency shall undertake the following project or activities described in the Proposal attached hereto as Exhibit A.
5. **Termination, Breach.** This Agreement may be terminated upon thirty (30) days’ notice to the other Party with the written consent of the other Party. All terms of this Agreement shall be considered material terms and therefore all breaches shall be deemed material breaches. In the event of a breach of this Agreement by any Party, the non-breaching Party shall provide the breaching Party with written notice of the breach and shall provide a period of not less than thirty (30) days to cure said breach.
6. **Venue, Applicable Law.** The exclusive venue for disputes arising from this Agreement shall be the 18<sup>th</sup> Judicial Circuit Court, sitting in Wheaton, Illinois. This Agreement shall be governed by the laws of the State of Illinois.
7. **Payment.** The County agrees to pay the Agency ten thousand dollars (\$10,000.00). Payment is contingent upon: (1) compliance with County rules and regulations; (2) Accounts Payable review by Finance Staff and County Audit Staff including providing

sufficient invoicing and proof of purchase; and (3) completion of a fully executed Agreement. Payments shall be made in the form of reimbursement and upon invoice from Agency. Payments for eligible expenses authorized under this Agreement shall be made within thirty (30) days of receipt of completed invoices and proof of purchase. All funds shall be expended not later than November 30, 2025.

8. **Assignment.** Neither Party shall assign performance under this Agreement, nor shall either Party transfer any right or obligation under this Agreement without the express written approval of the County.
9. **Amendment.** Any amendment to the terms of this Agreement must be in writing and will not be effective until it has been executed and approved by the same Parties who approved and executed the original Agreement or their successors in office.
10. **Waiver.** If the County fails to enforce any provision of this Agreement, that failure does not waive said provision or the County's right to enforce it.
11. **Sole Agreement.** This Agreement contains all negotiations between the County and Agency. No other understanding regarding this grant Agreement, whether written or oral, may be used to bind either Party.
12. **Liability.** The Agency agrees to indemnify, save, and hold the County, its officers, agents and employees, harmless from any claims or causes of action, including attorney's fees incurred by the County, arising from the performance of this Agreement by the Agency, its officers, agents or employees. This clause will not be construed to bar any legal remedies the Agency may have for the County's failure to fulfill any of the County's obligations under this Agreement. Notwithstanding any provisions of this Agreement to the contrary, indemnification under Section 12 of this Agreement shall be limited to the Agency's allocation, less any amount unspent.

COUNTY OF DUPAGE

METROPOLITAN FAMILY SERVICES DUPAGE  
d/b/a WE GO TOGETHER FOR KIDS

---

Deborah Conroy  
Chair, DuPage County

---

Molly Beck Dean  
Director

ATTEST:

---

Jean Kaczmarek,  
County Clerk



DuPage County  
Office of the County Board  
421 North County Farm Road  
Wheaton, Illinois 60187-3978

**MEMBER INITIATIVE PROGRAM APPLICATION** - Please complete all sections for submission


**SECTION I Organization Information**

Organization	WeGo Together for Kids
Contact Person	Molly Beck Dean
Address	c/o Metropolitan Family Services 222 E Willow Ave
City	Wheaton IL 60187
Phone Number	7738023881
Email	beckdeanm@metrofamily.org

**SECTION II Project Description**

Project Title	Mental Health Clinicians
Cost of the Project	\$10,000
Brief Description of the Scope of Initiative	Community Mental Health Clinicians provide therapy and support services to West Chicago's most at risk kids and their families. The CMHCs serve kids ages 5-18 and do one therapy session at school with the child and one with the parents/family in the home each week. The children on their caseloads are those with the highest levels of trauma – far beyond what a school social worker or guidance counselor could service. Their clients usually do not have any kind of health insurance and so seeking mental health care elsewhere is virtually impossible. The CMHCs work with clients for as long as they need to stabilize.
Desired Outcomes	<ul style="list-style-type: none"><li>- provide free, culturally competent mental health services to at risk children and families in West Chicago</li><li>- through services, children are able to stabilize at school (academically and behaviorally) and at home</li><li>- parents are given the resources and tools to support their child's mental health and their own</li></ul>

**SECTION III Signature**

Member Name	Greg Schwarze	
District	6	
Signature		

**SECTION IV Supplemental Documents**

Please attach the following (if applicable)

- Letters of Engagement from all involved organizations
- Vendor Ethics Disclosures
- Bid Documents
- Proof of Good Standing with IL Secretary of State for all partner organizations
- Tax Documents (such as W-9 forms, where applicable)



**WeGo**  
Together  
For Kids

222 E. Willow Ave Wheaton, IL 60187  
[beckdeanm@metrofamily.org](mailto:beckdeanm@metrofamily.org)  
[WeGoTogetherforKids.com](http://WeGoTogetherforKids.com)

April 17, 2025

To Whom It May Concern,

WeGo Together for Kids is thankful for the opportunity to partner with the DuPage County Board to continue our mental health work through this grant. Below is a synopsis of how we intend to use \$10,000 to better the lives of kids in West Chicago.

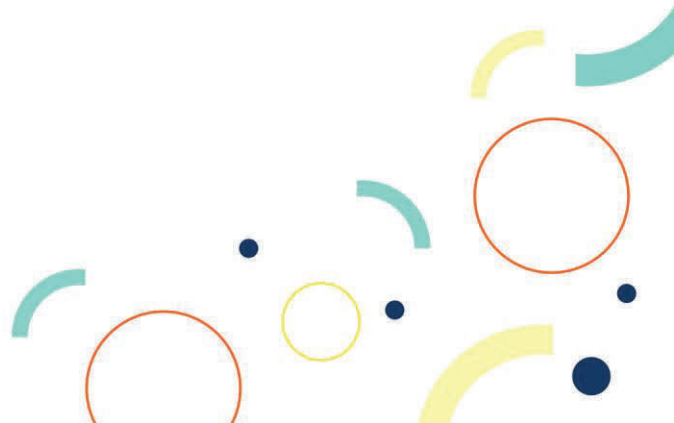
**WeGo Together for Kids Community Mental Health Clinicians**

WGTK currently employs two bilingual Community Mental Health Clinicians who provide free therapy and support services to our most at risk kids and their families. The CMHCs serve kids ages 5-18 and do one therapy session at school with the child and one with the parents/family in the home each week. The children on their caseloads are those with the highest levels of trauma – far beyond what a school social worker or guidance counselor could service. Their clients usually do not have any kind of health insurance and so seeking mental health care elsewhere is virtually impossible. The CMHCs work with clients for as long as they need to stabilize.

This grant will help secure the future of these very important mental health services for the most vulnerable kids and families in West Chicago.

Thank you for your continued support!

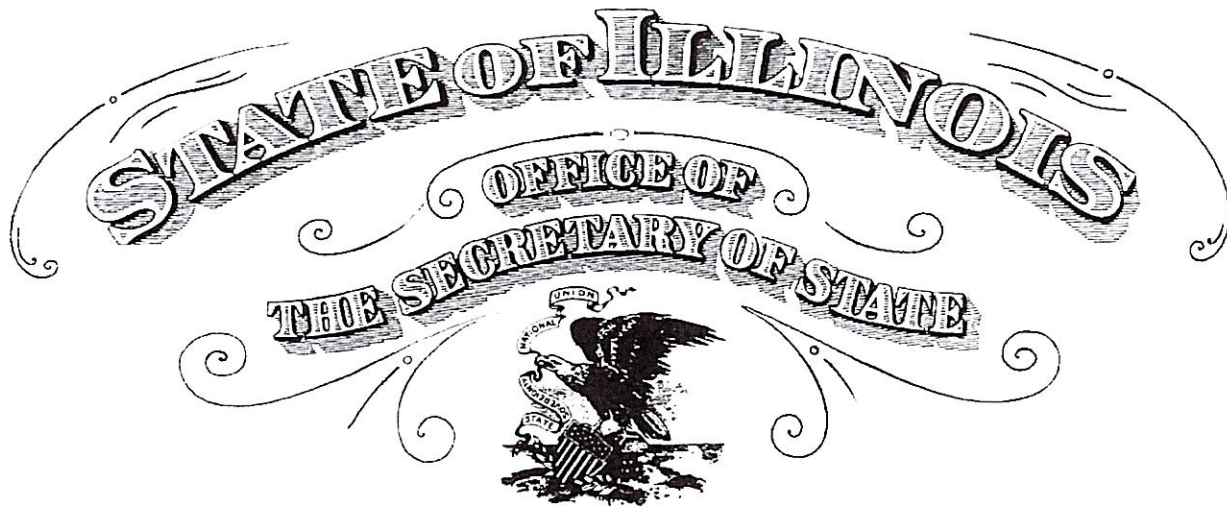
Molly Beck Dean, Director  
WeGo Together for Kids  
[beckdeanm@metrofamily.org](mailto:beckdeanm@metrofamily.org)  
773-802-3881





File Number

9999-999-9



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

CHICAGO RELIEF AND AID SOCIETY, WAS INCORPORATED UNDER THE SPECIAL ACT OF THE LEGISLATIVE, APPROVED HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT FEBRUARY 16, 1857, FOR ELEEMOSYNARY AND CHARITABLE PURPOSES; DID CHANGE IT'S CORPORATE TITLE TO UNITED CHARITIES OF CHICAGO, BY ADMENDMENT FILED MAY 14, 1909. DID CHANGE ITS CORPORATE TITLE TO METROPOLITAN FAMILY SERVICES, BY ADMENDMENT OCTOBER 16, 1995; IS NOT REQUIRED TO FILE ANNUAL REPORTS OR PAPERS OF ANY KIND IN THIS OFFICE; SHALL FILE A REPORT AT LEASE ONCE A YEAR TO THE CITY COUNCIL OF CHICAGO; AND SO FAR I AM ABLE TO DETERMINE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.\*\*\*\*\*



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 12TH*  
*day of MARCH A.D. 2025 .*

Authentication #: 2507101419 verifiable until 03/12/2026.

Authenticate at: <https://www.ilsos.gov>

SECRETARY OF STATE



DuPage County  
Finance Department  
Procurement Division  
421 North County Farm Road  
Room 3-400  
Wheaton, Illinois 60187-3978

## REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

### **Section I: Contact Information**

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	WeGo Together for Kids
CONTACT PERSON:	Molly Beck Dean
CONTACT EMAIL:	beckdeanm@metrofamily.org

### **Section II: Procurement Ordinance Requirements**

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, shall provide to the Procurement Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor to any incumbent County Board member, County Board chairman, or Countywide elected official whose office the contract to be awarded will benefit within the current and previous calendar year. 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.

Has the Bidder made contributions as described above?

☐ Yes

☒ No

If "Yes", complete the required information in the table below.

RECIPIENT	DONOR	DESCRIPTION (e.g., cash, type of item, in-kind services, etc.)	AMOUNT/VALUE	DATE MADE



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.

Has the Bidder had or will the Bidder have contact with lobbyists, agents, representatives or individuals who are or will be having contact with county officers or employees as described above.

☐ Yes

☒ No

If "Yes", list the name, phone number, and email of lobbyists, agents, representatives, and all individuals who are or will be having contact with county officers or employees in the table below.

NAME	PHONE	EMAIL

### **Section III: Violations**

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 and supplemental disclosure is required. The Bidder agrees 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 of the County's Ethics Ordinance is available at:

[http://www.dupagecounty.gov/government/county\\_board/ethics\\_at\\_the\\_county/](http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/)

The full text of the County's Procurement Ordinance is available at:

[https://www.dupagecounty.gov/government/departments/finance/procurement/procurement\\_ordinance\\_and\\_guiding\\_principles.php](https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php)

### **Section IV: Certification**

By signing below, the Bidder hereby acknowledges that it has received, read, and understands these requirements, and certifies that the information submitted on this form is true and correct to the best of its knowledge.

Printed Name: Molly Beck Dean

Signature: 

Title: Director

Date: 4/17/2025