



DU PAGE COUNTY

421 N. COUNTY FARM ROAD
WHEATON, IL 60187
www.dupagecounty.gov

Human Services

Final Regular Meeting Agenda

Tuesday, August 1, 2023

9:30 AM

Room 3500A

1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIR REMARKS - CHAIR SCHWARZE

5. APPROVAL OF MINUTES

5.A. [23-2513](#)

Human Services Committee - Regular Meeting - Tuesday, July 11, 2023

6. COMMUNITY SERVICES - MARY KEATING

6.A. [FI-R-0169-23](#)

Acceptance and appropriation of the Illinois Department of Human Services Supportive Housing Program Grant PY24 Inter-Governmental Agreement No. FCSCH00352, Company 5000, Accounting Unit 1760, \$137,747. (Community Services)

6.B. [FI-R-0175-23](#)

Acceptance and appropriation of additional funding for the Illinois Department of Human Services (IDHS) Supportive Housing Grant PY23, Agreement No. FCSBH00352, Company 5000, Accounting Unit 1760, from \$137,747 to \$151,563 (an increase of \$13,816). (Community Services)

6.C. [FI-R-0170-23](#)

Acceptance and appropriation of additional funding for the Aging Case Coordination Unit Fund PY23, Company 5000, Accounting Unit 1660, \$299,567. (Community Services)

7. DUPAGE CARE CENTER - JANELLE CHADWICK

7.A. [HS-P-0065-23](#)

Recommendation for the approval of a contract purchase order to Lakeshore Dairy, Inc. for fluid dairy, for the DuPage Care Center residents, cafeteria and cafes located in the JTK Administration Building and Judicial Office Facility, for the period September 1, 2023 through August 31, 2024, for a contract not to exceed \$83,000; under bid renewal #22-062-DCC, first of three one-year optional renewals.

7.B. [23-2514](#)
Recommendation for the approval of a contract purchase order to ARxIUM, Inc., for supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy at the DuPage Care Center, for the period August 16, 2023 through August 15, 2024, for a contract total not to exceed \$26,500; per sole source.

7.C. [23-2515](#)
HS-CO-0009A-23 - Amendment to Contract 6005-0001 SERV, issued to Lifescan Laboratories of Illinois, for patient phlebotomy and lab services, for the DuPage Care Center, to extend contract through March 19, 2024 and to increase the encumbrance in the amount of \$32,500, for a new contract amount not to exceed \$67,500, an increase of 92.86%.

8. TRAVEL

8.A. [23-2516](#)
Travel Request for Housing and Community Development Planner to attend the National Association for County Community and Economic Development (NACCED) Annual Educational conference and Training in Salt Lake City, Utah, from September 18, 2023 through September 21, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems, for approximate total of \$2,334. 100% Community Development Block Grant funded. (Community Services)

8.B. [23-2517](#)
Travel Request for Weatherization Assessor to attend the Healthy Home Evaluator mandated training in Champaign, Illinois, from August 6, 2023 through August 11, 2023. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$1,699.39. 100% WEX grant funded. (Community Services)

8.C. [23-2518](#)
Travel Request for Senior Housing Community Development Planner to attend the annual Housing Action Illinois Conference in Bloomington, Illinois from October 19, 2023 through October 20, 2023. Expenses to include registration, transportation, lodging, and per diems for approximate total of \$633.50. 100% grant funded. (Community Services)

8.D. [23-2519](#)
Travel Request for Community Services Director to attend the National Association for County community And Economic Development annual conference and training in Salt Lake County, Utah from September 18, 2023 through September 21, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$2,279. 100% Community Development grant funded. (Community Services)

9. INFORMATIONAL9.A. [23-2520](#)

GPN 042-23 FY2022 Continuum of Care Program Competition - HMIS, U.S. Department of Housing and Urban Development - \$188,556. (Community Services)

9.B. [23-2521](#)

GPN 046-23 DHS Employment Barrier Reduction Program PY24, Illinois Association of Community Action Agencies (IACAA), US Department of Health and Human Services - \$45,600. (Community Services)

9.C. [23-2522](#)

GPN 047-23 FY2022 Continuum of Care Program Competition-Planning Grant, U.S. Department of Housing and Urban Development - \$170,370. (Community Services)

10. RESIDENCY WAIVERS - JANELLE CHADWICK**11. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK****12. COMMUNITY SERVICES UPDATE - MARY KEATING**

2024 Community Services Budget Request

13. OLD BUSINESS**14. NEW BUSINESS****15. ADJOURNMENT**



Minutes

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2513

Agenda Date: 8/1/2023

Agenda #: 5.A.



DU PAGE COUNTY

Human Services

Final Summary

421 N. COUNTY FARM ROAD
WHEATON, IL 60187
www.dupagecounty.gov

Tuesday, July 11, 2023

9:30 AM

Room 3500A

1. CALL TO ORDER

9:30 AM meeting was called to order by Chair Greg Schwarze at 9:35 AM.

Chair Schwarze stated that Member DeSart and Member Garcia were present but will be late to the Human Services meeting due to attending the Public Works meeting, which was running late.

2. ROLL CALL

Other Board members present: Member Patty Guston and Member Yeena Yoo

PRESENT	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze
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3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze announced the DuPage Care Center Renovation Kickoff will be held today at 1:00 p.m. in the north wing. He looks forward to seeing everyone there.

Chair Schwarze said he has been meeting with Vice Chair Garcia, Mary Keating, and the local food pantries over the last several months. DuPage County has approximately \$1.75M left earmarked strictly for food. The team will hold a final meeting with the Township Supervisors and their pantry staff on July 13 in room 3500B to discuss the pantry needs and get additional feedback about the quality of the food they are receiving.

Member Galassi asked if there has been improvement since the concerns were raised after the discussion at the County Board meeting. Chair Schwarze responded Addison had a delivery that same day and reported the food was good. We also met with six of the smaller pantries and they all left positive feedback. Member Childress asked if we do we do random inspections? Chair Schwarze responded that we had staff attend the Addison delivery but was not sure if random checks were done. Mary Keating responded that she has received unsolicited feedback that the product is outstanding and feels there is a significant disconnect in information. The food pantries report to her that the food from Northern Illinois Food Bank (NIFB) has been below the 10% industry wide spoilage level.

Member Galassi stated all food pantries are seeing significant increases in need. This was confirmed by Chair Schwarze and Mary Keating. Ms. Keating added this is why we released the additional \$500,00 to the individual food pantries so they can source food on their own. The meetings continue to determine if the needs are being met and if the funds are better spent on longer term success, refrigerators, transportation, etc., or more food. Member Galassi asked that the results from Thursday's meeting be sent to the committee members.

5. APPROVAL OF MINUTES

5.A. [23-2357](#)

Human Services Committee - Regular Meeting - Tuesday, June 20, 2023

RESULT:	APPROVED
MOVER:	Michael Childress
SECONDER:	Lynn LaPlante
AYES:	Childress, Galassi, LaPlante, and Schwarze
LATE:	DeSart, and Garcia

6. LENGTH OF SERVICE AWARDS

Length of Service Award - Laura Ekelund - 20 Years - Community Services

Mary Keating and Gina Strafford-Ahmed presented Laura Ekelund with a 20 Year Anniversary Award.

Length of Service Award - David Watkins - 10 Years - Weatherization

Mary Keating and Gina Strafford-Ahmed presented David Watkins with a 10 Year Anniversary Award.

7. COMMUNITY SERVICES - MARY KEATING

7.A. [FI-R-0165-23](#)

Acceptance and appropriation of the Illinois Home Weatherization Assistance Program State Grant FY24 Inter-Governmental Agreement No. 24-251028, Company 5000 - Accounting Unit 1490, \$368,559. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Michael Childress
SECONDER:	Kari Galassi
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

7.B. [FI-R-0166-23](#)

Acceptance and appropriation of the Illinois Weatherization Assistance Program HHS Grant PY24 Inter-Governmental Agreement No. 23-221028, Company 5000 - Accounting Unit 1430, \$736,590. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Dawn DeSart
SECONDER:	Michael Childress
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

8. DUPAGE CARE CENTER - JANELLE CHADWICK

8.A. [HS-P-0062-23](#)

Recommendation for the approval of a contract purchase order to Professional Medical & Surgical Supply, Inc., to furnish and deliver Ostomy, Tracheostomy, Urological and Enteral supplies and services (MED B) and Eternal feeding formulas, for the DuPage Care Center, for the period July 30, 2023 through July 29, 2024, for a total contract not to exceed \$72,000, under bid renewal #22-040-DCC, first of three on-year optional renewals.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Dawn DeSart
SECONDER:	Michael Childress
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

8.B. [HS-P-0063-23](#)

Recommendation for the approval of a contract purchase order to Medline Industries, Inc., to provide various linens, for the DuPage Care Center, for the period August 10, 2023 through August 9, 2024, for a contract total not to exceed \$72,000, contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners Cooperative Contract #2021003157.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Michael Childress
SECONDER:	Paula Garcia
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

8.C. [HS-P-0064-23](#)

Recommendation for the approval of a contract purchase order to Alpha Baking Company, to provide assorted sliced breads, rolls and sandwich buns, for the DuPage Care Center, JTK Administration Building and JOF Building Cafes, for the period August 5, 2023 through August 4, 2024, for a contract total not to exceed \$37,000, under bid renewal #22-055-DCC, first of three one-year optional renewals.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Michael Childress
SECONDER:	Paula Garcia
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

8.D. [23-2358](#)

Recommendation for the approval of a contract purchase order to Keurig Dr. Pepper, for canned, bottled and fountain beverages, for the DuPage Care Center, for the period July 30, 2023 through July 29, 2024, for a contract amount not to exceed \$21,000, under bid renewal #22-056-DCC.

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Kari Galassi
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

8.E. [23-2359](#)

Recommendation for the approval of a contract purchase order to NDC Homecare, LLC dba Preferred Medical, for rental of Zyno pumps and accessories as needed, for the DuPage Care Center, for the period August 1, 2023 through July 31, 2024, for a contract not to exceed \$17,000, under quote renewal #21-048-CARE, second of three one-year optional renewals.

RESULT:	APPROVED
MOVER:	Michael Childress
SECONDER:	Kari Galassi
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

8.F. [23-2325](#)

FM-P-0103A-22 - Amendment to Resolution FM-P-0103-22, issued to Door Systems ASSA ABLOY US Inc., for preventive maintenance and repair services for automatic and manual doors with threshold closers, as needed for County Facilities, for Facilities Management, for a change order to include the DuPage Care Center and increase the contract in the amount of \$35,000, resulting in a new total contract amount not to exceed \$95,780, an increase of 57.58%

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Michael Childress
SECONDER:	Paula Garcia
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

9. BUDGET TRANSFERS

9.A. [23-2360](#)

Budget Transfer to transfer funds to provide for payment of overtime in the LIHEAP program - \$9,500. (Community Services)

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Michael Childress
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

9.B. [23-2361](#)

Budget Transfer to transfer funds since the Illinois Housing Development Authority ended its ERA2 program early prior to spending out allotted funds, there is surplus in the ERA2 program. To use this federal funding, going forward the Eviction Mediation Program will be charged to ERA2 instead of ARPA. Surplus Funding will be used to directly pay the Project Manager's salary, which is fully eligible under the ERA2 grant. Transfer is to cover the remainder of FY23 - \$50,500. (Community Services)

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Paula Garcia
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

10. TRAVEL

Member Childress moved and Member DeSart seconded a motion to combine items 10.A. through 10.G. The motion was approved on voice vote, all "ayes".

10.A. [23-2362](#)

Travel Request - Community Services Manager to attend the mandatory Regional Ombudsman Quarterly Meeting and Long-Term Care Advisory Group Meeting for Senior Services in Springfield, Illinois from July 11, 2023 through July 13, 2023. (Travel approved by Human Services Chair Greg Schwarze) Expenses to include transportation, lodging, and per diems for approximate total of \$560. Senior Services grant funded 5000/1720.

10.B. [23-2363](#)

Travel Request - Community Services Manager to attend the National Adult Protective Services Conference to Learn the most current trends in Adult Protective Services (APS) in Boston, MA, from August 27, 2023 through August 31, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$2,506.50. Senior Services grant funded - 5000/1720.

- 10.C. [23-2364](#)
 Travel Request - Community Services Case Manager to attend the National Adult Protective Services Conference to Learn the most current trends in Adult Protective Services (APS) in Boston, MA, from August 27, 2023 through August 31, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$2,516.50. Senior Services grant funded - 5000/1720.
- 10.D. [23-2365](#)
 Travel Request - Six employees working with the Low Income Home Energy Assistance Program (LIHEAP) will travel to Springfield, Illinois for the annual LIHEAP mandated grant training pertaining to the 2024 funding for the State and Federal LIHEAP/PIPP grants, from August 7, 2023 through August 8, 2023. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), one car rental to drive all six staff to training, and per diems, for approximate combined total cost of \$1,463. LIHEAP Grant funded. (Community Services)
- 10.E. [23-2366](#)
 Travel Request - Community Services Administrator to attend the annual Weatherization Roundtable put on by DECO and IACAA to discuss Weatherization Strategic Plan for the State of Illinois in Springfield, Illinois from July 19, 2023 through July 20, 2023. Expenses to include lodging and per diems for approximate total of \$186. Weatherization grant funded.
- 10.F. [23-2367](#)
 Travel Request - Community Services Supervisor to attend the annual Weatherization Roundtable put on by DECO and IACAA to discuss Weatherization Strategic Plan for the State of Illinois in Springfield, Illinois from July 19, 2023 through July 20, 2023. Expenses to include lodging, miscellaneous expenses (parking, gasoline for County vehicle, etc.), and per diems for approximate total of \$261. Weatherization grant funded.
- 10.G. [23-2368](#)
 Travel Request - Four (4) Community Development staff to attend the National Association for County Community And Economic Development (NACCED) Annual Educational Conference and Training in Salt Lake City, Utah, from September 18, 2023 through September 21, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for an approximate total for all four employees of \$9,261., 100% funded by the Community Development Block Grant. (Community Services)

RESULT:	APPROVED THE CONSENT AGENDA
MOVER:	Paula Garcia
SECONDER:	Kari Galassi
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

11. INFORMATIONAL

Member DeSart moved and Member Childress seconded a motion to combine items 11.A. through 11.C. The motion was approved on voice vote, all "ayes".

11.A. [23-2369](#)

GPN 037-23 Weatherization DOE Grant FY24 - Illinois Department of Commerce and Economic Opportunity - U.S. Department of Energy - \$595,551. (Community Services)

11.B. [23-2370](#)

GPN 038-23 Weatherization HHS Grant FY24 - Illinois Department of Commerce and Economic Opportunity - U.S. Department of Health and Human Services - \$736,590. (Community Services)

11.C. [23-2371](#)

GPN 039-23: Weatherization State Grant FY24 - Illinois Department of Commerce and Economic Opportunity - \$368,559. (Community Services)

RESULT: APPROVED THE CONSENT AGENDA
MOVER: Dawn DeSart
SECONDER: Paula Garcia
AYES: Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

12. RESIDENCY WAIVERS - JANELLE CHADWICK

Janelle Chadwick stated that there are nine male and twenty-three female beds available at the DuPage Care Center. Four beds have been offered to DuPage County residents. There will be no DuPage County residents misplaced by accepting the three residency waivers.

12.A. Out of County Residency Waiver One

RESULT: APPROVED
MOVER: Dawn DeSart
SECONDER: Michael Childress
AYES: Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

12.B. Out of County Residency Waiver Two

RESULT: APPROVED
MOVER: Paula Garcia
SECONDER: Dawn DeSart
AYES: Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

12.C. Out of County Residency Waiver Three

RESULT:	APPROVED
MOVER:	Michael Childress
SECONDER:	Dawn DeSart
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

13. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick, Administrator of the DuPage Care Center, stated that for those that cannot attend the DuPage Care Center Renovation Kickoff Tuesday, there will be a special ceremony Wednesday for their Resident Executive Council residents. There will one resident representative at Tuesday’s kickoff, but the special blessing will be held at 10:00 a.m. on the fourth floor Wednesday and all are welcome.

The DuPage Care Center is still Covid and Rhinovirus free.

14. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating commented on the travel requests, stating she continues to appreciate the support of the County Board. Community Services is a large department with a lot of state and federal funding and all the travel is grant funded and directly related to the programs Community Services runs. Ms. Keating added there has been discussion regarding the current travel policy at DuPage County. State law requires that local units of government must have a travel policy approved by the board. Any travel by an elected official needs board approval, or any travel not in line with an accepted travel policy. Community Services consistently follows state law in terms of County Board approval and policy. Committee members gave input regarding the current travel and asked Ms. Keating what her recommendation was. Without giving a tangible financial threshold, Ms. Keating’s recommendation was that in-state travel, and some very low dollar amounts in travel should be a consideration of department head approval. Chair Schwarze suggested that this be discussed at the next Finance meeting.

Ms. Keating stated that she submitted the Community Services’ budget materials on June 30. Typically, Mary presents her budget requests to Human Services at the first August meeting and Ms. Chadwick at the second August meeting. Mary will discuss this with Ms. Chadwick to see if the schedule works for her.

Ms. Keating reported that we will receive just over \$200,000 to support 211 from the State of Illinois. The plan is to use a significant amount for marketing and advertising to inform the public about the 211 service. She will also work with Finance to see if they want to offset some of the ARPA funds we are using for other resources. The ARPA funds currently support the Addison Dispatch Center contract to cover nights and weekends, as well as salaries for the 211 staff we have in I&R. We are not at capacity for phone calls.

Asked about marketing to individual towns and cities, Ms. Keating replied that the DuPage County Communications Office is part of a DuPage Communicators consortium, consisting of all the Public Information Officers. We can share any materials we create with them.

Ms. Keating answered to the annual budget for 211, replying that the Addison Dispatch Center contract is about \$190,000 annually. The county is budgeted for three headcounts (two call takers and a manager), for a total annual budget of \$250,000 to \$300,000.

Gina Strafford-Ahmed recently completed the Annual Report for 2022, laying out some statistics, performance measures, and where the Community Services’ budget comes from. The report includes a summary of the client satisfaction survey. Community Services scored a 93.4% overall satisfaction rate. we do need improvement in ‘informing about other agencies and community services.’ Ms. Keating distributed the summary of all the surveys and the written comments, which are attached hereto and made part of the minutes packet.

Member Galassi asked about the submission of applications to the small food agency portal. Ms. Keating replied there are presently 37 applications for a total of approximately \$700,000. History tells us that with most grants, people submit their application within the last three days before the deadline, which is July 22nd. Chair Schwarze added that he will meet with Member Garcia and Ms. Keating and send an email to members regarding the next step.

Ms. Keating confirmed that the agencies must physically be in DuPage County. The submissions will be broken down and distributed by district. It will be up to the district members to decide how they want to distribute and allocate funds within the individual districts.

[23-2396](#)

2022 Community Services Annual Report

[23-2398](#)

Client Survey Summary 2022

15. OLD BUSINESS

No old business was discussed.

16. NEW BUSINESS

No new business was discussed.

17. ADJOURNMENT

Chair Schwarze requested a motion to adjourn at 10:25 AM.

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Paula Garcia
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze



Finance Resolution

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: FI-R-0169-23

Agenda Date: 8/1/2023

Agenda #: 6.A.

ACCEPTANCE AND APPROPRIATION OF THE
ILLINOIS DEPARTMENT OF HUMAN SERVICES
SUPPORTIVE HOUSING PROGRAM GRANT PY24
INTER-GOVERNMENTAL AGREEMENT NO. FCSCH00352
COMPANY 5000 - ACCOUNTING UNIT 1760
\$137,747

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage has been notified by the Illinois Department of Human Services that grant funds in the amount of \$137,747 (ONE HUNDRED THIRTY-SEVEN THOUSAND, SEVEN HUNDRED FORTY-SEVEN AND NO/100 DOLLARS) are available to be used to assist low-income eligible families with supportive services to obtain or retain permanent housing; and

WHEREAS, to receive said grant funds, the County of DuPage must enter into Inter-Governmental Agreement No. FCSCH00352 with the Illinois Department of Human Services, a copy of which is attached to and incorporated as a part of this resolution by reference (Attachment II); and

WHEREAS, the terms of the agreements are from July 1, 2023 through June 30, 2024; and

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

WHEREAS, acceptance of these grants 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 Inter-Governmental Agreement No. FCSCH00352 (Attachment II) between DuPage County and Illinois Department of Human Services are hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (Attachment I) in the amount of \$137,747 (ONE HUNDRED THIRTY-SEVEN THOUSAND, SEVEN HUNDRED FORTY-SEVEN AND NO/100 DOLLARS) be made to establish the Illinois Department of Human Services Supportive Housing Program Grant PY24, Company 5000 - Accounting Unit 1760 for the period July 1, 2023 through June 30, 2024; 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 these grants, the Human Services Committee shall review the need for continuing the specified program and related head count; and

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

Enacted and approved this 8th of August, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH THE
ILLINOIS DEPARTMENT OF HUMAN SERVICES
SUPPORTIVE HOUSING PROGRAM GRANT PY24
INTER-GOVERNMENTAL AGREEMENT NO. FCSCH00352
COMPANY 5000 – ACCOUNTING UNIT 1760
\$137,747

REVENUE

41400-0002 - State Operating Grant - IDHS	\$	<u>137,747</u>	
TOTAL ANTICIPATED REVENUE			\$ <u><u>137,747</u></u>

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries	\$	97,417	
51010-0000 - Employer Share I.M.R.F.		7,569	
51030-0000 - Employer Share Social Security		7,452	
51040-0000 - Employee Med & Hosp Insurance		<u>15,293</u>	
TOTAL PERSONNEL			\$ 127,731

CONTRACTUAL

53815-0003 - IDHS Education	\$	1,000	
53815-0004 - IDHS Childcare		1,000	
53815-0005 - IDHS Transportation		<u>8,016</u>	
TOTAL CONTRACTUAL			\$ <u><u>10,016</u></u>

TOTAL ADDITIONAL APPROPRIATION			\$ <u><u>137,747</u></u>
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GRANT AGREEMENT



**BETWEEN
THE STATE OF ILLINOIS, DEPARTMENT OF HUMAN SERVICES
AND
DUPAGE COUNTY DEPARTMENT OF**

The parties to this Grant Agreement (Agreement) are the State of Illinois (State), acting through the undersigned agency (Grantor) and DUPAGE COUNTY DEPARTMENT OF (Grantee)(collectively, the "Parties" and individually, a "Party"). The Agreement, consisting of the signature page, the parts listed below, and any additional exhibits or attachments referenced in this Agreement, constitute the entire agreement between the Parties. No promises, terms, or conditions not recited, incorporated or referenced herein, including prior agreements or oral discussions, are binding upon either Grantee or Grantor.

PART ONE – The Uniform Terms

Article I	Definitions
Article II	Award Information
Article III	Grantee Certifications and Representations
Article IV	Payment Requirements
Article V	Scope of Award Activities/Purpose of Award
Article VI	Budget
Article VII	Allowable Costs
Article VIII	Lobbying
Article IX	Maintenance and Accessibility of Records; Monitoring
Article X	Financial Reporting Requirements
Article XI	Performance Reporting Requirements
Article XII	Audit Requirements
Article XIII	Termination; Suspension; Non-compliance
Article XIV	Subcontracts/Subawards
Article XV	Notice of Change
Article XVI	Structural Reorganization and Reconstitution of Board Membership
Article XVII	Conflict of Interest
Article XVIII	Equipment or Property
Article XIX	Promotional Materials; Prior Notification
Article XX	Insurance
Article XXI	Lawsuits and Indemnification
Article XXII	Miscellaneous
Exhibit A	Project Description
Exhibit B	Deliverables or Milestones
Exhibit C	Contact Information
Exhibit D	Performance Measures and Standards
Exhibit E	Specific Conditions

PART TWO – Grantor-Specific Terms

PART THREE – Project-Specific Terms

The Parties or their duly authorized representatives hereby execute this Agreement.

DEPARTMENT OF HUMAN SERVICES

DUPAGE COUNTY DEPARTMENT OF

By: _____
Signature of Grace B. Hou, Secretary

By: _____
Signature of Authorized Representative

Date: _____

Date: _____

Designee Name: _____

Printed Name: _____

Designee Title: Contract Obligations Analyst

Printed Title: _____

E-mail: mary.keating@dupageco.org

By: _____
Signature of Second Grantor Approver, if applicable

FEIN: 366006551

Date: _____

Printed Name: _____

Printed Title: _____
Second Grantor Approver

By: _____
Signature of Second Grantee Approver, if Applicable

Date: _____

Printed Name: _____

Printed Title: _____
Second Grantee Approver
(optional at Grantee's discretion)

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PART ONE – THE UNIFORM TERMS

**ARTICLE I
DEFINITIONS**

1.1. Definitions. Capitalized words and phrases used in this Agreement have the meanings stated in 2 CFR 200.1 unless otherwise stated below.

“Allowable Costs” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Award” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Budget” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Catalog of State Financial Assistance” or “CSFA” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Close-out Report” means a report from the Grantee allowing Grantor to determine whether all applicable administrative actions and required work have been completed, and therefore closeout actions can commence.

“Conflict of Interest” has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Cooperative Research and Development Agreement" has the same meaning as in 15 USC 3710a.

“Direct Costs” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Financial Assistance” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“GATU” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Grant Agreement” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Grant Funds” means the Financial Assistance made available to Grantee through this Agreement.

“Grantee Portal” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Indirect Costs” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Indirect Cost Rate” means a device for determining in a reasonable manner the proportion of Indirect Costs each Program should bear. It is a ratio (expressed as a percentage) of the Indirect Costs to a Direct Cost base. If reimbursement of Indirect Costs is allowable under an Award, Grantor will not reimburse those Indirect Costs unless Grantee has established an Indirect Cost Rate covering the applicable activities and period of time, unless Indirect Costs are reimbursed at a fixed rate.

“Indirect Cost Rate Proposal” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Obligations” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Period of Performance” has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Prior Approval" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Profit" means an entity's total revenue less its operating expenses, interest paid, depreciation, and taxes. "Profit" is synonymous with the term "net revenue."

"Program" means the services to be provided pursuant to this Agreement. "Program" is used interchangeably with "Project."

"Program Costs" means all Allowable Costs incurred by Grantee and the value of the contributions made by third parties in accomplishing the objectives of the Award during the Term of this Agreement.

"Related Parties" has the meaning set forth in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 850-10-20.

"SAM" means the federal System for Award Management (SAM), the federal repository into which an entity must provide information required for the conduct of business as a recipient.

"State Grantee Compliance Enforcement System" means the statewide framework for State agencies to manage occurrences of non-compliance with Award requirements.

"State-issued Award" means the assistance that a grantee receives directly from a State agency. The funding source of the State-issued Award can be federal pass-through, State or a combination thereof. "State-issued Award" does not include the following:

- contracts issued pursuant to the Illinois Procurement Code that a State agency uses to buy goods or services from a contractor or a contract to operate State government-owned, contractor-operated facilities;
- agreements that meet the definition of "contract" under 2 CFR 200.1 and 2 CFR 200.331, which a State agency uses to procure goods or services but are exempt from the Illinois Procurement Code due to an exemption listed under 30 ILCS 500/1-10, or pursuant to a disaster proclamation, executive order, or any other exemption permitted by law;
- amounts received for services rendered to an individual;
- Cooperative Research and Development Agreements;
- an agreement that provides only direct cash assistance to an individual;
- a subsidy;
- a loan;
- a loan guarantee; or
- insurance.

"Illinois Stop Payment List" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Unallowable Cost" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Unique Entity Identifier" or "UEI" has the same meaning as in 44 Ill. Admin. Code 7000.30.

**ARTICLE II
AWARD INFORMATION**

2.1 **Term.** This Agreement shall be effective on Jul 1, 2023 and expires on Jun 30, 2024 (the TERM), unless terminated pursuant to this Agreement.

2.2 **Amount of Agreement.** Grant Funds (check one) must not exceed or are estimated to be \$137,747.00, of which \$0.00 are federal funds. Grantee accepts Grantor’s payment as specified in this ARTICLE.

2.3 **Payment.** Payment will be made as follows (see additional payment requirements in ARTICLE IV; additional payment provisions specific to this Award may be included in **PART TWO** or **PART THREE**):

Refer to "Exhibit F - Payment" for your organization's payment terms for this award

2.4 **Identification Numbers.** If applicable, the Federal Award Identification Number (FAIN) is See ExhibitA, the Federal awarding agency is See ExhibitA, and the Federal Award date is See ExhibitA. If applicable, the Assistance Listing Program Title is See ExhibitA and Assistance Listing Number is See ExhibitA. The Catalog of State Financial Assistance (CSFA) Number is See ExhibitA and CSFA Name is See ExhibitA. If applicable, the State Award Identification Number (SAIN) is not applicable.

**ARTICLE III
GRANTEE CERTIFICATIONS AND REPRESENTATIONS**

3.1. **Registration Certification.** Grantee certifies that: (i) it is registered with SAM and W7KRN7E54898 is Grantee’s correct UEI; (ii) it is in good standing with the Illinois Secretary of State, if applicable; and (iii) Grantee has successfully completed the annual registration and prequalification through the Grantee Portal.

Grantee must remain current with these registrations and requirements. If Grantee’s status with regard to any of these requirements changes, or the certifications made in and information provided in the uniform grant application changes, Grantee must notify Grantor in accordance with ARTICLE XV.

3.2. **Tax Identification Certification.** Grantee certifies that: 36-6006551 is Grantee’s correct federal employer identification number (FEIN) or Social Security Number. Grantee further certifies, if applicable: (a) that Grantee is not subject to backup withholding because (i) Grantee is exempt from backup withholding, or (ii) Grantee has not been notified by the Internal Revenue Service (IRS) that Grantee is subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified Grantee that Grantee is no longer subject to backup withholding; and (b) Grantee is a U.S. citizen or other U.S. person. Grantee is doing business as a (check one):

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Pharmacy-Non Corporate |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery Corp. |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Tax Exempt |
| <input type="checkbox"/> Corporation (includes Not For Profit) | <input type="checkbox"/> Limited Liability Company (select applicable tax classification) |
| <input type="checkbox"/> Medical Corporation | <input type="checkbox"/> P = partnership |
| <input checked="" type="checkbox"/> Governmental Unit | <input type="checkbox"/> C = corporation |
| <input type="checkbox"/> Estate or Trust | |

If Grantee has not received a payment from the State of Illinois in the last two years, Grantee must submit a W-9 tax form with this Agreement.

3.3. Compliance with Uniform Grant Rules. Grantee certifies that it must adhere to the applicable Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, which are published in Title 2, Part 200 of the Code of Federal Regulations (2 CFR Part 200) and are incorporated herein by reference. 44 Ill. Admin. Code 7000.40(c)(1)(A). The requirements of 2 CFR Part 200 apply to the Grant Funds awarded through this Agreement, regardless of whether the original source of the funds is State or federal, unless an exception is noted in federal or State statutes or regulations. 30 ILCS 708/5(b).

3.4. Representations and Use of Funds. Grantee certifies under oath that (1) all representations made in this Agreement are true and correct and (2) all Grant Funds awarded pursuant to this Agreement must be used only for the purpose(s) described herein. Grantee acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions will be the basis for immediate termination of this Agreement and repayment of all Grant Funds.

3.5. Specific Certifications. Grantee is responsible for compliance with the enumerated certifications in this Paragraph to the extent that the certifications apply to Grantee.

(a) **Bribery.** Grantee certifies that it has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor made an admission of guilt of such conduct which is a matter of record.

(b) **Bid Rigging.** Grantee certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Paragraph 33E-3 or 33E-4 of the Criminal Code of 2012 (720 ILCS 5/33E-3 or 720 ILCS 5/33E-4, respectively).

(c) **Debt to State.** Grantee certifies that neither it, nor its affiliate(s), is/are barred from receiving an Award because Grantee, or its affiliate(s), is/are delinquent in the payment of any debt to the State, unless Grantee, or its affiliate(s), has/have entered into a deferred payment plan to pay off the debt.

(d) **International Boycott.** Grantee certifies that neither it nor any substantially owned affiliated company is participating or will participate in an international boycott in violation of the provision of the Anti-Boycott Act of 2018, Part II of the Export Control Reform Act of 2018 (50 USC 4841 through 4843), and the anti-boycott provisions set forth in Part 760 of the federal Export Administration Regulations (15 CFR Parts 730 through 774).

(e) **Discriminatory Club Dues or Fees.** Grantee certifies that it is not prohibited from receiving an Award because it pays dues or fees on behalf of its employees or agents, or subsidizes or otherwise reimburses employees or agents for payment of their dues or fees to any club which unlawfully discriminates (775 ILCS 25/2).

(f) **Pro-Children Act.** Grantee certifies that it is in compliance with the Pro-Children Act of 2001 in that it prohibits smoking in any portion of its facility used for the provision of health, day care, early childhood development services, education or library services to children under the age of eighteen (18) (except such portions of the facilities which are used for inpatient substance abuse treatment) (20 USC 7181-7184).

(g) **Drug-Free Workplace.** If Grantee is not an individual, Grantee certifies it will provide a

drug free workplace pursuant to the Drug Free Workplace Act. 30 ILCS 580/3. If Grantee is an individual and this Agreement is valued at more than \$5,000, Grantee certifies it will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the performance of the Agreement. 30 ILCS 580/4. Grantee further certifies that if it is a recipient of federal pass-through funds, it is in compliance with the government-wide requirements for a drug-free workplace as set forth in 41 USC 8103.

(h) **Motor Voter Law.** Grantee certifies that it is in full compliance with the terms and provisions of the National Voter Registration Act of 1993 (52 USC 20501 *et seq.*).

(i) **Clean Air Act and Clean Water Act.** Grantee certifies that it is in compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 USC 7401 *et seq.*) and the Federal Water Pollution Control Act, as amended (33 USC 1251 *et seq.*).

(j) **Debarment.** Grantee certifies that it is not debarred, suspended, proposed for debarment or permanent inclusion on the Illinois Stop Payment List, declared ineligible, or voluntarily excluded from participation in this Agreement by any federal department or agency (2 CFR 200.205(a)), or by the State (30 ILCS 708/25(6)(G)).

(k) **Non-procurement Debarment and Suspension.** Grantee certifies that it is in compliance with Subpart C of 2 CFR Part 180 as supplemented by 2 CFR Part 376, Subpart C.

(l) **Health Insurance Portability and Accountability Act.** Grantee certifies that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law No. 104-191, 45 CFR Parts 160, 162 and 164, and the Social Security Act, 42 USC 1320d-2 through 1320d-7), in that it may not use or disclose protected health information other than as permitted or required by law and agrees to use appropriate safeguards to prevent use or disclosure of the protected health information. Grantee must maintain, for a minimum of six (6) years, all protected health information.

(m) **Criminal Convictions.** Grantee certifies that:

(i) Neither it nor a managerial agent of Grantee (for non-governmental grantees only, this includes any officer, director or partner of Grantee) has been convicted of a felony under the Sarbanes-Oxley Act of 2002, nor a Class 3 or Class 2 felony under Illinois Securities Law of 1953, or that at least five (5) years have passed since the date of the conviction; and

(ii) It must disclose to Grantor all violations of criminal law involving fraud, bribery or gratuity violations potentially affecting this Award. Failure to disclose may result in remedial actions as stated in the Grant Accountability and Transparency Act. 30 ILCS 708/40. Additionally, if Grantee receives over \$10 million in total federal Financial Assistance, during the period of this Award, Grantee must maintain the currency of information reported to SAM regarding civil, criminal or administrative proceedings as required by 2 CFR 200.113 and Appendix XII of 2 CFR Part 200, and 30 ILCS 708/40.

(n) **Federal Funding Accountability and Transparency Act of 2006 (FFATA).** Grantee certifies that it is in compliance with the terms and requirements of 31 USC 6101 with respect to Federal Awards greater than or equal to \$30,000. A FFATA subaward report must be filed by the end of the month following the month in which the award was made.

(o) **Illinois Works Review Panel.** For Awards made for public works projects, as defined in

the Illinois Works Jobs Program Act, Grantee certifies that it and any contractor(s) or subcontractor(s) that performs work using funds from this Award, must, upon reasonable notice, appear before and respond to requests for information from the Illinois Works Review Panel. 30 ILCS 559/20-25(d).

(p) **Anti-Discrimination.** Grantee certifies that its employees and subcontractors under subcontract made pursuant to this Agreement, must comply with all applicable provisions of State and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), including, without limitation, 44 Ill. Admin. Code 750- Appendix A, which is incorporated herein; Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*); Civil Rights Act of 1964 (as amended) (42 USC 2000a - 2000h-6); Section 504 of the Rehabilitation Act of 1973 (29 USC 794); Americans with Disabilities Act of 1990 (as amended) (42 USC 12101 *et seq.*); and the Age Discrimination Act of 1975 (42 USC 6101 *et seq.*).

(q) **Internal Revenue Code and Illinois Income Tax Act.** Grantee certifies that it complies with all provisions of the federal Internal Revenue Code (26 USC 1), the Illinois Income Tax Act (35 ILCS 5), and all regulations and rules promulgated thereunder, including withholding provisions and timely deposits of employee taxes and unemployment insurance taxes.

ARTICLE IV PAYMENT REQUIREMENTS

4.1. **Availability of Appropriation; Sufficiency of Funds.** This Agreement is contingent upon and subject to the availability of sufficient funds. Grantor may terminate or suspend this Agreement, in whole or in part, without penalty or further payment being required, if (i) sufficient funds for this Agreement have not been appropriated or otherwise made available to Grantor by the State or the federal funding source, (ii) the Governor or Grantor reserves funds, or (iii) the Governor or Grantor determines that funds will not or may not be available for payment. Grantor must provide notice, in writing, to Grantee of any such funding failure and its election to terminate or suspend this Agreement as soon as practicable. Any suspension or termination pursuant to this Paragraph will be effective upon the date of the written notice unless otherwise indicated.

4.2. **Pre-Award Costs.** Pre-award costs are not permitted unless specifically authorized by Grantor in **Exhibit A, PART TWO** or **PART THREE** of this Agreement. If they are authorized, pre-award costs must be charged to the initial Budget Period of the Award, unless otherwise specified by Grantor. 2 CFR 200.458.

4.3. **Return of Grant Funds.** Grantee must liquidate all Obligations incurred under the Award within forty-five (45) days of the end of the Period of Performance, or in the case of capital improvement Awards, within forty-five (45) days of the end of the time period the Grant Funds are available for expenditure or obligation, unless Grantor permits a longer period in **PART TWO** OR **PART THREE**.

4.4. **Cash Management Improvement Act of 1990.** Unless notified otherwise in **PART TWO** or **PART THREE**, Grantee must manage federal funds received under this Agreement in accordance with the Cash Management Improvement Act of 1990 (31 USC 6501 *et seq.*) and any other applicable federal laws or regulations. 2 CFR 200.305; 44 Ill. Admin. Code 7000.120.

4.5. **Payments to Third Parties.** Grantor will have no liability to Grantee when Grantor acts in good faith to redirect all or a portion of any Grantee payment to a third party. Grantor will be deemed to have acted in good faith when it is in possession of information that indicates Grantee authorized Grantor to intercept or redirect payments to a third party or when so ordered by a court of competent jurisdiction.

4.6. Modifications to Estimated Amount. If the Agreement amount is established on an estimated basis, then it may be increased by mutual agreement at any time during the Term. Grantor may decrease the estimated amount of this Agreement at any time during the Term if (i) Grantor believes Grantee will not use the funds during the Term, (ii) Grantor believes Grantee has used Grant Funds in a manner that was not authorized by this Agreement, (iii) sufficient funds for this Agreement have not been appropriated or otherwise made available to Grantor by the State or the federal funding source, (iv) the Governor or Grantor reserves funds, or (v) the Governor or Grantor determines that funds will or may not be available for payment. Grantee will be notified, in writing, of any adjustment of the estimated amount of this Agreement. In the event of such reduction, services provided by Grantee under **Exhibit A** may be reduced accordingly. Grantor must pay Grantee for work satisfactorily performed prior to the date of the notice regarding adjustment. 2 CFR 200.308.

4.7. Interest.

(a) All interest earned on Grant Funds held by a Grantee will be treated in accordance with 2 CFR 200.305(b)(9), unless otherwise provided in **PART TWO** or **PART THREE**. Grantee must remit annually any amount due in accordance with 2 CFR 200.305(b)(9) or to Grantor, as applicable.

(b) Grant Funds must be placed in an insured account, whenever possible, that bears interest, unless exempted under 2 CFR 200.305(b)(8).

4.8. Timely Billing Required. Grantee must submit any payment request to Grantor within fifteen (15) days of the end of the quarter, unless another billing schedule is specified in **ARTICLE II, PART TWO**, or **PART THREE**. Failure to submit such payment request timely will render the amounts billed Unallowable Costs which Grantor cannot reimburse. In the event that Grantee is unable, for good cause, to submit its payment request timely, Grantee shall timely notify Grantor and may request an extension of time to submit the payment request. Grantor’s approval of Grantee’s request for an extension shall not be unreasonably withheld.

4.9. Certification. Pursuant to 2 CFR 200.415, each invoice and report submitted by Grantee (or subrecipient) must contain the following certification by an official authorized to legally bind Grantee (or subrecipient):

By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein is considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

ARTICLE V
SCOPE OF AWARD ACTIVITIES/PURPOSE OF AWARD

5.1. Scope of Award Activities/Purpose of Award. Grantee must perform as described in this Agreement, including as described in **Exhibit A** (Project Description), **Exhibit B** (Deliverables or Milestones), and **Exhibit D** (Performance Measures and Standards), as applicable. Grantee must further comply with all terms and conditions set forth in the Notice of State Award (44 Ill. Admin. Code 7000.360) which is incorporated herein by reference. All Grantor-specific provisions and programmatic reporting required under this Agreement are described in **PART TWO** (Grantor-Specific Terms). All Project-specific provisions and reporting required under this Agreement are described in **PART THREE** (Project-Specific Terms).

5.2. Scope Revisions. Grantee must obtain Prior Approval from Grantor whenever a scope revision is necessary for one or more of the reasons enumerated in 44 Ill. Admin. Code 7000.370(b)(2). All requests for scope revisions that require Grantor approval must be signed by Grantee’s authorized representative and submitted to Grantor for approval. Expenditure of funds under a requested revision is prohibited and will not be reimbursed if expended before Grantor gives written approval. 2 CFR 200.308.

5.3. Specific Conditions. If applicable, specific conditions required after a risk assessment are included in **Exhibit E**. Grantee must adhere to the specific conditions listed therein. 44 Ill. Admin. Code 7000.340(e).

**ARTICLE VI
BUDGET**

6.1. Budget. The Budget submitted by Grantee at application, or a revised Budget subsequently submitted and approved by Grantor, is considered final and is incorporated herein by reference.

6.2. Budget Revisions. Grantee must obtain Prior Approval, whether mandated or discretionary, from Grantor whenever a Budget revision, is necessary for one or more of the reasons enumerated in 44 Ill. Admin. Code 7000.370(b). All requests for Budget revisions that require Grantor approval must be signed by Grantee’s authorized representative and submitted to Grantor for approval. Expenditure of funds under a requested revision is prohibited and will not be reimbursed if expended before Grantor gives written approval.

6.3. Notification. Within thirty (30) calendar days from the date of receipt of the request for Budget revisions, Grantor will review the request and notify Grantee whether the Budget revision has been approved, denied, or the date upon which a decision will be reached. 44 Ill. Admin. Code 7000.370(b)(7).

**ARTICLE VII
ALLOWABLE COSTS**

7.1. Allowability of Costs; Cost Allocation Methods. The allowability of costs and cost allocation methods for work performed under this Agreement will be determined in accordance with 2 CFR Part 200 Subpart E and Appendices III, IV, V, and VII.

7.2. Indirect Cost Rate Submission.

(a) All grantees, except for Local Education Agencies (as defined in 34 CFR 77.1), must make an Indirect Cost Rate election in the Grantee Portal, even grantees that do not charge or expect to charge Indirect Costs. 44 Ill. Admin. Code 7000.420(e).

(i) Waived and de minimis Indirect Cost Rate elections will remain in effect until Grantee elects a different option.

(b) Grantee must submit an Indirect Cost Rate Proposal in accordance with federal and State regulations, in a format prescribed by Grantor. For grantees who have never negotiated an Indirect Cost Rate before, the Indirect Cost Rate Proposal must be submitted for approval no later than three months after the effective date of the Award. For grantees who have previously negotiated an Indirect Cost Rate, the Indirect Cost Rate Proposal must be submitted for approval within 180 days of Grantee's fiscal year end, as dictated in the applicable appendices, such as:

- (i) Appendix VII to 2 CFR Part 200 governs Indirect Cost Rate Proposals for state and Local Governments and Indian Tribes,
- (ii) Appendix III to 2 CFR Part 200 governs Indirect Cost Rate Proposals for public and private institutions of higher education,
- (iii) Appendix IV to 2 CFR Part 200 governs Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations, and
- (iv) Appendix V to 2 CFR Part 200 governs state/Local Governmentwide Central Service Cost Allocation Plans.

(c) A grantee who has a current, applicable rate negotiated by a cognizant federal agency must provide to Grantor a copy of its Indirect Cost Rate acceptance letter from the federal government and a copy of all documentation regarding the allocation methodology for costs used to negotiate that rate, e.g., without limitation, the cost policy statement or disclosure narrative statement. Grantor will accept that Indirect Cost Rate, up to any statutory, rule-based or programmatic limit.

(d) A grantee who does not have a current negotiated rate, may elect to charge a de minimis rate of 10% of Modified Total Direct Cost which may be used indefinitely. No documentation is required to justify the 10% de minimis Indirect Cost Rate. 2 CFR 200.414(f).

7.3. Transfer of Costs. Cost transfers between Grants, whether as a means to compensate for cost overruns or for other reasons, are unallowable. 2 CFR 200.451.

7.4. Commercial Organization Cost Principles. The federal cost principles and procedures for cost analysis and the determination, negotiation and allowance of costs that apply to commercial organizations are set forth in 48 CFR Part 31.

7.5. Financial Management Standards. The financial management systems of Grantee must meet the following standards:

(a) **Accounting System.** Grantee organizations must have an accounting system that provides accurate, current, and complete disclosure of all financial transactions related to each state- and federally-funded Program. Accounting records must contain information pertaining to State and federal pass-through awards, authorizations, Obligations, unobligated balances, assets, outlays, and income. These records must be maintained on a current basis and balanced at least quarterly. Cash contributions to the Program from third parties must be accounted for in the general ledger with other Grant Funds. Third party in-kind (non-cash) contributions are not required to be recorded in the general ledger, but must be under accounting control, possibly through the use of a memorandum ledger. To comply with 2 CFR 200.305(b)(7)(i) and 30 ILCS 708/97, Grantee must use reasonable efforts to ensure that funding streams are delineated within Grantee's accounting system. 2 CFR 200.302.

(b) **Source Documentation.** Accounting records must be supported by such source documentation as canceled checks, bank statements, invoices, paid bills, donor letters, time and attendance records, activity reports, travel reports, contractual and consultant agreements, and

subaward documentation. All supporting documentation must be clearly identified with the Award and general ledger accounts which are to be charged or credited.

(i) The documentation standards for salary charges to Grants are prescribed by 2 CFR 200.430, and in the cost principles applicable to the Grantee's organization.

(ii) If records do not meet the standards in 2 CFR 200.430, then Grantor may notify Grantee in **PART TWO, PART THREE** or **Exhibit E** of the requirement to submit personnel activity reports. 2 CFR 200.430(i)(8). Personnel activity reports must account on an after-the-fact basis for one hundred percent (100%) of the employee's actual time, separately indicating the time spent on the Award, other grants or projects, vacation or sick leave, and administrative time, if applicable. The reports must be signed by the employee, approved by the appropriate official, and coincide with a pay period. These time records must be used to record the distribution of salary costs to the appropriate accounts no less frequently than quarterly.

(iii) Formal agreements with independent contractors, such as consultants, must include a description of the services to be performed, the period of performance, the fee and method of payment, an itemization of travel and other costs which are chargeable to the agreement, and the signatures of both the contractor and an appropriate official of Grantee.

(iv) If third party in-kind (non-cash) contributions are used for Award purposes, the valuation of these contributions must be supported with adequate documentation.

(c) **Internal Control.** Grantee must maintain effective control and accountability for all cash, real and personal property, and other assets. Grantee must adequately safeguard all such property and must provide assurance that it is used solely for authorized purposes. Grantee must also have systems in place that provide reasonable assurance that the information is accurate, allowable, and compliant with the terms and conditions of this Agreement. 2 CFR 200.303.

(d) **Budget Control.** Grantee must maintain records of expenditures for each Award by the cost categories of the approved Budget (including Indirect Costs that are charged to the Award), and actual expenditures are to be compared with budgeted amounts at least quarterly.

(e) **Cash Management.** Requests for advance payment must be limited to Grantee's immediate cash needs. Grantee must have written procedures to minimize the time elapsing between the receipt and the disbursement of Grant Funds to avoid having excess funds on hand. 2 CFR 200.305.

7.6. **Profits.** It is not permitted for any person or entity to earn a Profit from an Award. *See, e.g.,* 2 CFR 200.400(g); *see also* 30 ILCS 708/60(a)(7).

7.7. **Management of Program Income.** Grantee is encouraged to earn income to defray Program Costs where appropriate, subject to 2 CFR 200.307.

ARTICLE VIII LOBBYING

8.1. **Improper Influence.** Grantee certifies that it will not use and has not used Grant Funds to influence or attempt to influence an officer or employee of any government agency or a member or employee of the State or federal legislature in connection with the awarding of any agreement, the making of any grant, the making of any loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any agreement, grant, loan or cooperative agreement. Additionally, Grantee certifies that it has filed the required certification under the Byrd Anti-Lobbying Amendment (31 USC 1352), if

applicable.

8.2. Federal Form LLL. If any federal funds, other than federally-appropriated funds, were paid or will be paid to any person for influencing or attempting to influence any of the above persons in connection with this Agreement, the undersigned must also complete and submit Federal Form LLL, Disclosure of Lobbying Activities Form, in accordance with its instructions.

8.3. Lobbying Costs. Grantee certifies that it is in compliance with the restrictions on lobbying set forth in 2 CFR 200.450. For any Indirect Costs associated with this Agreement, total lobbying costs must be separately identified in the Program Budget, and thereafter treated as other Unallowable Costs.

8.4. Procurement Lobbying. Grantee warrants and certifies that it and, to the best of its knowledge, its subrecipients have complied and will comply with Illinois Executive Order No. 1 (2007) (EO 1-2007). EO 1-2007 generally prohibits grantees and subcontractors from hiring the then-serving Governor's family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments, if that procurement may result in a contract valued at over \$25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.

8.5. Subawards. Grantee must include the language of this ARTICLE in the award documents for any subawards made pursuant to this Award at all tiers. All subrecipients are also subject to certification and disclosure. Pursuant to Appendix II(I) to 2 CFR Part 200, Grantee must forward all disclosures by contractors regarding this certification to Grantor.

8.6. Certification. This certification is a material representation of fact upon which reliance was placed to enter into this transaction and is a prerequisite for this transaction, pursuant to 31 USC 1352. Any person who fails to file the required certifications will be subject to a civil penalty of not less than \$10,000, and not more than \$100,000, for each such failure.

ARTICLE IX MAINTENANCE AND ACCESSIBILITY OF RECORDS; MONITORING

9.1. Records Retention. Grantee must maintain for three (3) years from the date of submission of the final expenditure report, adequate books, all financial records and, supporting documents, statistical records, and all other records pertinent to this Award, adequate to comply with 2 CFR 200.334, unless a different retention period is specified in 2 CFR 200.334, 44 Ill. Admin. Code 7000.430(a) and (b) or **PART TWO** or **PART THREE**. If any litigation, claim or audit is started before the expiration of the retention period, the records must be retained until all litigation, claims or audit exceptions involving the records have been resolved and final action taken.

9.2. Accessibility of Records. Grantee, in compliance with 2 CFR 200.337 and 44 Ill. Admin. Code 7000.430(f), must make books, records, related papers, supporting documentation and personnel relevant to this Agreement available to authorized Grantor representatives, the Illinois Auditor General, Illinois Attorney General, any Executive Inspector General, Grantor's Inspector General, federal authorities, any person identified in 2 CFR 200.337, and any other person as may be authorized by Grantor (including auditors), by the State of Illinois or by federal statute. Grantee must cooperate fully in any such audit or inquiry.

9.3. Failure to Maintain Books and Records. Failure to maintain books, records and supporting documentation, as described in this ARTICLE, establishes a presumption in favor of the State for the recovery of any Grant Funds paid by the State under this Agreement for which adequate books, records and supporting

documentation are not available to support disbursement.

9.4. Monitoring and Access to Information. Grantee must monitor its activities to assure compliance with applicable state and federal requirements and to assure its performance expectations are being achieved. Grantor will monitor the activities of Grantee to assure compliance with all requirements and performance expectations of the Award. Grantee must timely submit all financial and performance reports, and must supply, upon Grantor’s request, documents and information relevant to the Award. Grantor may make site visits as warranted by Program needs. 2 CFR 200.329; 200.332. Additional monitoring requirements may be in **PART TWO** or **PART THREE**.

**ARTICLE X
FINANCIAL REPORTING REQUIREMENTS**

10.1. Required Periodic Financial Reports. Grantee must submit financial reports as requested and in the format required by Grantor no later than the dues date(s) specified in **PART TWO** or **PART THREE**. Grantee must submit quarterly reports with Grantor describing the expenditure(s) of the funds related thereto, unless more frequent reporting is required by the Grantee due to the funding source or pursuant to specific award conditions. 2 CFR 200.208. Any report required by 30 ILCS 708/125 may be detailed in **PART TWO** or **PART THREE**.

10.2. Financial Close-out Report.

(a) Grantee must submit a financial Close-out Report, in the format required by Grantor, by the due date specified in **PART TWO** or **PART THREE**, which must be no later than sixty (60) calendar days following the end of the Period of Performance for this Agreement or Agreement termination. The format of this financial Close-out Report must follow a format prescribed by Grantor. 2 CFR 200.344; 44 Ill. Admin. Code 7000.440(b).

(b) If an audit or review of Grantee occurs and results in adjustments after Grantee submits a Close-out Report, Grantee must submit a new financial Close-out Report based on audit adjustments, and immediately submit a refund to Grantor, if applicable. 2 CFR 200.345; 44 Ill. Admin. Code 7000.450.

10.3. Effect of Failure to Comply. Failure to comply with the reporting requirements in this Agreement may cause a delay or suspension of funding or require the return of improper payments or Unallowable Costs, and will be considered a material breach of this Agreement. Grantee's failure to comply with ARTICLE X, ARTICLE XI, or ARTICLE XVII will be considered prima facie evidence of a breach and may be admitted as such, without further proof, into evidence in an administrative proceeding before Grantor, or in any other legal proceeding. Grantee should refer to the State Grantee Compliance Enforcement System for policy and consequences for failure to comply. 44 Ill. Admin. Code 7000.80.

**ARTICLE XI
PERFORMANCE REPORTING REQUIREMENTS**

11.1. Required Periodic Performance Reports. Grantee must submit performance reports as requested and in the format required by Grantor no later than the due date(s) specified in **PART TWO** or **PART THREE**. 44 Ill. Admin. Code 7000.410. Grantee must report to Grantor on the performance measures listed in **Exhibit D, PART TWO** or **PART THREE** at the intervals specified by Grantor, which must be no less frequent than annually and no more frequent than quarterly, unless otherwise specified in **PART TWO, PART THREE, or Exhibit E** pursuant to

specific award conditions. For certain construction-related Awards, such reports may be exempted as identified in **PART TWO** or **PART THREE**. 2 CFR 200.329.

11.2. Performance Close-out Report. Grantee must submit a performance Close-out Report, in the format required by Grantor by the due date specified in **PART TWO** or **PART THREE**, which must be no later than 60 calendar days following the end of the Period of Performance or Agreement termination. 2 CFR 200.344; 44 Ill. Admin. Code 7000.440(b).

11.3. Content of Performance Reports. Pursuant to 2 CFR 200.329(b) and (c), all performance reports must relate the financial data and accomplishments to the performance goals and objectives of this Award and also include the following: a comparison of actual accomplishments to the objectives of the Award established for the period; where the accomplishments can be quantified, a computation of the cost and demonstration of cost effective practices (e.g., through unit cost data); performance trend data and analysis if required; and reasons why established goals were not met, if appropriate. Additional content and format guidelines for the performance reports will be determined by Grantor contingent on the Award’s statutory, regulatory and administrative requirements, and are included in **PART TWO** or **PART THREE** of this Agreement.

**ARTICLE XII
AUDIT REQUIREMENTS**

12.1. Audits. Grantee is subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 USC 7501-7507), Subpart F of 2 CFR Part 200, and the audit rules and policies set forth by the Governor’s Office of Management and Budget. 30 ILCS 708/65(c); 44 Ill. Admin. Code 7000.90.

12.2. Consolidated Year-End Financial Reports (CYEFR). All grantees must complete and submit a CYEFR through the Grantee Portal, except those exempted by federal or State statute or regulation, as set forth in **PART TWO** or **PART THREE**. The CYEFR is a required schedule in Grantee’s audit report if Grantee is required to complete and submit an audit report as set forth herein.

(a) Grantee’s CYEFR must cover the same period as the audited financial statements, if required, and must be submitted in accordance with the audit schedule at 44 Ill. Admin. Code 7000.90. If Grantee is not required to complete audited financial statements, the CYEFR must cover Grantee’s fiscal year and must be submitted within 6 months of the Grantee’s fiscal year-end.

(b) The CYEFR must include an in relation to opinion from the auditor of the financial statements included in the audit.

(c) The CYEFR must follow a format prescribed by Grantor.

12.3. Entities That Are Not “For-Profit”.

(a) This Paragraph applies to Grantees that are not “for-profit” entities.

(b) Single and Program-Specific Audits. If, during its fiscal year, Grantee expends \$750,000 or more in federal Awards (direct federal and federal pass-through awards combined), Grantee must have a single audit or program-specific audit conducted for that year as required by 2 CFR 200.501 and other applicable sections of Subpart F of 2 CFR Part 200. The audit report packet must be completed as described in 2 CFR 200.512 (single audit) or 2 CFR 200.507 (program-specific audit), 44 Ill. Admin. Code 7000.90(h)(1) and the current GATA audit manual and submitted to the Federal Audit Clearinghouse, as

required by 2 CFR 200.512. The results of peer and external quality control reviews, management letters issued by the auditors and their respective corrective action plans if significant deficiencies or material weaknesses are identified, and the CYEFR(s) must be submitted to the Grantee Portal. The due date of all required submissions set forth in this Paragraph is the earlier of (i) thirty (30) calendar days after receipt of the auditor's report(s) or (ii) nine (9) months after the end of Grantee's audit period.

(c) Financial Statement Audit. If, during its fiscal year, Grantee expends less than \$750,000 in federal Awards, Grantee is subject to the following audit requirements:

(i) If, during its fiscal year, Grantee expends \$500,000 or more in State-issued Awards, Grantee must have a financial statement audit conducted in accordance with the Generally Accepted Government Auditing Standards (GAGAS). Grantee may be subject to additional requirements in PART TWO, PART THREE or Exhibit E based on Grantee's risk profile.

(ii) If, during its fiscal year, Grantee expends less than \$500,000 in State-issued Awards, but expends \$300,000 or more in State-issued Awards, Grantee must have a financial statement audit conducted in accordance with the Generally Accepted Auditing Standards (GAAS).

(iii) If Grantee is a Local Education Agency (as defined in 34 CFR 77.1), Grantee must have a financial statement audit conducted in accordance with GAGAS, as required by 23 Ill. Admin. Code 100.110, regardless of the dollar amount of expenditures of State-issued Awards.

(iv) If Grantee does not meet the requirements in subsections 12.3(b) and 12.3(c)(i-iii) but is required to have a financial statement audit conducted based on other regulatory requirements, Grantee must submit those audits for review.

(v) Grantee must submit its financial statement audit report packet, as set forth in 44 Ill. Admin. Code 7000.90(h)(2) and the current GATA audit manual, to the Grantee Portal within the earlier of (i) thirty (30) calendar days after receipt of the auditor's report(s) or (ii) six (6) months after the end of Grantee's audit period.

12.4. "For-Profit" Entities.

(a) This Paragraph applies to Grantees that are "for-profit" entities.

(b) Program-Specific Audit. If, during its fiscal year, Grantee expends \$750,000 or more in federal pass-through funds from State-issued Awards, Grantee must have a program-specific audit conducted in accordance with 2 CFR 200.507. The auditor must audit federal pass-through programs with federal pass-through Awards expended that, in the aggregate, cover at least 50 percent (0.50) of total federal pass-through Awards expended. The audit report packet must be completed as described in 2 CFR 200.507 (program-specific audit), 44 Ill. Admin. Code 7000.90 and the current GATA audit manual, and must be submitted to the Grantee Portal. The due date of all required submissions set forth in this Paragraph is the earlier of (i) thirty (30) calendar days after receipt of the auditor's report(s) or (ii) nine (9) months after the end of Grantee's audit period.

(c) Financial Statement Audit. If, during its fiscal year, Grantee expends less than \$750,000 in federal pass-through funds from State-issued Awards, Grantee must follow all of the audit requirements in Paragraphs 12.3(c)(i)-(v), above.

(d) Publicly-Traded Entities. If Grantee is a publicly-traded company, Grantee is not subject to the single audit or program-specific audit requirements, but must submit its annual audit conducted in accordance with its regulatory requirements.

12.5. Performance of Audits. For those organizations required to submit an independent audit report, the audit must be conducted by the Illinois Auditor General (as required for certain governmental entities only), or a Certified Public Accountant or Certified Public Accounting Firm licensed in the State of Illinois or in accordance with Section 5.2 of the Illinois Public Accounting Act (225 ILCS 450/5.2). For all audits required to be performed subject to GAGAS or Generally Accepted Auditing Standards, Grantee must request and maintain on file a copy of the auditor’s most recent peer review report and acceptance letter. Grantee must follow procedures prescribed by Grantor for the preparation and submission of audit reports and any related documents.

12.6. Delinquent Reports. When audit reports or financial statements required under this ARTICLE are prepared by the Illinois Auditor General, if they are not available by the above-specified due date, they must be provided to Grantor within thirty (30) days of becoming available. Grantee should refer to the State Grantee Compliance Enforcement System for the policy and consequences for late reporting. 44 Ill. Admin. Code 7000.80.

**ARTICLE XIII
TERMINATION; SUSPENSION; NON-COMPLIANCE**

13.1. Termination.

(a) Either Party may terminate this Agreement, in whole or in part, upon thirty (30) calendar days’ prior written notice to the other Party.

(b) If terminated by the Grantee, Grantee must include the reasons for such termination, the effective date, and, in the case of a partial termination, the portion to be terminated. If Grantor determines in the case of a partial termination that the reduced or modified portion of the Award will not accomplish the purposes for which the Award was made, Grantor may terminate the Agreement in its entirety. 2 CFR 200.340(a)(4).

(c) This Agreement may be terminated, in whole or in part, by Grantor:

(i) Pursuant to a funding failure under Paragraph 4.1;

(ii) If Grantee fails to comply with the terms and conditions of this or any Award, application or proposal, including any applicable rules or regulations, or has made a false representation in connection with the receipt of this or any Award; or

(iii) If the Award no longer effectuates the Program goals or agency priorities as set forth in **Exhibit A, PART TWO** or **PART THREE**.

13.2. Suspension. Grantor may suspend this Agreement, in whole or in part, pursuant to a funding failure under Paragraph 4.1 or if the Grantee fails to comply with terms and conditions of this or any Award. If suspension is due to Grantee’s failure to comply, Grantor may withhold further payment and prohibit Grantee from incurring additional Obligations pending corrective action by Grantee or a decision to terminate this Agreement by Grantor. Grantor may allow necessary and proper costs that Grantee could not reasonably avoid during the period of suspension.

13.3. Non-compliance. If Grantee fails to comply with the U.S. Constitution, applicable statutes, regulations or the terms and conditions of this or any Award, Grantor may impose additional conditions on Grantee, as described in 2 CFR 200.208. If Grantor determines that non-compliance cannot be remedied by

imposing additional conditions, Grantor may take one or more of the actions described in 2 CFR 200.339. The Parties must follow all Grantor policies and procedures regarding non-compliance, including, but not limited to, the procedures set forth in the State Grantee Compliance Enforcement System. 44 Ill. Admin. Code 7000.80 and 7000.260.

13.4. Objection. If Grantor suspends or terminates this Agreement, in whole or in part, for cause, or takes any other action in response to Grantee’s non-compliance, Grantee may avail itself of any opportunities to object and challenge such suspension, termination or other action by Grantor in accordance with any applicable processes and procedures, including, but not limited to, the procedures set forth in the State Grantee Compliance Enforcement System. 2 CFR 200.342; 44 Ill. Admin. Code 7000.80 and 7000.260.

13.5. Effects of Suspension and Termination.

(a) Grantor may credit Grantee for allowable expenditures incurred in the performance of authorized services under this Agreement prior to the effective date of a suspension or termination.

(b) Except as set forth in subparagraph (c), below, Grantee must not incur any costs Obligations that require the use of Grant Funds after the effective date of a suspension or termination, and must cancel as many outstanding Obligations as possible.

(c) Costs to Grantee resulting from Obligations incurred by Grantee during a suspension or after termination of the Agreement are not allowable unless Grantor expressly authorizes them in the notice of suspension or termination or subsequently . However, Grantor may allow costs during a suspension or after termination if:

(i) The costs result from Obligations properly incurred before the effective date of suspension or termination, are not in anticipation of the suspension or termination, and the costs would be allowable if the Agreement was not suspended or terminated prematurely. 2 CFR 200.343.

13.6. Close-out of Terminated Agreements. If this Agreement is terminated, in whole or in part, the Parties must comply with all close-out and post-termination requirements of this Agreement. 2 CFR 200.340(d).

**ARTICLE XIV
SUBCONTRACTS/SUBAWARDS**

14.1. Subcontracting/Subrecipients/Delegation. Grantee must not subcontract nor issue a subaward for any portion of this Agreement nor delegate any duties hereunder without Prior Approval of Grantor. The requirement for Prior Approval is satisfied if the subcontractor or subrecipient has been identified in the uniform grant application, such as, without limitation, a Project description, and Grantor has approved. Grantee must notify any potential subrecipient that the subrecipient must obtain and provide to the Grantee a Unique Entity Identifier prior to receiving a subaward. 2 CFR 25.300.

14.2. Application of Terms. If Grantee enters into a subaward agreement with a subrecipient, Grantee must notify the subrecipient of the applicable laws and regulations and terms and conditions of this Award by attaching this Agreement to the subaward agreement. The terms of this Agreement apply to all subawards authorized in accordance with Paragraph 14.1. 2 CFR 200.101(b)(2).

14.3. Liability as Guaranty. Grantee will be liable as guarantor for any Grant Funds it obligates to a

subrecipient or subcontractor pursuant to this ARTICLE in the event Grantor determines the funds were either misspent or are being improperly held and the subrecipient or subcontractor is insolvent or otherwise fails to return the funds. 2 CFR 200.345; 30 ILCS 705/6; 44 Ill. Admin. Code 7000.450(a).

ARTICLE XV NOTICE OF CHANGE

15.1. Notice of Change. Grantee must notify Grantor if there is a change in Grantee's legal status, FEIN, UEI, SAM registration status, Related Parties, senior management (for non-governmental grantees only) or address. If the change is anticipated, Grantee must give thirty (30) days' prior written notice to Grantor. If the change is unanticipated, Grantee must give notice as soon as practicable thereafter. Grantor reserves the right to take any and all appropriate action as a result of such change(s).

15.2. Failure to Provide Notification. To the extent permitted by Illinois law (see Paragraph 21.2), Grantee must hold harmless Grantor for any acts or omissions of Grantor resulting from Grantee's failure to notify Grantor as required by Paragraph 15.1.

15.3. Notice of Impact. Grantee must notify Grantor in writing of any event, including, by not limited to, becoming a party to litigation, an investigation, or transaction that may have a material impact on Grantee's ability to perform under this Agreement. Grantee must provide notice to Grantor as soon as possible, but no later than five (5) days after Grantee becomes aware that the event may have a material impact.

15.4. Effect of Failure to Provide Notice. Failure to provide the notice described in this ARTICLE is grounds for termination of this Agreement and any costs incurred after the date notice should have been given may be disallowed.

ARTICLE XVI STRUCTURAL REORGANIZATION AND RECONSTITUTION OF BOARD MEMBERSHIP

16.1. Effect of Reorganization. This Agreement is made by and between Grantor and Grantee, as Grantee is currently organized and constituted. Grantor does not agree to continue this Agreement, or any license related thereto, should Grantee significantly reorganize or otherwise substantially change the character of its corporate structure, business structure or governance structure. Grantee must give Grantor prior notice of any such action or changes significantly affecting its overall structure or, for non-governmental grantees only, management makeup (for example, a merger or a corporate restructuring), and must provide all reasonable documentation necessary for Grantor to review the proposed transaction including financial records and corporate and shareholder minutes of any corporation which may be involved. Grantor reserves the right to terminate the Agreement based on whether the newly organized entity is able to carry out the requirements of the Award. This ARTICLE does not require Grantee to report on minor changes in the makeup of its board membership or governance structure, as applicable. Nevertheless, **PART TWO** or **PART THREE** may impose further restrictions. Failure to comply with this ARTICLE constitutes a material breach of this Agreement.

ARTICLE XVII CONFLICT OF INTEREST

17.1. Required Disclosures. Grantee must immediately disclose in writing any potential or actual Conflict of Interest to Grantor. 2 CFR 200.113; 30 ILCS 708/35.

17.2. Prohibited Payments. Payments made by Grantor under this Agreement must not be used by Grantee to compensate, directly or indirectly, any person currently holding an elective office in this State including, but not limited to, a seat in the General Assembly. In addition, where Grantee is not an instrumentality of the State of Illinois, as described in this Paragraph, Grantee must request permission from Grantor to compensate, directly or indirectly, any person employed by an office or agency of the State of Illinois. An instrumentality of the State of Illinois includes, without limitation, State departments, agencies, boards, and State universities. An instrumentality of the State of Illinois does not include, without limitation, units of Local Government and related entities.

17.3. Request for Exemption. Grantee may request written approval from Grantor for an exemption from Paragraph 17.2. Grantee acknowledges that Grantor is under no obligation to provide such exemption and that Grantor may grant an such exemption subject to additional terms and conditions as Grantor may require.

ARTICLE XVIII EQUIPMENT OR PROPERTY

18.1. Purchase of Equipment. For any equipment purchased in whole or in part with Grant Funds, if Grantor determines that Grantee has not met the conditions of 2 CFR 200.439, the costs for such equipment will be disallowed. Grantor must notify Grantee in writing that the purchase of equipment is disallowed.

18.2. Prohibition against Disposition/Encumbrance. Any equipment, material, or real property that Grantee purchases or improves with Grant Funds must not be sold, transferred, encumbered (other than original financing) or otherwise disposed of during the Award Term without Prior Approval of Grantor unless a longer period is required in **PART TWO** or **PART THREE** and permitted by 2 CFR Part 200 Subpart D. Use or disposition of real property acquired or improved using Grant Funds must comply with the requirements of 2 CFR 200.311. Real property, equipment, and intangible property that are acquired or improved in whole or in part using Grant Funds are subject to the provisions of 2 CFR 200.316. Grantor may require the Grantee to record liens or other appropriate notices of record to indicate that personal or real property has been acquired or improved with this Award and that use and disposition conditions apply to the property.

18.3. Equipment and Procurement. Grantee must comply with the uniform standards set forth in 2 CFR 200.310–200.316 governing the management and disposition of property, the cost of which was supported by Grant Funds. Any waiver from such compliance must be granted by either the President’s Office of Management and Budget, the Governor’s Office of Management and Budget, or both, depending on the source of the Grant Funds used. Additionally, Grantee must comply with the standards set forth in 2 CFR 200.317-200.326 to establish procedures to use Grant Funds for the procurement of supplies and other expendable property, equipment, real property and other services.

18.4. Equipment Instructions. Grantee must obtain disposition instructions from Grantor when equipment, purchased in whole or in part with Grant Funds, is no longer needed for their original purpose. Notwithstanding anything to the contrary contained in this Agreement, Grantor may require transfer of any equipment to Grantor or a third party for any reason, including, without limitation, if Grantor terminates the Award or Grantee no longer conducts Award activities. Grantee must properly maintain, track, use, store and insure the equipment according to applicable best practices, manufacturer’s guidelines, federal and state laws or rules, and Grantor requirements stated herein.

18.5. Domestic Preferences for Procurements. In accordance with 2 CFR 200.322, as appropriate and to the extent consistent with law, Grantee must, to the greatest extent practicable under this Award, provide a

preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). The requirements of this Paragraph must be included in all subawards and in all contracts and purchase orders for work or products under this Award.

**ARTICLE XIX
PROMOTIONAL MATERIALS; PRIOR NOTIFICATION**

19.1. Promotional and Written Materials. Use of Grant Funds for promotions is subject to the prohibitions for advertising or public relations costs in 2 CFR 200.421(e). In the event that Grant Funds are used in whole or in part to produce any written publications, announcements, reports, flyers, brochures or other written materials, Grantee must obtain Prior Approval for the use of those funds (2 CFR 200.467) and must include in these publications, announcements, reports, flyers, brochures and all other such material, the phrase "Funding provided in whole or in part by the [Grantor]." 2 CFR 200.467. Exceptions to this requirement must be requested, in writing, from Grantor and will be considered authorized only upon written notice thereof to Grantee.

19.2. Prior Notification/Release of Information. Grantee must notify Grantor ten (10) days prior to issuing public announcements or press releases concerning work performed pursuant to this Agreement, or funded in whole or in part by this Agreement, and must cooperate with Grantor in joint or coordinated releases of information.

**ARTICLE XX
INSURANCE**

20.1. Maintenance of Insurance. Grantee must maintain in full force and effect during the Term of this Agreement casualty and bodily injury insurance, as well as insurance sufficient to cover the replacement cost of any and all real or personal property, or both, purchased or, otherwise acquired, or improved in whole or in part, with funds disbursed pursuant to this Agreement. 2 CFR 200.310. Additional insurance requirements may be detailed in PART TWO or PART THREE.

20.2. Claims. If a claim is submitted for real or personal property, or both, purchased in whole with funds from this Agreement and such claim results in the recovery of money, such money recovered must be surrendered to Grantor.

**ARTICLE XXI
LAWSUITS AND INDEMNIFICATION**

21.1. Independent Contractor. Neither Grantee nor any employee or agent of Grantee acquires any employment rights with Grantor by virtue of this Agreement. Grantee must provide the agreed services and achieve the specified results free from the direction or control of Grantor as to the means and methods of performance. Grantee must provide its own equipment and supplies necessary to conduct its business; provided, however, that in the event, for its convenience or otherwise, Grantor makes any such equipment or supplies available to Grantee, Grantee's use of such equipment or supplies provided by Grantor pursuant to this Agreement is strictly limited to official Grantor or State of Illinois business and not for any other purpose, including any personal benefit or gain.

21.2. Indemnification and Liability.

(a) **Non-governmental entities.** This subparagraph applies only if Grantee is a non-governmental entity. Grantee must hold harmless Grantor against any and all liability, loss, damage, cost or expenses, including attorneys' fees, arising from the intentional torts, negligence or breach of contract of Grantee, with the exception of acts performed in conformance with an explicit, written directive of Grantor. Indemnification by Grantor is governed by the State Employee Indemnification Act (5 ILCS 350/.01 *et seq.*) as interpreted by the Illinois Attorney General. Grantor makes no representation that Grantee, an independent contractor, will qualify or be eligible for indemnification under said Act.

(b) **Governmental entities.** This subparagraph applies only if Grantee is a governmental unit as designated in Paragraph 3.2. Neither Party shall be liable for actions chargeable to the other Party under this Agreement including, but not limited to, the negligent acts and omissions of the other Party's agents, employees or subcontractors in the performance of their duties as described under this Agreement, unless such liability is imposed by law. This Agreement is not construed as seeking to enlarge or diminish any obligation or duty owed by one Party against the other or against a third party.

**ARTICLE XXII
MISCELLANEOUS**

22.1. Gift Ban. Grantee is prohibited from giving gifts to State employees pursuant to the State Officials and Employees Ethics Act (5 ILCS 430/10-10) and Illinois Executive Order 15-09.

22.2. Assignment Prohibited. This Agreement must not be sold, assigned, or transferred in any manner by Grantee, to include an assignment of Grantee's rights to receive payment hereunder, and any actual or attempted sale, assignment, or transfer by Grantee without the Prior Approval of Grantor in writing renders this Agreement null, void and of no further effect.

22.3. Copies of Agreements upon Request. Grantee must, upon request by Grantor, provide Grantor with copies of contracts or other agreements to which Grantee is a party with any other State agency.

22.4. Amendments. This Agreement may be modified or amended at any time during its Term by mutual consent of the Parties, expressed in writing and signed by the Parties.

22.5. Severability. If any provision of this Agreement is declared invalid, its other provisions will remain in effect.

22.6. No Waiver. The failure of either Party to assert any right or remedy pursuant to this Agreement will not be construed as a waiver of either Party's right to assert such right or remedy at a later time or constitute a course of business upon which either Party may rely for the purpose of denial of such a right or remedy.

22.7. Applicable Law; Claims. This Agreement and all subsequent amendments thereto, if any, are governed and construed in accordance with the laws of the State of Illinois. Any claim against Grantor arising out of this Agreement must be filed exclusively with the Illinois Court of Claims. 705 ILCS 505/1 *et seq.* Grantor does not waive sovereign immunity by entering into this Agreement.

22.8. Compliance with Law. This Agreement and Grantee's Obligations and services hereunder must be performed in compliance with all applicable federal and State laws, including, without limitation, federal regulations, State administrative rules, including but not limited to 44 Ill. Admin. Code Part 7000, laws and rules

which govern disclosure of confidential records or other information obtained by Grantee concerning persons served under this Agreement, and any license requirements or professional certification provisions.

22.9. Compliance with Freedom of Information Act. Upon request, Grantee must make available to Grantor all documents in its possession that Grantor deems necessary to comply with requests made under the Freedom of Information Act. 5 ILCS 140/7(2).

22.10. Precedence.

(a) Except as set forth in subparagraph (b), below, the following rules of precedence are controlling for this Agreement: In the event there is a conflict between this Agreement and any of the exhibits or attachments hereto, this Agreement controls. In the event there is a conflict between **PART ONE** and **PART TWO** or **PART THREE** of this Agreement, **PART ONE** controls. In the event there is a conflict between **PART TWO** and **PART THREE** of this Agreement, **PART TWO** controls. In the event there is a conflict between this Agreement and relevant statute(s) or rule(s), the relevant statute(s) or rule(s) controls.

(b) Notwithstanding the provisions in subparagraph (a), above, if a relevant federal or state statute(s) or rule(s) requires an exception to this Agreement's provisions, or an exception to a requirement in this Agreement is granted by GATU, such exceptions must be noted in **PART TWO** or **PART THREE**, and in such cases, those requirements control.

22.11. Illinois Grant Funds Recovery Act. In the event of a conflict between the Illinois Grant Funds Recovery Act and the Grant Accountability and Transparency Act, the provisions of the Grant Accountability and Transparency Act control. 30 ILCS 708/80.

22.12. Headings. Articles and other headings contained in this Agreement are for reference purposes only and are not intended to define or limit the scope, extent or intent of this Agreement or any provision hereof.

22.13. Counterparts. This Agreement may be executed in one or more counterparts, each of which are considered to be one and the same agreement, binding on all Parties hereto, notwithstanding that all Parties are not signatories to the same counterpart. Duplicated signatures, signatures transmitted via facsimile, or signatures contained in a Portable Document Format (PDF) document are deemed original for all purposes.

22.14. Attorney Fees and Costs. Unless prohibited by law, if Grantor prevails in any proceeding to enforce the terms of this Agreement, including any administrative hearing pursuant to the Grant Funds Recovery Act or the Grant Accountability and Transparency Act, Grantor has the right to recover reasonable attorneys' fees, costs and expenses associated with such proceedings.

22.15. Continuing Responsibilities. The termination or expiration of this Agreement does not affect: (a) the right of Grantor to disallow costs and recover funds based on a later audit or other review; (b) the obligation of the Grantee to return any funds due as a result of later refunds, corrections or other transactions, including, without limitation, final Indirect Cost Rate adjustments and those funds obligated pursuant to ARTICLE XIV; (c) the CYEFR(s); (d) audit requirements established in 44 Ill. Admin. Code 7000.90 and ARTICLE XII ; (e) property management and disposition requirements established in 2 CFR 200.310 through 2 CFR 200.316 and ARTICLE XVIII; or (f) records related requirements pursuant to ARTICLE IX. 44 Ill. Admin. Code 7000.440.

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EXHIBIT A
PROJECT DESCRIPTION

FEDERAL PROGRAM NAME: STATE PROGRAM NAME: SUPPORTIVE HOUSING
PURPOSE OF GRANT

ACCOUNT_LINE(s) SUMMARY:

Acct.Line#: 1
CSFA Number: 444-80-0658
Appropriation FY: 2024
Appropriation Code: 0001.44480.4900.001800NE
WBS Element: 444SUPHS24-SSCTH320-SNMT
Spomed. Prog: SSCT
Appropriation Amount: \$90,768.00
These funds are Used/Reported by the Provider as Federal Funds: No
Use by DHS as Maintenance of Effort (MOE): No
Use by DHS as Matching Funds: No
Assistance Listing Program Number: N/A
Assistance Listing Program Title: N/A
FAIN Number: N/A - FAIN Award Agency: N/A
FAIN Award Date: N/A

Acct.Line#: 2
CSFA Number: 444-80-0658
Appropriation FY: 2024
Appropriation Code: 0365.44480.4400.004500NE
WBS Element: 444SUPHS24-SSCTH320-SNMT
Spomed. Prog: SSCT
Appropriation Amount: \$46,979.00
These funds are Used/Reported by the Provider as Federal Funds: No
Use by DHS as Maintenance of Effort (MOE): No
Use by DHS as Matching Funds: No
Assistance Listing Program Number: N/A
Assistance Listing Program Title: N/A
FAIN Number: N/A - FAIN Award Agency: N/A
FAIN Award Date: N/A

The Supportive Housing Provider will deliver supportive services to low-income persons residing in permanent housing units, who are formerly homeless or at risk of becoming homeless; or to homeless persons residing in transitional facilities who are prepared to move into permanent housing as specified in the providers program plan. The Provider must provide case management, advocacy, and counseling.

The Supportive Housing Program Provider will adhere to requirements outlined in the Supportive Housing Statute, which is located at: 305 ILCS 5/12-4.5.

EXHIBIT A
PROJECT DESCRIPTION

----- END OF PROGRAM: SUPPORTIVE HOUSING -----

EXHIBIT B
DELIVERABLES

1. All participants are to be provided with case management services, counseling services and advocacy services within five days of admittance to the program. All participants must have documented access, when applicable, to other supportive services.
2. All participants will have a service plan developed for implementation within the first week of admittance to the program. The individual service plan must detail monthly outcomes as well as ongoing goals to be accomplished by the participant(s) with the assistance of the Provider.
3. All participants will have access to case management services outside of normal business hours of operation including, but not limited to, evening case management service hours.
4. All participants will have a completed intake and assessment done upon entry into the program. The Provider must submit all intake and assessment forms to IDHS annually for approval.
5. All progress and supportive services for participants will be tracked and progress reported within each participant's case file that includes, at a minimum, a record of the participant's supportive services, case management, progress, and benefit assistance.
6. The Provider will have a community outreach plan which includes a detailed description for notifying the community of the program, hours of operation, and admittance/eligibility requirements into the program(s) they administer for IDHS. This plan may include outreach to the other community service agencies, the local FCRC, and other outreach entities. IDHS must be advised of any publication and distribution of flyers, printed materials and brochures that are part of the IDHS funded program(s).
7. The Provider will have a written agreement or Memorandum of Understanding (MOU) for referrals to other social service agencies. The MOU must include:
 - aa description of the types of service(s) to be provided;
 - ba description detailing how referrals will be handled by each entity; and
 - ca description of any follow-up actions.
8. The Provider will have a referral process that assists program participants with enrollment into public benefit programs such as TANF, Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), All Kids, medical and disability assistance, as well as other resources that address the needs of the program participants.
9. The Provider will have the ability to down-load the IDHS SNAP application and distribute it to eligible households.
10. The Provider will accurately report outcomes and submit reports to IDHS. The Provider will accurately report outcomes and submit reports to IDHS by the 20th of the month following the end of the quarter utilizing the web-based reporting system.
11. The Provider will submit data as requested to fulfill IDHS performance requirements.

Reporting Requirements:

- A. Time Period for Required Periodic Financial Reports. Unless a different reporting

EXHIBIT B
DELIVERABLES

requirement is specified in Exhibit G, Grantee shall submit financial reports to Grantor pursuant to Paragraph 13.1 and reports must be submitted no later than 30 days after the quarter ends.

B. Time Period for Close-out Reports. Grantee shall submit a Close-out Report pursuant to Paragraph 13.2 and no later than 60 days after this Agreement's end of the period of performance or termination.

C. Time Period for Required Periodic Performance Reports. Unless a different reporting requirement is specified in Exhibit G, Grantee shall submit Performance Reports to Grantor pursuant to Paragraph 14.1 and such reports must be submitted no later than 30 days after the quarter ends.

D. Time Period for Close-out Performance Reports. Grantee agrees to submit a Close-out Performance Report, pursuant to Paragraph 14.2 and no later than 60 days after this Agreement's end of the period of performance or termination.

----- END OF PROGRAM: SUPPORTIVE HOUSING -----

EXHIBIT C

CONTACT INFORMATION

CONTACTS FOR NOTIFICATION AND GRANT ADMINISTRATION:

Unless specified elsewhere, all notices required or desired to be sent by either Party must be sent to the persons listed below. Grantee must notify Grantor of any changes in its contact information listed below within five (5) business days from the effective date of the change, and Grantor must notify Grantee of any changes to its contact information as soon as practicable. The Party making a change must send any changes in writing to the contact for the other Party. No amendment to this Agreement is required if information in this Exhibit is changed.

FOR OFFICIAL GRANT NOTIFICATIONS

GRANTOR CONTACT

Name: Angela Campo
 Title: Program Manager
 Address: 823 E Monroe St
Springfield, IL 62701-1915

GRANTEE CONTACT

Name: MARY KEATING
 Title: DIRECTOR
 Address: 421 N County Farm Rd
Wheaton, IL 60187-3978

GRANTEE PAYMENT ADDRESS

(If different than the address above)

Address: _____

FOR GRANT ADMINISTRATION

GRANTOR CONTACT

Name: Angela Campo
 Title: Program Manager
 Address: 823 E Monroe St
Springfield, IL 62701-1915

 Phone: 217-524-5975
 TTY #: _____
 E-mail Address: angela.campo@illinois.gov

GRANTEE CONTACT

Name: MARY KEATING
 Title: DIRECTOR
 Address: 421 N County Farm Rd
Wheaton, IL 60187-3978

 Phone: 630-407-6500
 TTY #: 630-407-6502
 E-mail Address: mary.keating@dupageco.org

EXHIBIT D
PERFORMANCE MEASURES

1. Number of all participants to be provided with case management services, counseling services and advocacy services with-in five days of admittance to the program.
2. Number of all participants that will have a service plan developed for implementation within the first week of admittance to the program. The individual service plan must detail monthly outcomes as well as ongoing goals to be accomplished by the participant(s) with the assistance of the Provider.
3. Number of all participants that will have access to case management services outside of normal business hours of operation including, but not limited to, evening case management service hours.
4. Number of all participants that will have a completed intake and assessment done upon entry into the program.
5. Number of progress reports and supportive services for participants that will be tracked and reported within each participant's case file that includes, at a minimum, a record of the participant's supportive services, case management, progress, and benefit assistance.
6. Number of Providers that will have a community outreach plan which includes a detailed description for notifying the community of the program, hours of operation, and admittance/eligibility requirements into the program(s) they administer for IDHS.
7. Number of Providers that will have a written agreement or Memorandum of Understanding (MOU) for referrals to other social service agencies. The MOU must include a description of the types of service(s) to be provided, a description detailing how referrals will be handled by each entity; and a description of any follow-up actions.
8. Number of Providers that will have a referral process that assists program participants with enrollment into public benefit programs such as TANF, Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), All Kids, medical and disability assistance, as well as other resources that address the needs of the program participants.
9. Number of Providers that will have the ability to down-load the IDHS SNAP application and distribute it to eligible households.
10. Number of Providers that will accurately report outcomes and submit reports to IDHS within the designated time frames utilizing the web-based reporting system.

----- END OF PROGRAM: SUPPORTIVE HOUSING -----

EXHIBIT D
PERFORMANCE STANDARDS

1. 100% of all participants will be expected to be provided with case management services, counseling services and advocacy services with-in five days of admittance to the program.
2. 100% of all participants will e expected to have a service plan developed for implementation within the first week of admittance to the program. The individual service plan must detail monthly outcomes as well as ongoing goals to be accomplished by the participant(s) with the assistance of the Provider.
3. 100% of all participants will have access to case management services outside of normal business hours of operation including, but not limited to, evening case management service hours.
4. 100% of all participants will have a completed intake and assessment done upon entry into the program.
5. 100% of all progress reports and supportive services for participants will be tracked and reported within each participant's case file that includes, at a minimum, a record of the participant's supportive services, case management, progress, and benefit assistance.
6. 100% of all Providers will have a community outreach plan which includes a detailed description for notifying the community of the program, hours of operation, and admittance/eligibility requirements into the program(s) they administer for IDHS.
7. 100% of all Providers will have a written agreement or Memorandum of Understanding (MOU) for referrals to other social service agencies. The MOU must include a description of the types of service(s) to be provided, a description detailing how referrals will be handled by each entity; and a description of any follow-up actions.
8. 100% of all Providers will have a referral process that assists program participants with enrollment into public benefit programs such as TANF, Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), All Kids, medical and disability assistance, as well as other resources that address the needs of the program participants.
9. 100% of all Providers will have the ability to down-load the IDHS SNAP application and distribute it to eligible households.
10. 100% of all Providers will accurately report outcomes and submit reports to IDHS within the designated time frames utilizing the web-based reporting system.

----- END OF PROGRAM: SUPPORTIVE HOUSING -----

EXHIBIT E
SPECIFIC CONDITIONS

N/A

----- END OF PROGRAM: SUPPORTIVE HOUSING -----

EXHIBIT F
PAYMENT

The Provider will receive payments on a grant basis. The Supportive Housing Program is a grant that receives all or part of the funding in advance of the actual delivery of service. This includes prorated prospective payments and payments made by DHS on an estimated basis or any other basis when DHS does not know the actual amount earned by the provider. This does not include advance payments made under the authority of the State Finance Act (30 ILCS 105/9.05) (89 Ill. Adm. Code 511), nor does it include payments made by the Department when there is documentation prior to expiration of the lapse period to which the expenditures are charged that the goods or services were received. All funds paid as a grant are subject to the Illinois Grant Funds Recovery Act (30 ILCS 705/1 et seq.).

All funds disbursed by DHS on a grant basis are subject to reconciliation and the recovery of lapsed funds. Grant funds recovery activity is based on the Illinois Grant Funds Recovery Act (30 ILCS 705). The reconciliation will be based on one of the following methods at the election of the Department:

Eligible Expenditures vs. Program Revenue - This method compares the eligible expenditures to the total Department grant revenues by program. An independent audit and associated supplemental revenue and expense schedule may be required from the Provider. Eligible expenditures will be determined based on 89 Ill. Adm., Part 10.

Eligible Services Delivered vs. Services Projected - This method compares the actual eligible services delivered to the services projected in the contract or agreement. If the services were based on a rate or unit of cost methodology, the number of eligible service units delivered times the rate or unit is compared to the total of all grant payments for that service.

Method of Payment

Payments for the Supportive Housing Program will be made as prescribed by IDHS.

----- END OF PROGRAM: SUPPORTIVE HOUSING -----

PART TWO –GRANTOR-SPECIFIC TERMS

In addition to the uniform requirements in **PART ONE**, Grantor has the following additional requirements for its Grantee:

**ARTICLE XXIII
ADDITIONAL CERTIFICATIONS**

29.1 **Certifications.** Grantee shall be responsible for compliance with the enumerated certifications to the extent that the certifications legally apply to Grantee:

(a) **Adult Protective Services Act.** Grantee certifies that it is in compliance with the Adult Protective Services Act to protect people with disabilities who are abused, neglected or financially exploited and who, because of their disability, cannot seek assistance on their own behalf. Anyone who believes a person with a disability living in a domestic setting is being abused, neglected or financially exploited must file a complaint with the Illinois Department on Aging. Grantee has an obligation to report suspected fraud or irregularities committed by individuals or other entities with whom it interacts on Grantor’s behalf and should make a report to the appropriate program office (320 ILCS 20/1 *et seq.*).

(b) **Grant Award Requirements.** Grantee certifies that it is in compliance with 45 CFR Part 93 and 45 CFR Part 94.

(c) **Business Entity Registration.** Grantee certifies that it is not required to register as a business entity with the State Board of Elections pursuant to the Procurement Code (30 ILCS 500/20-160 and 30 ILCS 500/50-37). Further, Grantee acknowledges that all contracts between State agencies and a business entity that do not comply with this Paragraph shall be voidable under Section 50-60 of the Procurement Code (30 ILCS 500/50-60).

**ARTICLE XXIV
ADDITIONAL TERMS**

24.1 **Renewal.** This Agreement may be renewed for additional periods by mutual consent of the Parties, expressed in writing and signed by the Parties. Grantee acknowledges that this Agreement does not create any expectation of renewal.

24.2 **Multiple Locations.** In the event that Grantee has more than one location, Grantee shall include in **EXHIBIT D** either (1) the address, phone number and hours of operation of each location, or (2) the address, phone number and hours of operation of Grantee’s primary location.

24.3 **Changes in Key Grant Personnel.** When it is specifically required as a condition of an Award, the replacement of the Program director or a key person or a substantial reduction in the level of their effort, e.g., their unanticipated absence for more than three (3) months, or a twenty-five percent (25%) reduction in the time devoted to the Award purposes, requires Prior Approval from Grantor. When it is specifically required as a condition of an Award, Prior Approval will be required for the replacement or the substantial reduction in the level of effort of other personnel whose work is deemed by Grantor to be critical to the Award's successful completion. All requests for approval of changes in key Grant personnel shall be signed by Grantee’s authorized representative and submitted to the appropriate Grantor program personnel. Evidence of the qualifications for replacement personnel (such as a résumé) shall be included. 2 CFR 200.308.

24.4 Grant Funds Recovery. The provisions of 89 Ill. Admin. Code 511 shall apply to any funds awarded that are subject to the Illinois Grant Funds Recovery Act.

24.5 Employee and Subcontractor Background Checks. Grantee certifies that neither Grantee, nor any employee or subcontractor who works on Grantor's premises, has a felony conviction. Any request for an exception to this rule must be made in writing, listing the name of the individual, home address, type of conviction and date of conviction. Grantee will also supply Grantor with a list of individuals assigned to work on DHS' premises at least ten (10) working days prior to the start of their employment, unless circumstances prevent Grantee from giving a list within that time. If Grantee cannot provide a list, or the name of an individual, at least ten (10) working days prior to his/her employment, it shall do so as soon as possible. Grantor may conduct, at its expense, criminal background checks on Grantee's employees and subcontractors assigned to work on Grantor's premises. To the extent permitted by Illinois law, Grantee agrees to indemnify and hold harmless Grantor and its employees for any liability accruing from said background checks.

24.6 Gifts. In addition to the Gift ban described in Paragraph 26.1, Grantee will provide Grantor with advance notice of Grantee's provision of gifts, excluding charitable donations, given as incentives to community-based organizations in Illinois and clients in Illinois to assist Grantee in carrying out its responsibilities under this Agreement.

24.7 Current Contact Information and Notices. Grantee shall update its contact information, including email address, phone number and job title, in the Community Services Agreement (CSA) Tracking System under the My Info tab, when any such information changes. In addition, Grantee shall contact the DHS Office of Contract Administration when its mailing address changes to update that information. Grantee acknowledges and agrees that any notices from Grantor may be made to its mailing address, electronic mail (email) address, or facsimile (fax) telephone number, at Grantor's choosing. Such notice shall be effective upon dispatch.

24.8 Supplies Disposition. Grantee must obtain disposition instructions from Grantor when supplies, purchased in whole or in part with Grant Funds, are no longer needed for their intended purpose. Notwithstanding anything to the contrary contained within this Agreement, Grantor may require transfer of any supplies to Grantor or a third party for any reason, including, without limitation, an Award is terminated or Grantee no longer conducts Award activities. The Grantee shall properly maintain, track, use, store and insure the supplies according to applicable best practices, manufacturer's guidelines, federal and State laws or rules, including without limitation those contained at 2 CFR 200.310 to 2 CFR 200.326, and Department requirements stated herein. All obligations regarding use and ownership of supplies, purchased in whole or in part with Grant Funds, shall survive the termination of this Agreement.

24.9 Reporting Requirements. The reporting timeframes described in Paragraphs 13.1, 13.2, 14.1 and 14.2 are specified in Exhibit B.

ARTICLE XXV MONITORING AND INFORMATION

25.1 Monitoring of Conduct. In addition to Article XII of **PART ONE**, Grantor shall monitor Grantee's conduct under this Agreement which may include, but shall not be limited to, reviewing records of performance in accordance with administrative rules, license status review, fiscal and audit review, Agreement compliance and compliance with the affirmative action requirements of this Agreement. Grantor shall have the authority to conduct announced and unannounced monitoring visits and Grantee shall cooperate with Grantor in connection with all such monitoring visits. Failure of Grantee to cooperate with Grantor in connection with announced and unannounced monitoring visits is grounds for Grantor's termination of this Agreement.

25.2 Requests for Information. Grantor may request, and Grantee shall supply, upon request, necessary information and documentation regarding transactions constituting contractual (whether a written contract exists or not) or other relationships, paid for with funds received hereunder. Documentation may include, but is not limited to, information regarding Grantee's contractual agreements, identity of employees, shareholders and directors of Grantee and any party providing services which will or may be paid for with funds received hereunder, including, but not limited to, management and consulting services rendered to Grantee.

25.3 Rights of Review. This ARTICLE XXV does not give Grantor the right to review a license that is not directly related to the Award being audited nor does it allow Grantor to unilaterally revoke a license without complying with all due process rights to which Grantee is entitled under Federal, State or local law or applicable rules promulgated by Grantor.

ARTICLE XXVI WORK PRODUCT

26.1 Assignment of Work Product. "Work Product" means all the tangible materials, regardless of format, delivered by Provider to DHS under this Agreement. Grantee assigns to Grantor all right, title and interest in and to Work Product. However, nothing in this Agreement shall be interpreted to grant Grantor any right, title or interest in Grantee's intellectual property that has been or will later be developed outside this Award.

26.2 License to Grantor. To the extent Grantee-owned works are incorporated into Work Product, Grantee grants to Grantor a perpetual, non-exclusive, paid-up, world-wide license in the use, reproduction, publication and distribution of such Grantee-owned works when included within the Work Product. Grantee shall not copyright Work Product without Grantor's prior written consent.

26.3 License to Grantee; Objections. Grantor grants to Grantee a perpetual, non-exclusive, paid-up license to publish academic and scholarly articles based upon the services rendered under this Agreement. All materials to be published shall first be submitted to Grantor at least forty-five (45) days prior to publication or other disclosure. Upon written objection from Grantor, Grantee shall excise any confidential information, as that term is defined in applicable State and Federal statutes, federal regulations and Grantor administrative rules, from materials before publication. Grantor may also object to the publication on grounds other than confidentiality. As to the latter objections, Grantee and Grantor will attempt to resolve Grantor's concerns within the forty-five (45) day review period, or as otherwise agreed between the Parties. Grantor waives any objections not made to Grantee in writing before expiration of the review period.

26.4 Unresolved Objections; Disclaimer. If Grantor's objections on grounds other than confidentiality are not resolved within the review period or other such time as agreed by the Parties, then Grantee may publish the materials but shall include therein the following disclaimer: "Although the research or services underlying this article were funded in whole or in part by the [Grantor], the [Grantor] does not endorse or adopt the opinions or conclusions presented in the article." Notwithstanding the above, Grantor shall not have the right to control or censor the contents of Grantee publications.

ARTICLE XXVII POST-TERMINATION/NON-RENEWAL

27.1 Duties. Upon notice by Grantor to Grantee of the termination of this Agreement or notice that Grantor will not renew, extend or exercise any options to extend the term of this Agreement, or that Grantor will not be contracting with Grantee beyond the term of this Agreement, Grantee shall, upon demand:

(a) Cooperate with Grantor in assuring the transition of recipients of services hereunder for whom Grantee will no longer be providing the same or similar services or who choose to receive services through another Grantee.

(b) To the extent permitted by law, provide copies of all records related to recipient services funded by Grantor under this Agreement.

(c) Grant reasonable access to Grantor to any and all Program sites serving recipients hereunder to facilitate interviews of recipients to assure a choice process by which recipients may indicate provider preference.

(d) Provide detailed accounting of all service recipients' funds held in trust by Grantee, as well as the identity of any recipients for whom Grantee is acting as a representative payee of last resort.

27.2 Survival. The promises and covenants of this Article shall survive the Term of this Agreement for the purposes of the necessary transition of recipients of services hereunder.

**ARTICLE XXVIII
LINGUISTIC AND CULTURAL COMPETENCY GUIDELINES AND ASSURANCE**

28.1. Applicability. This Article does not apply to governmental bodies or institutions of higher education.

28.2. Plan Creation. For Grantees that do not have a Linguistic and Cultural Competency (LCC) Plan, the Grantee shall create its LCC Plan within one year following execution of this Agreement. The LCC Plan, including creation guidelines, is described on the Internet at <http://www.dhs.state.il.us/page.aspx?item=66602>.

28.3. Plan Implementation. For Grantees that have an LCC Plan, the Grantee certifies that it is updated annually to identify all goals met and to describe any efforts made toward meeting additional goals still in progress.

28.4. Plan Submission. Upon request, Grantee shall submit to the Grantor its LCC Plan, including any updates.

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PART THREE –PROJECT-SPECIFIC TERMS

In addition to the uniform requirements in **PART ONE** and Grantor-Specific Terms in **PART TWO**, Grantor has the following additional requirements for this Project:

**ARTICLE XXIX
ADDITIONAL REQUIREMENTS**

29.1 Program Manual. The related Program Manual, if applicable, can be found via the following DHS website: <http://www.dhs.state.il.us/page.aspx?item=29741> and is hereby incorporated into this Agreement.

29.2 Program Attachment. The related Program Attachment, if applicable, is H . It can be found via the following DHS website: <http://www.dhs.state.il.us/page.aspx?item=29741> and is hereby incorporated into this Agreement.

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**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. **FCSCH00352**

State Agency Illinois Department of Human Services
Grantee DUPAGE COUNTY DEPARTMENT OF
Data Universal Number System (DUNS) Number 135836026
Catalog of State Financial Assistance (CSFA) Number 444-80-0658
Catalog of Federal Domestic Assistance (CFDA) Number N/A

FY. 2024
Notice of Funding Opportunity (NOFO) Number. N/A
FEIN 366006551
CSFA Short Description. SUPPORTIVE HOUSING
CFDA Short Description. N/A

Section A: State of Illinois Funds

REVENUES	Total
State of Illinois Requested:	\$137,747.00
Budget Expenditure Categories	
1. Personnel (200.430)	\$97,416.54
2. Fringe Benefits (200.431)	\$30,314.46
3. Travel (200.475)	N/A
4. Equipment (200.439 and 200.436(a))	N/A
5. Supplies (200.1 and 200.453)	N/A
6. Contractual Services/Subawards (200.318 and 200.1)	N/A
7. Consultant (200.459)	N/A
8. Construction	N/A
9. Occupancy - Rent and Utilities (200.465 and 200.436(a))	N/A
10. Research and Development (R & D) (200.1)	N/A
11. Telecommunications	N/A
12. Training and Education (200.473)	N/A
13. Direct Administrative Costs (200.413)	N/A
14. Other or Miscellaneous Costs	N/A
15. Grant Exclusive Line Item(s)	\$10,016.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$137,747.00
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs State Grant Funds Lines 16 and 17 MUST EQUAL REVENUE TOTALS ABOVE	\$137,747.00



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. **FCSCH00352**

State Agency Illinois Department of Human Services

FY. 2024

Grantee DUPAGE COUNTY DEPARTMENT OF

Notice of Funding Opportunity (NOFO) Number. N/A

Data Universal Number System (DUNS) Number 135836026

FEIN 366006551

Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

Section B: Non-State of Illinois Funds

REVENUES	Total
Grantee Match Requirement %: 25.00	
b) Cash	\$34,500.00
c) Non-Cash	N/A
d) other Funding and Contributions	N/A
Total Non-State Funds (lined b through d)	\$34,500.00
Budget Expenditure Categories	
1. Personnel (200.430)	\$29,058.31
2. Fringe Benefits (200.431)	\$5,441.69
3. Travel (200.475)	N/A
4. Equipment (200.439 and 200.436(a))	N/A
5. Supplies (200.1 and 200.453)	N/A
6. Contractual Services/Subawards (200.318 and 200.1)	N/A
7. Consultant (200.459)	N/A
8. Construction	N/A
9. Occupancy - Rent and Utilities (200.465 and 200.436(a))	N/A
10. Research and Development (R & D) (200.1)	N/A
11. Telecommunications	N/A
12. Training and Education (200.473)	N/A
13. Direct Administrative Costs (200.413)	N/A
14. Other or Miscellaneous Costs	N/A
15. Grant Exclusive Line Item(s)	N/A
16. Total Direct Costs (add lines 1-15) (200.413)	\$34,500.00
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs Non-State Grant Funds Lines 16 and 17 MUST EQUAL REVENUE TOTALS ABOVE	\$34,500.00

Contract Published Date Time: 2023.06.28.09.44.06 34



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. **FCSCH00352**

State Agency Illinois Department of Human Services

FY. 2024

Grantee DUPAGE COUNTY DEPARTMENT OF

Notice of Funding Opportunity (NOFO) Number. N/A

Data Universal Number System (DUNS) Number 135836026

FEIN 366006551

Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

Budget Narrative Summary

When you have completed the budget Category pages, the totals for each category should appear in the corresponding rows below. Additionally, the amount of State requested funds and non-State funds that will support the project are also listed. Verify the amounts and the Total Project Costs.

Budget Category	State	Non-State	Total
1. Personnel	\$97,416.54	\$29,058.31	\$126,474.85
2. Fringe Benefits	\$30,314.46	\$5,441.69	\$35,756.15
3. Travel	N/A	N/A	N/A
4. Equipment	N/A	N/A	N/A
5. Supplies	N/A	N/A	N/A
6. Contractual Services	N/A	N/A	N/A
7. Consultant (Professional Services)	N/A	N/A	N/A
8. Construction	N/A	N/A	N/A
9. Occupancy (Rent and Utilities)	N/A	N/A	N/A
10. Research and Development (R & D)	N/A	N/A	N/A
11. Telecommunications	N/A	N/A	N/A
12. Training and Education	N/A	N/A	N/A
13. Direct Administrative Costs	N/A	N/A	N/A
14. Other or Miscellaneous Costs	N/A	N/A	N/A
15. GRANT EXCLUSIVE LINE ITEM(S)	\$10,016.00	N/A	\$10,016.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$137,747.00	\$34,500.00	\$172,247.00
17. Indirect Cost	N/A	N/A	N/A
State Request	\$137,747.00		
Non-State Amount		\$34,500.00	
TOTAL PROJECT COSTS			\$172,247.00



Finance Resolution

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: FI-R-0175-23

Agenda Date: 8/1/2023

Agenda #: 6.B.

ACCEPTANCE AND APPROPRIATION OF ADDITIONAL FUNDING
FOR THE ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS)
SUPPORTIVE HOUSING GRANT PY23
AGREEMENT NO. FCSBH00352
COMPANY 5000 - ACCOUNTING UNIT 1760
FROM \$137,747 to \$151,563
(AN INCREASE OF \$13,816)

(Under the administrative direction
of the Community Services Department)

WHEREAS, the County of DuPage heretofore accepted and appropriated the IDHS Supportive Housing Grant PY23, Company 5000 Accounting Unit 1760 pursuant to Resolution FI-R-0321-22 for the period July 1, 2022 through June 30, 2023; and

WHEREAS, the County of DuPage has been notified by the Illinois Department of Human Services (IDHS) that additional grant funds in the amount of \$13,816 (THIRTEEN THOUSAND, EIGHT HUNDRED SIXTEEN AND NO/100 DOLLARS) are available to assist low-income eligible families with supportive services; and

WHEREAS, to receive said grant funds, the County of DuPage must enter into amended Grant Agreement No. FCSBH00352 with the Illinois Department of Human Services, a copy of the amended approved budget 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 the additional funding; and

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional funding in the amount of \$13,816 (THIRTEEN THOUSAND, EIGHT HUNDRED SIXTEEN AND NO/100 DOLLARS) be and is hereby accepted; and

BE IT FURTHER RESOLVED that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$13,816 (THIRTEEN THOUSAND, EIGHT HUNDRED SIXTEEN AND NO/100 DOLLARS) be made and added to the IDHS Homeless Prevention Grant PY23, Company 5000 - Accounting Unit 1760 and that the program continue as originally approved in all other respects; 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 Human Services Committee shall review the need for continuing the specified program and related head count; and

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

Enacted and approved this 8th day of August, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH THE
ILLINOIS DEPARTMENT OF HUMAN SERVICES
SUPPORTIVE HOUSING PROGRAM GRANT PY24
INTER-GOVERNMENTAL AGREEMENT NO. FCSCH00352
COMPANY 5000 – ACCOUNTING UNIT 1760
\$13,816

REVENUE

41400-0002 - State Operating Grant - IDHS	\$ <u>13,816</u>	
TOTAL ANTICIPATED REVENUE		\$ <u><u>13,816</u></u>

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries	\$ <u>13,816</u>	
TOTAL PERSONNEL		\$ <u>13,816</u>
TOTAL ADDITIONAL APPROPRIATION		\$ <u><u>13,816</u></u>



**ATTACHEMENT II
State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services
Grantee DUPAGE COUNTY DEPARTMENT OF
Data Universal Number System (DUNS) Number 135836026
Catalog of State Financial Assistance (CSFA) Number 444-80-0658
Catalog of Federal Domestic Assistance (CFDA) Number N/A

FY. 2023
Notice of Funding Opportunity (NOFO) Number. N/A
FEIN 366006551
CSFA Short Description. SUPPORTIVE HOUSING
CFDA Short Description. N/A

Section A: State of Illinois Funds

REVENUES	Total
State of Illinois Requested:	\$151,563.00
Budget Expenditure Categories	
1. Personnel (200.430)	\$106,631.00
2. Fringe Benefits (200.431)	\$35,612.00
3. Travel (200.475)	N/A
4. Equipment (200.439 and 200.436(a))	N/A
5. Supplies (200.1 and 200.453)	N/A
6. Contractual Services/Subawards (200.318 and 200.1)	N/A
7. Consultant (200.459)	N/A
8. Construction	N/A
9. Occupancy - Rent and Utilities (200.465 and 200.436(a))	N/A
10. Research and Development (R & D) (200.1)	N/A
11. Telecommunications	N/A
12. Training and Education (200.473)	N/A
13. Direct Administrative Costs (200.413)	N/A
14. Other or Miscellaneous Costs	N/A
15. Grant Exclusive Line Item(s)	\$9,320.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$151,563.00
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs State Grant Funds Lines 16 and 17 MUST EQUAL REVENUE TOTALS ABOVE	\$151,563.00

Note: Total may be adjusted for rounding.



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

Notice of Funding Opportunity (NOFO) Number. N/A

Data Universal Number System (DUNS) Number 135836026

FEIN 366006551

Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

SECTION A - (Continued) - Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1. Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your organization may not have a Federally Negotiated Cost Rate Agreement. Therefore, in order for your organization to be reimbursed for the Indirect Costs from the State of Illinois your organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis;**
- B. (Local Government Unit only) Submit a copy of your Federal Rate Maintained Internally (State FRMI) with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis;**
- C. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC) which may be used indefinitely on State of Illinois awards; or**
- D. Use a Restricted Rate designated by programmatic or statutory policy (see Notice of Funding Opportunity for Restricted Rate Programs).**

- 2a) Our Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate Agreement information in area designated below)

- 2b) Our unit of Local Government currently has a Federal Rate Maintained Internally (FRMI) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our unit of Local Government is required to submit a new State FRMI to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix VII (D)(1)(d)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate Agreement information in area designated below)

- 2c) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 2d) Our unit of Local Government receives less that \$35 million in direct federal funding and currently does not have a Federal Rate Maintained Internally (FRMI) with the State of Illinois. Our unit of Local Government will complete the State FRMI submission immediately after our organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award. The initial State FRMI will be sent to the State of Illinois' Indirect Cost unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

Notice of Funding Opportunity (NOFO) Number. N/A

Data Universal Number System (DUNS) Number 135836026

FEIN 366006551

Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

- 3) Our Organization elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414(f) & (200.1)).

NOTE: (Your Organization must be eligible, (see 2 CFR 200.414 (f), 2 CFR 200.VII (D)(1)(b), and 2 CFR 200.414(c)(1)) and submit documentation on the calculation of MTDC (2 CFR 200.1) within your Budget Narrative under Indirect Costs)

- 4) For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:
- Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (B)(5)); Or
 - Complies with other statutory policies (please specify in the Narrative section of the Indirect Cost Category Page).

The Restricted Indirect Cost Rate is: N/A %

- 5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

Period Covered by NICRA: From: N/A To: N/A (mm/dd/yyyy)

Approving Federal/State agency (please specify): N/A

The Indirect Cost Rate is N/A %

The Distribution Base is:

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services
Grantee DUPAGE COUNTY DEPARTMENT OF
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Catalog of Federal Domestic Assistance (CFDA) Number N/A

FY. 2023
Notice of Funding Opportunity (NOFO) Number. N/A
FEIN 366006551
CSFA Short Description. SUPPORTIVE HOUSING
CFDA Short Description. N/A

Section B: Non-State of Illinois Funds

REVENUES	Total
Grantee Match Requirement %: 25.00	
b) Cash	\$37,954.00
c) Non-Cash	N/A
d) other Funding and Contributions	N/A
Total Non-State Funds (lined b through d)	\$37,954.00
Budget Expenditure Categories	
1. Personnel (200.430)	\$31,669.55
2. Fringe Benefits (200.431)	\$6,284.45
3. Travel (200.475)	N/A
4. Equipment (200.439 and 200.436(a))	N/A
5. Supplies (200.1 and 200.453)	N/A
6. Contractual Services/Subawards (200.318 and 200.1)	N/A
7. Consultant (200.459)	N/A
8. Construction	N/A
9. Occupancy - Rent and Utilities (200.465 and 200.436(a))	N/A
10. Research and Development (R & D) (200.1)	N/A
11. Telecommunications	N/A
12. Training and Education (200.473)	N/A
13. Direct Administrative Costs (200.413)	N/A
14. Other or Miscellaneous Costs	N/A
15. Grant Exclusive Line Item(s)	N/A
16. Total Direct Costs (add lines 1-15) (200.413)	\$37,954.00
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs Non-State Grant Funds Lines 16 and 17 MUST EQUAL REVENUE TOTALS ABOVE	\$37,954.00

Note: Total may be adjusted for rounding.



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

Notice of Funding Opportunity (NOFO) Number. N/A

Data Universal Number System (DUNS) Number 135836026

FEIN 366006551

Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

By Signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

Note: The State Awarding Agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter onto contractual agreements on the behalf of the organization.

Grantee Approval:

Budget version: 2.0.0 - Signed off as Executive Director and Submitted to program review by MARY KEATING Director of Community Services on 05/17/2023 04:03:37 PM



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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Data Universal Number System (DUNS) Number 135836026

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Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

FFATA Data Collection Form (if needed by agency)

Under FFATA, all sub-recipients who receive \$30,000 or more must provide the following information for federal reporting. Please fill out the following form accurately and completely.

4-digit extension if applicable:			
Sub-recipient DUNS:	135836026	Sub-recipient Parent Company DUNS:	
Sub-recipient Name: DUPAGE COUNTY DEPARTMENT OF			
Sub-recipient DBA Name: DUPAGE COUNTY DEPARTMENT OF			
Sub-recipient Address: 421 N County Farm Rd			
City: Wheaton	State: IL	Zip-Code: 60187-3978	Congressional District: 03
Sub-recipient Principal Place of Performance: N/A			
Sub-recipient Principal Place of Performance Street Address: N/A			
City: N/A	State: N/A	Zip-Code: N/A	Congressional District:
Contract Number (if known): FCSBH00352			
Award Amount: N/A	Project Period: From: 07/01/2022	Project Period: To: 06/30/2023	
State of Illinois Awarding Agency and Project Detail Description:			
N/A			
Under certain circumstances, sub-recipient must provide names and total compensation of its top 5 highly compensated officials. Please answer the following questions and follow the instructions.			
Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?			
Yes	<input type="checkbox"/>	If Yes, must answer Q2 below.	No <input checked="" type="checkbox"/> If No, you are not required to provide data.
Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?			
Yes	<input type="checkbox"/>	No <input type="checkbox"/>	If No, you must provide the data. Please fill out the rest of this form.
Please provide names and total compensation of the top five officials:			
N/A			



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

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State Agency Illinois Department of Human Services

FY. 2023

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Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

1). Personnel (2 CFR 200.430)

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Name	Position	Salary Or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost
Flora Spencer-Turcios	Case Manager	\$55,448.000	Yearly	100.000	1.000	\$55,448.000
Tiffany Owens	Case Manager	\$51,183.000	Yearly	100.000	1.000	\$51,183.000
State Total						\$106,631.00
Carrie Fiore	Case Manager	\$57,581.000	Yearly	55.000	1.000	\$31,669.550
Non-State Total						\$31,669.55
Total Personnel						\$138,300.55

Personnel Narrative (State):

Provide two full-time case manager to provide case management and supportive services to households who are currently homeless, at risk of homelessness or previously homeless.

Personnel Narrative (Non-State): (i.e. "Match" or "Other Funding")

Provide 55% of one full-time case manager coordinator to provide case management and supportive services to households who are currently homeless, at risk of homelessness or previously homeless.



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

2). Fringe Benefits (2 CFR 200.431)

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

Name	Position(s)	Base	Rate (%)	Fringe Benefit Cost
FICA	Case Manager	\$106,631.000	7.650	\$8,157.272
IMRF	Case Manager	\$106,631.000	10.200	\$10,876.362
Medical Insurance	Case Manager	\$16,578.370	100.000	\$16,578.370
State Total				\$35,612.00
FICA	Case Manager	\$31,669.550	7.650	\$2,422.721
IMRF	Case Manager	\$31,669.550	10.200	\$3,230.294
Medical Insurance	Case Manager	\$631.430	100.000	\$631.430
Non-State Total				\$6,284.45
Total Fringe Benefits				\$41,896.45

Fringe Benefits Narrative (State):

Provide 100% of the FICA, IMRF, and Health Care Insurance costs for two full-time case manager to provide case management and supportive services to households who are currently homeless, at risk of homelessness or previously homeless.

Fringe Benefits Narrative (Non-State): (i.e. "Match" or "Other Funding")

Provide the FICA, IMRF, and Health Care Insurance costs for 55% one full-time case manager coordinator to provide case management and supportive services to households who are currently homeless, at risk of homelessness or previously homeless.



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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CFDA Short Description. N/A

3). Travel (2 CFR 200.475)

Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. NOTE: Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category

Name	Position	Cost Rate	Basis	Quantity	Number of Trips	Travel Cost	
State: Item data NOT entered for this category						State Total	N/A
Non-State: Item data NOT entered for this category						Non-State Total	N/A
						Total Travel	N/A

Travel Narrative (State):

N/A

Travel Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

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CFDA Short Description. N/A

4). Equipment (200.439 and 200.436(a))

Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: The organization's own capitalization policy for classification of equipment must be used if the organization's capitalization threshold is less than \$5,000). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used

Item	Quantity	Cost Per Item	Equipment Cost
State: Item data NOT entered for this category			
			State Total
			N/A
Non-State: Item data NOT entered for this category			
			Non-State Total
			N/A
			Total Equipment
			N/A

Equipment Narrative (State):

N/A

Equipment Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

5). Supplies (200.1 and 200.453)

List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Item	Quantity/Duration	Cost Per Item	Supplies Cost
State: Item data NOT entered for this category			
			State Total
			N/A
Non-State: Item data NOT entered for this category			
			Non-State Total
			N/A
			Total Supplies
			N/A

Supplies Narrative (State):

N/A

Supplies Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

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State Agency Illinois Department of Human Services

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Grantee DUPAGE COUNTY DEPARTMENT OF

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CFDA Short Description. N/A

(6). Contractual Services (2 CFR 200.318) & Subawards (200.1)

Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of the Simplified Acquisition Threshold (SAT) (See 2 CFR 200.1).

NOTE : this budget category may include subawards. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.1) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.1) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

Item	Contractual Services Cost
State: Item data NOT entered for this category	
State Total	N/A
Non-State: Item data NOT entered for this category	
Non-State Total	N/A
Total Contractual Services	N/A

Contractual Services & Subawards Narrative (State):

N/A

Contractual Services & Subawards Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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CFDA Short Description. N/A

7). Consultant Services and Expenses (2 CFR 200.459)

Consultant Services (Fees): For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.

Consultant Services (Fees)	Services Provided	Fee	Basis	Quantity	Consultant Services (Fee) Cost
State: Item data NOT entered for this category					
State Total					N/A
Non-State: Item data NOT entered for this category					
Non-State Total					N/A
Total Consultant Services (Fees)					N/A

Consultant Services and Expenses Narrative (State):

N/A

Consultant Services and Expenses Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

Notice of Funding Opportunity (NOFO) Number. N/A

Data Universal Number System (DUNS) Number 135836026

FEIN 366006551

Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

7). Consultant Services and Expenses (2 CFR 200.459)

Consultant Expenses: List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.) Consultant-- Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

Consultant Expenses - Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Consultant Expenses Cost
State: Item data NOT entered for this category						
						State Total
						N/A
Non-State: Item data NOT entered for this category						
						Non-State Total
						N/A
						Total Consultant Expenses
						N/A

Consultant Service and Expenses Narrative (State):

N/A

Consultant Service and Expenses Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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Data Universal Number System (DUNS) Number 135836026

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CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

8). Construction

Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable unless with prior written approval. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category. Estimated construction costs must be supported by documentation including drawings and estimates, formal bids, etc. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

Purpose	Description of Work	Construction Cost
State: Item data NOT entered for this category		
	State Total	N/A
Non-State: Item data NOT entered for this category		
	Non-State Total	N/A
	Total Construction	N/A

Construction Narrative (State):

N/A

Construction Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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Data Universal Number System (DUNS) Number 135836026

FEIN 366006551

Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

9). Occupancy - Rent and Utilities (200.465 and 200.436(a))

List items and description by major type and the basis of the computation. Explain how direct charges for rental/depreciation and utility expenses are allocated for distribution as an expense to the program/service. For example, provide the square footage and the cost per square foot rent/depreciation, and utility, and provide a monthly rental/depreciation and utility cost and how many months to rent. NOTE: This budgetary line item is to be used for direct program rent/depreciation and utilities, all other indirect or administrative occupancy costs should be listed in the indirect expense section of the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program.

Description	Quantity	Basis	Cost	Length of Time	Occupancy Cost
State: Item data NOT entered for this category					
State Total					N/A
Non-State: Item data NOT entered for this category					
Non-State Total					N/A
Total Occupancy - Rent and Utilities					N/A

Occupancy Narrative (State):

N/A

Occupancy Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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Data Universal Number System (DUNS) Number 135836026

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Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

10. Research and Development (R & D) (2 CFR 200.1)

Definition: All research activities, both basic and applied, and all development activities that are performed by non-Federal entities directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes. Provide a description of the research and development project and an estimate of the costs. Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Research and Development Cost
State: Item data NOT entered for this category		
	State Total	N/A
Non-State: Item data NOT entered for this category		
	Non-State Total	N/A
	Total Research and Development	N/A

Research and Development Narrative (State):

N/A

Research and Development Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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Data Universal Number System (DUNS) Number 135836026

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Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

11). Telecommunications

List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service. NOTE: This budgetary line item is to be used for direct program telecommunications. All other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

Description	Quantity	Basis	Cost	Length of Time	Telecommunications Cost
State: Item data NOT entered for this category					
State Total					N/A
Non-State: Item data NOT entered for this category					
Non-State Total					N/A
Total Telecommunications					N/A

Telecommunications Narrative (State):

N/A

Telecommunications Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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Data Universal Number System (DUNS) Number 135836026

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CFDA Short Description. N/A

12). Training and Education (2 CFR 200.473)

Describe the training and education cost associated with employee development. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees, and any other applicable expenses related to the training. When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized below.

Description	Quantity	Basis	Cost	Length of Time	Training and Education Cost	
State: Item data NOT entered for this category						
					State Total	N/A
Non-State: Item data NOT entered for this category						
					Non-State Total	N/A
					Total Training and Education	N/A

Training and Education Narrative (State):

N/A

Training and Education Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

Notice of Funding Opportunity (NOFO) Number. N/A

Data Universal Number System (DUNS) Number 135836026

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Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

13). Direct Administrative Costs (2 CFR 200.413)

The salaries of administrative and clerical staff should normally be treated as indirect (F&A) costs. Direct charging of these costs may be appropriate only if all of the following conditions are met: (1) Administrative or clerical services are integral to a project or activity; (2) Individuals involved can be specifically identified with the project or activity; (3) Such costs are explicitly included in the budget or have the prior written approval of the State awarding agency; and (4) The costs are not also recovered as indirect costs.

Name	Position	Salary Or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Direct Administrative Cost
State: Item data NOT entered for this category						
						State Total
						N/A
Non-State: Item data NOT entered for this category						
						Non-State Total
						N/A
						Total Direct Administrative Costs
						N/A

Direct Administrative Costs Narrative (State):

N/A

Direct Administrative Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

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State Agency Illinois Department of Human Services

FY. 2023

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Data Universal Number System (DUNS) Number 135836026

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CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

14. Other or Miscellaneous Costs

This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (eg. Printing, Memberships & subscriptions, recruiting costs, etc.)

Description	Quantity	Basis	Cost	Length of Time	Other or Miscellaneous Cost
State: Item data NOT entered for this category					
State Total					N/A
Non-State: Item data NOT entered for this category					
Non-State Total					N/A
Total Other or Miscellaneous Costs					N/A

Other or Miscellaneous Costs Narrative (State):

N/A

Other or Miscellaneous Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")

N/A



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

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State Agency Illinois Department of Human Services

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Grantee DUPAGE COUNTY DEPARTMENT OF

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Data Universal Number System (DUNS) Number 135836026

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Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

15). Grant Exclusive Line Item(s)

Grant Exclusive Line Item Description: Program Participant Assistance

Costs directly related to the service or activity of the program that is an intergal line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program).

Description	Quantity	Basis	Cost	Length of Time	Grant Exclusive Line Item Cost
Program Participant Assistance - Transportation Services	10.000	832.00	\$832.000	1.000	\$8,320.000
Program Participant Assistance - Child Care Services	2.000	500.00	\$500.000	1.000	\$1,000.000
State Total					\$9,320.00
Non-State: Item data NOT entered for this category					
Non-State Total					
Total Grant Exclusive Line Item(s)					\$9,320.00

Grant Exclusive Line Item Narrative (State):

Assistance to enrolled households for transportation and child care expenses related to program plan.

Grant Exclusive Line Item Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

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Data Universal Number System (DUNS) Number 135836026

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Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

16. Indirect Cost (2 CFR 200.414)

Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Description	Base	Rate (%)	Indirect Cost
State: Option 6 - No reimbursement of Indirect Cost is being requested. (See Indirect Cost Rate Information.)			
		State Total	N/A
Non-State: Option 6 - No reimbursement of Indirect Cost is being requested. (See Indirect Cost Rate Information.)			
		Non-State Total	N/A
		Total Indirect Cost	N/A

Indirect Cost Narrative (State):

N/A

Indirect Cost Narrative (Non-State):

N/A



**State of Illinois
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CSFA Short Description. SUPPORTIVE HOUSING

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CFDA Short Description. N/A

Budget Narrative Summary

When you have completed the budget Category pages, the totals for each category should appear in the corresponding rows below. Additionally, the amount of State requested funds and non-State funds that will support the project are also listed. Verify the amounts and the Total Project Costs.

Budget Category	State	Non-State	Total
1. Personnel	\$106,631.00	\$31,669.55	\$138,300.55
2. Fringe Benefits	\$35,612.00	\$6,284.45	\$41,896.45
3. Travel	N/A	N/A	N/A
4. Equipment	N/A	N/A	N/A
5. Supplies	N/A	N/A	N/A
6. Contractual Services	N/A	N/A	N/A
7. Consultant (Professional Services)	N/A	N/A	N/A
8. Construction	N/A	N/A	N/A
9. Occupancy (Rent and Utilities)	N/A	N/A	N/A
10. Research and Development (R & D)	N/A	N/A	N/A
11. Telecommunications	N/A	N/A	N/A
12. Training and Education	N/A	N/A	N/A
13. Direct Administrative Costs	N/A	N/A	N/A
14. Other or Miscellaneous Costs	N/A	N/A	N/A
15. GRANT EXCLUSIVE LINE ITEM(S)	\$9,320.00	N/A	\$9,320.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$151,563.00	\$37,954.00	\$189,517.00
17. Indirect Cost	N/A	N/A	N/A
State Request	\$151,563.00		
Non-State Amount		\$37,954.00	
TOTAL PROJECT COSTS			\$189,517.00

Note: Total may be adjusted for rounding.



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. FCSBH00352

State Agency Illinois Department of Human Services
Grantee DUPAGE COUNTY DEPARTMENT OF
Data Universal Number System (DUNS) Number 135836026
Catalog of State Financial Assistance (CSFA) Number 444-80-0658
Catalog of Federal Domestic Assistance (CFDA) Number N/A

FY. 2023
Notice of Funding Opportunity (NOFO) Number. N/A
FEIN 366006551
CSFA Short Description. SUPPORTIVE HOUSING
CFDA Short Description. N/A

For STATE Use Only:

Initial Budget Request Amount: \$151,563.00
Prior Written Approval for Expense Line Item: N/A
Statutory Limits or Restrictions: N/A
Checklist: N/A

Final Budget Amount Approved: \$151,563.00

Program Approval:

Budget verison: 2.0.3 - Signed off as Program by Angela Campo on 07/05/2023 12:54:10 PM

Fiscal & Administrative Approval:

Budget verison: 2.0.2 - Signed off as Fiscal Admin by Kristy Sommer on 06/26/2023 03:38:04 PM

Budget Revision Approved:

Program Approval:

Budget verison: 1.0.4 - Signed off as Program by Angela Campo on 06/28/2022 07:25:15 AM

Fiscal & Administrative Approval:

Budget verison: 1.0.3 - Signed off as Fiscal Admin by Kristy Sommer on 06/27/2022 01:00:50 PM

200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.



Finance Resolution

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: FI-R-0170-23

Agenda Date: 8/1/2023

Agenda #: 6.C.

ACCEPTANCE AND APPROPRIATION OF ADDITIONAL FUNDING FOR THE
AGING CASE COORDINATION UNIT FUND PY23
COMPANY 5000 - ACCOUNTING UNIT 1660
\$299,567

(Under the administrative direction
of the Community Services Department)

WHEREAS, the County of DuPage heretofore accepted and appropriated the Aging Case Coordination Unit Fund PY23, Company 5000 - Accounting Unit 1660, pursuant to Resolution FI-R-0379-22 for the period October 1, 2022 through November 30, 2023, as amended; and

WHEREAS, the County of DuPage has been notified by the AgeGuide Northeastern Illinois that additional funds in the amount of \$299,567 (TWO HUNDRED NINETY-NINE THOUSAND, FIVE HUNDRED SIXTY-SEVEN AND NO/100 DOLLARS) are available to the Aging Case Coordination Unit Fund PY23, Company 5000 - Accounting Unit 1660, to support the Case Coordination Program; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional funding be and is hereby accepted; and

BE IT FURTHER RESOLVED that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$299,567 (TWO HUNDRED NINETY-NINE THOUSAND, FIVE HUNDRED SIXTY-SEVEN AND NO/100 DOLLARS) be made and added to the Aging Case Coordination Unit Fund PY23, Company 5000 - Accounting Unit 1660 and that the program continue as originally approved in all other respects; and

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

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

Enacted and approved this 8th of August, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION FOR THE
 THE CASE COORDINATION UNIT FUND PY23
 COMPANY 5000 – ACCOUNTING UNIT 1660
 \$299,567

REVENUE

41000-0002 - Federal Operating Grant - HHS \$ 299,567

TOTAL ANTICIPATED REVENUE \$ 299,567

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries \$ 175,026
 51010-0000 - Employer Share I.M.R.F. 13,391
 51030-0000 - Employer Share Social Security 13,599
 51040-0000 - Employee Med & Hosp Insurance 39,521

TOTAL PERSONNEL \$ 241,537

COMMODITIES

52100-0000 - I.T. Equipment-Small Value \$ 3,000

TOTAL COMMODITIES \$ 3,000

CONTRACTUAL

53090-0000 - Other Professional Services \$ 14,000
 53500-0000 - Mileage Expense 160
 53510-0000 - Travel Expense 7,620
 53600-0000 - Dues & Memberships 450
 53610-0000 - Instruction & Schooling 2,800
 53827-0000 - Para Transit Program Expense 30,000

TOTAL CONTRACTUAL \$ 55,030

TOTAL ADDITIONAL APPROPRIATION \$ 299,567



Care Center Requisition \$30,000 and Over

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: HS-P-0065-23

Agenda Date: 8/1/2023

Agenda #: 7.A.

AWARDING RESOLUTION ISSUED TO
LAKESHORE DAIRY, INC.
FOR FLUID DAIRY
FOR DUPAGE CARE CENTER RESIDENTS, CAFETERIA AND CAFES LOCATED IN THE JTK
ADMINISTRATION BUILDING AND JUDICIAL OFFICE FACILITY
(CONTRACT TOTAL AMOUNT \$83,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to Lakeshore Dairy, Inc., for fluid dairy, for the period of September 1, 2023 through August 31, 2024, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is for fluid dairy, for the period of September 1, 2023 through August 31, 2024 for the DuPage Care Center per bid renewal #22-062-DCC, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Lakeshore Dairy, Inc, 8424 W. 47th Street, Lyons, Illinois 60543, for a contract total amount of \$83,000.00.

Enacted and approved this 8th day of August, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



Procurement Review Comprehensive Checklist
 Procurement Services Division
 This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 23-2385	RFP, BID, QUOTE OR RENEWAL #: 22-062-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$116,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/01/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$365,000.00
	CURRENT TERM TOTAL COST: \$83,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Lakeshore Dairy, Inc.	VENDOR #: 20685	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Patrick Izzo	VENDOR CONTACT PHONE: 630-317-7096	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: mario.plata@dupageco.org
VENDOR CONTACT EMAIL: lakeshoremilk@gmail.com	VENDOR WEBSITE:	DEPT REQ #: 7404	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Fluid dairy for the DuPage Care Center residents, cafeteria and cafes' located in the JTK Administration Building and Judicial Office Facility for the period September 1, 2023 through August 31, 2024, for a contract not to exceed \$83,000.00, under bid renewal #22-062-DCC, first of three one-year optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Fluid dairy items are required to provide well balanced meals that meet nutritional requirements and IDPH regulations.			

SECTION 2: DECISION MEMO REQUIREMENTS	
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
RENEWAL	
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO	
STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Lakeshore Dairy, Inc.	Vendor#: 20685	Dept: DuPage Care Center	Division: Dining Services
Attn: Patrick Izzo	Email: lakeshoremilk@gmail.com	Attn: Mario Plata	Email: Mario.plata@dupageco.org
Address: 985 Marshall Drive	City: Des Plaines	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60016	State: IL	Zip: 60187
Phone: 630-317-7096	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Lakeshore Dairy, Inc.	Vendor#: 20685	Dept: DuPage Care Center	Division: Dining Services
Attn: Patrick Izzo	Email: lakeshoremilk@gmail.com	Attn: Mario Plata	Email: Mario.plata@dupageco.org
Address: 985 Marshall Drive	City: Des Plaines	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60016	State: IL	Zip: 60187
Phone: 630-317-7096	Fax:	Phone: 630-784-4416	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 1, 2023	Contract End Date (PO25): August 31, 2024
Contract Administrator (PO25): Christine Kliebhan			

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	1	EA		fluid dairy	FY23	1200	2025	52210		19,000.00	19,000.00
2	1	EA		fluid dairy	FY23	1200	2100	52210		1,000.00	1,000.00
3	1	EA		fluid dairy	FY24	1200	2025	52210		60,000.00	60,000.00
4	1	EA		fluid dairy	FY24	1200	2100	52210		3,000.00	3,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 83,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Fluid dairy for the DuPage Care Center residents, cafeteria and cafes' located in the JTK Administration Building and Judicial Office Facility for the period September 1, 2023 through August 31, 2024, for a contract not to exceed \$83,000.00, under bid renewal #22-062-DCC, first of three one-year optional renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 1, 2023 Human Services Committee August 8, 2023 County Board Meeting
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

The following documents have been attached: W-9 Vendor Ethics Disclosure Statement



AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Lakeshore Dairy, INC, located at 8424 W. 47th Street Lyons, IL 60543, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #22-062-DCC which became effective on 9/01/2022 and which will expire 8/31/2023. The contract is subject to a first of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature, and shall terminate on 8/31/2024.

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

CONTRACTOR

THE COUNTY OF DUPAGE



SIGNATURE

SIGNATURE

Patrick Izzo

Nickon Elminan

PRINTED NAME

PRINTED NAME

President

Buyer II

PRINTED TITLE

PRINTED TITLE

6/14/23

DATE

DATE



THE COUNTY OF DUPAGE
 FINANCE - PROCUREMENT
 FURNISH AND DELIVER FLUID DAIRY 22-062-DCC
 BID TABULATION



				Lakeshore Dairy, INC.		Clover Leaf Farms Distributors LLC	
SECTION 1 - MARK-UP PERCENTAGE							
NO.	ITEM			Percentage Adjustment (+/-) off List Price		Percentage Adjustment (+/-) off List Price	
1	Percentage Adjustment (+/-) off List Price			-1.00%		+10.00%	
SECTION 2 - FLUID- DAIRY							
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
February 2022 Unit Pricing							
2	Whole Milk	8 oz.	2,400	\$ 0.30	\$ 722.40	\$ 0.32	\$ 758.40
3	2% Milk	GAL	68	\$ 4.03	\$ 274.04	\$ 3.88	\$ 263.75
4	2% Milk	8 oz.	6,800	\$ 0.27	\$ 1,829.20	\$ 0.28	\$ 1,926.44
5	2% plastic	PT	468	\$ 0.66	\$ 308.88	\$ 0.96	\$ 448.86
6	Skim Milk	GAL	72	\$ 3.42	\$ 246.24	\$ 3.44	\$ 247.44
7	Skim Milk	8 oz.	5,400	\$ 0.25	\$ 1,344.60	\$ 0.27	\$ 1,472.58
8	Chocolate 1%	PT	468	\$ 0.66	\$ 308.88	\$ 1.05	\$ 492.71
9	Chocolate Fat Free	8 oz.	3,000	\$ 0.27	\$ 795.00	\$ 0.28	\$ 850.50
10	Half & Half	QT	688	\$ 2.09	\$ 1,437.92	\$ 2.97	\$ 2,046.04
11	Lactaid 1% 8 oz. 12 per CS	CS	140	\$ 7.08	\$ 991.20	\$ 7.44	\$ 1,041.60
12	Lactaid 1% 1/2 GAL 8 per CS	CS	40	\$ 34.25	\$ 1,370.00	\$ 28.02	\$ 1,120.90
March 2022 Unit Pricing							
13	Whole Milk	8 oz.	2,400	\$ 0.31	\$ 744.00	\$ 0.32	\$ 773.76
14	2% Milk	GAL	68	\$ 4.13	\$ 280.84	\$ 3.96	\$ 269.04
15	2% Milk	8 oz.	6,800	\$ 0.28	\$ 1,870.00	\$ 0.29	\$ 1,959.76
16	2% plastic	PT	468	\$ 0.67	\$ 313.56	\$ 0.97	\$ 453.40
17	Skim Milk	GAL	72	\$ 3.52	\$ 253.44	\$ 3.48	\$ 250.51
18	Skim Milk	8 oz.	5,400	\$ 0.26	\$ 1,377.00	\$ 0.28	\$ 1,487.16



THE COUNTY OF DUPAGE
 FINANCE - PROCUREMENT
 FURNISH AND DELIVER FLUID DAIRY 22-062-DCC
 BID TABULATION



				Lakeshore Dairy, INC.		Clover Leaf Farms Distributors LLC	
19	Chocolate 1%	PT	468	\$ 0.67	\$ 313.56	\$ 1.07	\$ 498.65
20	Chocolate Fat Free	8 oz.	3,000	\$ 0.27	\$ 813.00	\$ 0.29	\$ 858.60
21	Half & Half	QT	688	\$ 2.09	\$ 1,437.92	\$ 3.00	\$ 2,066.68
22	Lactaid 1% 8 oz. 12 per CS	CS	140	\$ 7.08	\$ 991.20	\$ 7.54	\$ 1,055.04
23	Lactaid 1% 1/2 GAL 8 per CS	CS	40	\$ 34.25	\$ 1,370.00	\$ 28.26	\$ 1,130.21
April 2022 Unit Pricing							
24	Whole Milk	8 oz.	2,400	\$ 0.32	\$ 758.40	\$ 0.33	\$ 793.68
25	2% Milk	GAL	68	\$ 4.23	\$ 287.64	\$ 4.13	\$ 280.98
26	2% Milk	8 oz.	6,800	\$ 0.28	\$ 1,910.80	\$ 0.29	\$ 2,004.64
27	2% plastic	PT	468	\$ 0.68	\$ 318.24	\$ 0.99	\$ 463.69
28	Skim Milk	GAL	72	\$ 3.62	\$ 260.64	\$ 3.64	\$ 261.89
29	Skim Milk	8 oz.	5,400	\$ 0.26	\$ 1,409.40	\$ 0.28	\$ 1,521.72
30	Chocolate 1%	PT	468	\$ 0.68	\$ 318.24	\$ 1.09	\$ 509.65
31	Chocolate Fat Free	8 oz.	3,000	\$ 0.28	\$ 831.00	\$ 0.29	\$ 879.30
32	Half & Half	QT	688	\$ 2.14	\$ 1,472.32	\$ 3.06	\$ 2,107.21
33	Lactaid 1% 8 oz. 12 per CS	CS	140	\$ 7.08	\$ 991.20	\$ 7.69	\$ 1,076.38
34	Lactaid 1% 1/2 GAL 8 per CS	CS	40	\$ 34.25	\$ 1,370.00	\$ 29.64	\$ 1,185.70
GRAND TOTAL					\$ 29,320.76		\$ 32,556.86

NOTES

Bid Opening 08/02/22 @ 2:30 PM	NE, SJ
Invitations Sent	11
Total Vendors Requesting Documents	1
Total Bid Responses	2

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

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

CONTRACT ADMINISTRATION INFORMATION:

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME	Lakeshore Dairy Inc.	NAME	" "
CONTACT	Patrick Izzo	CONTACT	" "
ADDRESS	1451 Bernard Dr.	ADDRESS	" "
CITY ST ZIP	Addison, IL 60101	CITY ST ZIP	" "
TX	(630) 317-7096	TX	" "
FX	(630) 519-3643	FX	" "
EMAIL	lakeshoremilk@govnet.com	EMAIL	" "
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage County Care Center Attn: Mario Plata 400 North County Farm Road Wheaton, IL 60187 TX: (630) 407-6193 EMAIL: mario.plata@dupageco.org		DuPage County Care Center 400 North County Farm Road Wheaton, IL 60187 TX: (630) 784-4416 EMAIL: mario.plata@dupageco.org	

ALL MATERIALS MUST BE BID AND SHIPPED F.O.B. DELIVERED (FREIGHT INCLUDED IN PRICE)

SECTION 7 - BID FORM PRICING

Quantities listed are canvassing approximate monthly usage.

SECTION 1 - MARK-UP PERCENTAGE						
NO	ITEM	DISCOUNT % OFFERED				
1	Mark-up Percentage	20%				
SECTION 2 - FLUID DAIRY						
NO	ITEM	UOM	MANUFACTURE NO.	QTY	PRICE	EXTENDED PRICE
February 2022 Unit Pricing						
2	Whole Milk	8 oz.	26011	2,400	\$.301	\$ 722.40
3	2% Milk	GAL	237	68	\$ 4.03	\$ 274.40
4	2% Milk	8 oz.	26032	6,800	\$.269	\$ 1829.20
5	2% plastic	PT	22827	468	\$.66	\$ 308.88
6	Skim Milk	GAL	615	72	\$ 3.42	\$ 246.24
7	Skim Milk	8 oz.	26068	5,400	\$.241	\$ 1344.60
8	Chocolate 1%	PT	22805	468	\$.66	\$ 308.88
9	Chocolate Fat Free	8 oz.	26378	3,000	\$.265	\$ 795.00
10	Half & Half	QT	20113	688	\$ 2.09	\$ 1437.92
11	Lactaid 1% 8 oz. 12 per CS	CS	27033	140	\$ 7.08	\$ 991.20
12	Lactaid 1% 1/2 GAL 8 per CS	CS	10454	40	\$ 34.25	\$ 1370.00
March 2022 Unit Pricing						
13	Whole Milk	8 oz.	26011	2,400	\$.31	\$ 744
14	2% Milk	GAL	237	68	\$ 4.13	\$ 280.84
15	2% Milk	8 oz.	26032	6,800	\$.275	\$ 1870
16	2% plastic	PT	22827	468	\$.67	\$ 315.56
17	Skim Milk	GAL	615	72	\$ 3.53	\$ 255.14
18	Skim Milk	8 oz.	26068	5,400	\$.255	\$ 1377.00
19	Chocolate 1%	PT	22805	468	\$.67	\$ 315.56
20	Chocolate Fat Free	8 oz.	26378	3,000	\$.271	\$ 813
21	Half & Half	QT	20113	688	\$ 2.09	\$ 1437.92
22	Lactaid 1% 8 oz. 12 per CS	CS	27033	140	\$ 7.08	\$ 991.20
23	Lactaid 1% 1/2 GAL 8 per CS	CS	10454	40	\$ 34.25	\$ 1370
April 2022 Unit Pricing						
24	Whole Milk	8 oz.	26011	2,400	\$.316	\$ 758.40
25	2% Milk	GAL	237	68	\$ 4.23	\$ 287.64
26	2% Milk	8 oz.	26032	6,800	\$.281	\$ 1910.80
27	2% plastic	PT	22827	468	\$.68	\$ 318.24
28	Skim Milk	GAL	615	72	\$ 3.62	\$ 260.64
29	Skim Milk	8 oz.	26068	5,400	\$.261	\$ 1409.40
30	Chocolate 1%	PT	22805	468	\$.68	\$ 318.24
31	Chocolate Fat Free	8 oz.	26378	3,000	\$.277	\$ 831.00
32	Half & Half	QT	20113	688	\$ 2.14	\$ 1472.32
33	Lactaid 1% 8 oz. 12 per CS	CS	27033	140	\$ 7.08	\$ 991.20
34	Lactaid 1% 1/2 GAL 8 per CS	CS	10454	40	\$ 34.25	\$ 1370
GRAND TOTAL						\$ 29,320.76
GRAND TOTAL						
(In words) TWENTY Nine Thousand Three Hundred & twenty dollars and two seventy six cents.						

SECTION 8 - BID FORM SIGNATURE PAGE

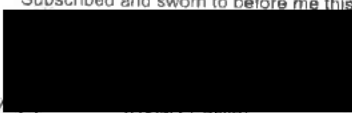
The Contractor agrees to provide the service, and/or supplies as described in this solicitation and subject, without limitation, to all specifications, terms, and conditions herein contained. Bidder shall acknowledge receipt of each addendum issued in the space provided on the bid form.

X  / President
(Signature and Title)

CORPORATE SEAL
(If available)

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

Subscribed and sworn to before me this 2 day of Aug AD. 2022



My Commission Expires: 11/23/2024





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: 6-14-23

Bid/Contract/PO #: 22-062-DC

Company Name: <u>Lakeshore Dairy Inc.</u>	Company Contact: <u>Patrick Izzo</u>
Contact Phone: <u>(773) 447-0091</u>	Contact Email: <u>Lakeshore.M.I.K@gmail.com</u>

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

Recipient	Donor	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 contractor bid and shall update such disclosure with any changes that may occur.

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

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	Telephone	Email

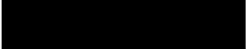
A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future county contracts.

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

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

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

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

Authorized Signature: 

Printed Name: Patrick Izzo

Title: President / Lakeshore Dairy Inc.

Date: 6-14-23

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



Care Center Requisition Under \$30,000

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2514

Agenda Date: 8/1/2023

Agenda #: 7.B.



Procurement Review Comprehensive Checklist
 Procurement Services Division
 This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 23-2384	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$26,500.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/01/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$26,500.00
	CURRENT TERM TOTAL COST: \$26,500.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: ARxIUM, Inc.	VENDOR #: 24540	DEPT: DuPage Care Center	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT:	VENDOR CONTACT PHONE: 847-512-0472	DEPT CONTACT PHONE #: 630-784-4275	DEPT CONTACT EMAIL: Jonathan.Klimes@dupageco.org
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #: 7403	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy, at the DuPage Care Center, for the period August 16, 2023 through August 15, 2024, for a contract total not to exceed \$26,500.00, per 55-1022 "Competitive Bids" (c) not suitable for competitive bids.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished ARxIUM, Inc. requires that their supplies be utilized in their equipment. If the supplies are not purchased through ARxIUM, Inc. all warranties and service agreements may be voided.			

SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. PER 55 ILCS 5/5-1022 'COMPETITIVE BIDS' (C) NOT SUITABLE FOR COMPETITIVE BIDDING
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement. SOLE PROVIDER OF FACTORY-AUTHORIZED WARRANTY SERVICE
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific. ARxIUM, Inc. requires that their supplies be utilized in their equipment. If the supplies are not purchased through ARxIUM, Inc. all warranties and service agreements may be voided.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not. DuPage Care Center purchased the FastPak Medication Dispensing Machine off of bid P15-222-GV.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn:	Email:	Attn: Jonathan Klimek	Email: jonathan.klimek@dupageco.org
Address: 1400 Busch Parkway	City: Buffalo Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60089	State: IL	Zip: 60187
Phone: 847-512-0472	Fax:	Phone: 630-784-4275	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn:	Email:	Attn: Jonathan Klimek	Email: jonathan.klimek@dupageco.org
Address: 52226 Network Place	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60673	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4275	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): August 16, 2023	Contract End Date (PO25): August 15, 2024
Contract Administrator (PO25): Christine Kliebhan			

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	1	EA		Supplies for the FastPak Elite Medication Dispensing Machine	FY23	1200	2085	52200		8,832.00	8,832.00
2	1	EA		Supplies for the FastPak Elite Medication Dispensing Machine	FY24	1200	2085	52200		17,668.00	17,668.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 26,500.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy, at the DuPage Care Center, for the period August 16, 2023 through August 15, 2024, for a contract total not to exceed \$26,500.00, per 55-1022 "Competitive Bids" (c) not suitable for competitive bids.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 1, 2023 Human Services Committee
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

The following documents have been attached: W-9 Vendor Ethics Disclosure Statement



Pouch Device - United States Consumable Order Form

Date: _____

Qty	Item #	FastPak Elite	Price
	51022490A	Ribbon (10/case)	\$259.99
	51022406A	Ribbon Cartridge (each)	\$73.49
	RFIDPPL01	Wide Non-Humid Paper (6/case)	\$399.99
	29130020	Wide Humid Proof Paper (6/case)	\$619.49
	29132000	Narrow Non-Humid Paper (6/case)	\$393.99
	29132100	Narrow Humid Proof Paper (6/case)	\$619.49
	51Y22204C	Pre-fill Tray (each)	\$1,574.99
	AB00332-A	Canister Label (460/roll)	\$57.99
	14000010	Brass Brush (each)	\$13.69
	14000030	Car Cream (each)	\$27.99
	40000027C	Desiccant (300/can)	\$59.99
Qty	Item #	FastPak TableTop	Price
	UP600	Thermal Foil 2 1/4" (Dot Matrix) (5/case)	\$159.99
	UP601	Thermal Foil 2 1/4" Poly (5/case)	\$184.99
	UP610	Poly Clear 2-3/8" (5/case)	\$329.99
	UP620	Poly Amber 2-3/8" (5/case)	\$329.99
	UP625	Thermal Transfer Ribbon (5/case)	\$132.99
Qty	Item #	FastPak Verify	Price
	VP00094-A	Blue Pen (10/Pkg)	\$24.99
	51Y22358A	Master Image Tray Yuyama (each)	\$899.99
	51Y22359B	Master Image Tray Panasonic (each)	\$929.99
	AB01345-A	Spooler Reel, Acrylic	\$99.99
Qty	Item #	Barcoding Station Labels	Price
	2M9534	Standard Inventory Label 1.5" x .5"	\$21.29
	2M9535	Mini Inventory Label .75" x .5"	\$29.99
	2M9485	Flag Label 1.5" x .5" with 2.5" x 5" flag tail	\$32.29
	502224-A	Dot Label 3/8" Dot w/in 1" x 1" square	\$15.99
Qty	Item #	RxWorks Workflow/ClincWorks	Price
	2M9495	WP Term Label Patient Spec Zebra	\$152.99
	2M9533	Workflow/Carousel Patient Label	\$29.99
	2Q1120	Desktop Zebra Printer Label	\$199.99
	AB02005-A	Zebra Mobile Label 3.125"x2"	\$12.50
	AB02505-A	Label Thermal, 3.125X2.00, 8"O	\$55.70

Qty	Item #	Miscellaneous Items	Price
	2A2101	3M Electronic Vacuum Cleaner	\$342.99
	2A2104	Aatrix Hepa Filter.(each)	\$46.99
	2A1327	Boxes - Multi Dose (Large) (225/case)	\$136.49
	2A1326	Boxes - Multi Dose (Medium) (300/case)	\$75.69
	2A1325	Boxes - Multi Dose (Small) (400/case)	\$92.99
	2A1320-A	Boxes - Unit Dose (Small) (1000/case)	\$126.99

Shipping Method	
<input type="checkbox"/>	Ground
<input type="checkbox"/>	Next Day
<input type="checkbox"/>	2 Day
<input type="checkbox"/>	3 Day
<input type="checkbox"/>	Saturday
<input type="checkbox"/>	Cust Acct

ALL PRICES ARE SUBJECT TO CHANGE.
PRICE DOES NOT INCLUDE SHIPPING AND APPLICABLE TAX.
RETURNS MAY BE SUBJECT TO A RESTOCKING FEE.

Cust ID: _____

Ship To:	
Attn:	
Phone:	
PO:	

Bill To:	
Email:	
Phone:	
Last 4 digits of the credit card # ____ (Consent required)	
- Store my credit card details for future orders <input type="checkbox"/>	
- Do not store my credit card details <input type="checkbox"/>	
Name on Card:	
Exp Date:	



Required Vendor Ethics Disclosure Statement

Date: July 7, 2023

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

Bid/Contract/PO #: _____

Company Name: ARxIUM, Inc.	Company Contact: Carrie A. Mainella
Contact Phone: (204) 594-6214	Contact Email: cmainella@arxium.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

Recipient	Donor	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 contractor bid and shall update such disclosure with any changes that may occur.

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

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	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 disbarment from future county contracts.

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

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

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

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

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

Signature on File

Authorized Signature

Printed Name

Clancy McCarthy

Title

Director, Finance

Date

July 7, 2023

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



Change Order

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2515

Agenda Date: 8/1/2023

Agenda #: 7.C.

HS-CO-0009A-23

AMENDMENT TO RESOLUTION HS-CO-0009-23
ISSUED TO LIFESCAN LABORATORIES OF ILLINOIS
FOR PATIENT PHLEBOTOMY AND LAB SERVICES
FOR THE DUPAGE CARE CENTER
(EXTEND CONTRACT THROUGH MARCH 19, 2023, AND TO INCREASE ENCUMBRANCE
\$32,500.00)

WHEREAS, Resolution HS-CO-0009-23, was approved by the DuPage County Board on May 23, 2023; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to County Contract 6005-0001 SERV, issued to Lifescan Laboratories of Illinois, for patient phlebotomy and lab services, for the DuPage Care Center, to extend contract through March 19, 2023 and increase the contract by \$32,500.00 resulting in an amended contract total of \$67,500.00, an increase of 92.86%.

NOW, THEREFORE BE IT RESOLVED, that the County Board adopt the Change Order Notice to County Contract 6005-0001 SERV, issued to Lifescan Laboratories of Illinois, for patient phlebotomy and lab services, for the DuPage Care Center, to extend contract through March 19, 2023 and increase the contract by \$32,500.00 resulting in an amended contract total of \$67,500.00, an increase of 92.86%.

Enacted and approved this 8th day of August, 2023, at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

HS 8/1
 FI + CB 8/8



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Jul 7, 2023

MinuteTraq (IQM2) ID #: 23-2386

Purchase Order #: 6005-0001 SERV	Original Purchase Order Date: Sep 20, 2022	Change Order #: 6	Department: DuPage Care Center
Vendor Name: Lifescan Laboratories of Illinois	Vendor #: 38420	Dept Contact: DPCC	

Background and/or Reason for Change Order Request: This contract is for patient phlebotomy and lab services for the period September 20, 2022 through September 19, 2023.
 Increase line 6, 1200-2050-53070, in the amount of \$19,500.00 to cover for anticipated services for remainder of FY23
 Create line 8, 1200-2050-53070, in the amount of \$13,000.00 to cover for services through the new contract extension of March 19, 2024.
 NOTE: this increase is to cover a higher census, and more Respiratory panels that are prescribed by our Physicians and those tests are more expensive.

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	\$20,000.00
B	Net \$ change for previous Change Orders	\$15,000.00
C	Current contract amount (A + B)	\$35,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$32,500.00
E	New contract amount (C + D)	\$67,500.00
F	Percent of current contract value this Change Order represents (D / C)	92.86%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	237.50%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

- Increase (greater than 29 days) contract expiration from: _____ to: _____
- Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount Funding Source _____
- OTHER - explain below:

cdk	4208	Jul 6, 2023	<i>AKM</i>	Jul 6, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Date

REVIEWED BY (Initials Only)

Buyer	Date	Procurement Officer	7-13-23 Date
-------	------	---------------------	-----------------



Decision Memo

Procurement Services Division

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

Date: Jul 6, 2023

MinuteTraq (IQM2) ID #: 23-2386

Department Requisition #: 6005-0001SERV

Requesting Department: DuPage Care Center	Department Contact: Annabel Leonida
Contact Email: annabel.leonida@dupageco.org	Contact Phone: 630-784-4250
Vendor Name: Lifescan Labs	Vendor #: 38420

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 March 19, 2024 and Increase contract in the amount of \$32,500.00 to cover patient phlebotomy and lab services

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

Contract for phlebotomy and laboratory services for the Care Center residents for the period 09/20/22 through 09/19/23.

The Care Center would like to extend this contract through March 19, 2024, to allow for Procurement to put forth a new RFP. This extension should allow us the time to complete and to include any transition time if a new vendor is awarded contract.

Labs are prescribed by Physicians, the Doctors are including respiratory panels, which is more costly. Therefore, the current increase is requested to allow for continued patient laboratory services while preparing the necessary RFP process and to include transitions, if necessary, and services provided through end of the extended period of March 19 2024.

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.

To allow continued patient laboratory services for the residents of the DuPage Care Center.

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

21-049-CARE

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

- 1) Approve request to extend contract through March 19, 2024 and to increase contract in the amount of \$32,500.00 to cover continued patient laboratory services for the residents of the DuPage Care Center.
- 2) Do not approve request to extend contract through March 19, 2024 and to increase contract in the amount of \$32,500.00 to cover continued patient laboratory services for the residents of the DuPage Care Center, however, the DuPage Care Center must continue to fulfill physician orders for laboratory services for residents.

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.

FY23 1200-2050-53070 \$19,500.00 and FY24 1200-2050-53070 \$13,000.00



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: 7/14/2023

Bid/Contract/PO #: 6005-001 SERV

Company Name: Lifescan Labs of Illinois d/b/ Lifescan Health	Company Contact: Paul Jurgensen
Contact Phone: 847-663-8300 ext. 2464	Contact Email: pjurgensen@lifescanhealth.com

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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

Recipient	Donor	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 contractor bid and shall update such disclosure with any changes that may occur.

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

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	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 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
DocuSigned by:
CB12E8D4269C42A...

Printed Name Elly Kutoff

Title CEO

Date July 14, 2023 | 07:17:15 PDT

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



Authorization to Travel

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2516

Agenda Date: 8/1/2023

Agenda #: 8.A.

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel
Revised 1-08-2019

REQUEST DATE:	7/7/2023		
NAME:	TITLE: Housing & Community		
DEPARTMENT: CDC	ACCOUNT CODE:	5000-1440	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
Community Development Manager to attend the National Association for County Community & Economic Development (NACCED) Annual Educational Conference and Training. 100% Community Development Block Grant funded.			
DESTINATION: Salt Lake City, UT			
DATE OF DEPARTURE:	9/18/2023	DATE OF RETURN ARRIVAL:	9/21/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$605.00
TRANSPORTATION:			\$700.00
LODGING			\$630.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$175.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$224.00
TOTAL			\$2,334.00

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 7/10/23

Committee Name: _____
ALL OVERNIGHT TRAVEL

Date: _____

County Board: _____
ONLY OUT-OF-STATE TRAVEL

Date: _____

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.



Authorization to Travel

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2517

Agenda Date: 8/1/2023

Agenda #: 8.B.

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel
Revised 1-08-2019

REQUEST DATE:	7/12/2023		
NAME:		TITLE: WX Assessor
DEPARTMENT: Community Service	ACCOUNT CODE:	5000 1400 22-401028	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
Weatherization Grant Funded Training - Weatherization Assessor will attend the Healthy Home Evaluator mandated training - Paid by Weatherization grants. Training is required to ensure assessor is knowledgeable on program and meets program guidelines. Cost includes mileage, hotel, and per diem of approximately \$1,699.39.			
DESTINATION: Champaign			
DATE OF DEPARTURE:	8/6/2023	DATE OF RETURN ARRIVAL:	8/11/2023
(Please include a detailed explanation if different from official business dates)			
Class starts on Monday 8/7/23, so staying overnight on Sunday, 8/6/23			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$0.00
TRANSPORTATION:			\$0
LODGING			\$1,121.38
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$253.51
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$324.50
TOTAL			\$1,699.39

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 7/18/23

Committee Name: _____
ALL OVERNIGHT TRAVEL

Date: _____

County Board: _____
ONLY OUT-OF-STATE TRAVEL

Date: _____

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.



Authorization to Travel

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2518

Agenda Date: 8/1/2023

Agenda #: 8.C.

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel
Revised 1-08-2019

REQUEST DATE:	13-Jul-23		
NAME:	TITLE: Sr. Housing Com. Dev. Planner		
DEPARTMENT: Community Services	ACCOUNT CODE:	5000-1510	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
100% grant funded travel request for Sr. Housing Community Development Planner to attend annual Housing Action Illinois Conference. Conference participants learn best practices in ending homelessness, expanding and protecting affordable housing, public policy advocacy, housing counseling, and affordable housing development.			
DESTINATION: Bloomington, IL			
DATE OF DEPARTURE:	10/19/2023	DATE OF RETURN ARRIVAL:	10/20/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$250.00
TRANSPORTATION:			\$145.00
LODGING			\$150.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$0.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$88.50
TOTAL			\$633.50

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 7/26/23

Committee Name: _____
 ALL OVERNIGHT TRAVEL

Date: _____

County Board: _____
 ONLY OUT-OF-STATE TRAVEL

Date: _____

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.



Authorization to Travel

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2519

Agenda Date: 8/1/2023

Agenda #: 8.D.

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel
Revised 1-08-2019

REQUEST DATE: 7/26/2023	
NAME:	TITLE: Director
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1440
PURPOSE OF TRIP: (explain fully the necessity of making the trip) to attend the National Association for County Community and Economic Development annual conference and training.	
DESTINATION: Salt Lake County, UT	
DATE OF DEPARTURE: 9/18/2023	DATE OF RETURN ARRIVAL: 09/21/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$600.00
TRANSPORTATION:	\$650.00
LODGING	\$630.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$175.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$224.00
TOTAL	\$2,279.00

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 7/26/23

Committee Name: _____
ALL OVERNIGHT TRAVEL

Date: _____

County Board: _____
ONLY OUT-OF-STATE TRAVEL

Date: _____

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.



Grant Proposal Notifications

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2520

Agenda Date: 8/1/2023

Agenda #: 9.A.



Grant Proposal Notification

GPN Number: 042-23
(Completed by Finance Department)

Date of Notification: 06/22/2023
(MM/DD/YYYY)

Parent Committee Agenda Date: 08/01/2023
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 09/30/2022
(MM/DD/YYYY)

Name of Grant: FY2022 Continuum of Care Program Competition - HMIS

Name of Grantor: U.S. Department of Housing and Urban Development

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

County Department: Community Services

Department Contact: Julie Burdick, HMIS Manager, x6462
(Name, Title, and Extension)

Parent Committee: HS

Grant Amount Requested: \$ 188,556.00

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

Is this a new non-recurring Grant: Yes No

Source of Grant: Federal State Private Corporate

If Federal, provide CFDA: 14.267 If State, provide CSFA: _____



Grant Proposal Notification

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

DuPage County Community Services is the HMIS Lead in the DuPage Continuum of Care, IL-514. We participate in a regional HMIS database, Northeast Illinois (NIL) HMIS, with the Alliance to End Homelessness in Suburban Cook County serving as the technical lead. Each HMIS Lead established Standard Operating Procedures within their CoC and works with participating agencies to help ensure compliance with Privacy, Security, Data Quality. This grant will help fund a HMIS project Manager and two full-time System Administrators who provide training, monitoring, reporting, and technical assistance to 13 participating agencies and 140 Users, Software, System Administration, Reporting and Data training, HMIS related travel, and grant administration expenses. We have the capacity for a total of 155 users.

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

Quality of Life - The Homeless Management Information System is not only a Federal requirement but it is also used to coordinate the care of persons experiencing homelessness or at risk of homelessness, coordinate access to permanent housing, and to report on both program and system level performance. We also host our resource data in HMIS, which is made public through DuPageCRIS.org.

3. What is the period covered by the grant? 09/01/2023 to: 08/31/2024
(MM/DD/YYYY) (MM/DD/YYYY)

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

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

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

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

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

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

5.2. After expenditure of costs (reimbursement-based)



Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes

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

6.1.1. Total salary \$183,007.00 Percentage covered by grant 54%

6.1.2. Total fringe benefits \$73,203.00 Percentage covered by grant 54%

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

6.1.3.1. If yes, which ones are disallowed?

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

5000-1470 at 41%, 1000-1750 at 5%

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

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

6.2.1.1. Full-time _____ Part-time _____ Temporary _____

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

6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

Grant Proposal Notification

- | | |
|--|--------------|
| 9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? | 1000-1750 |
| 10. What amount of funding is already allocated for the project? | \$98,895.00 |
| 10.1. If allocated, in what Company-Accounting Unit are the funds located? | 5000-1470 |
| 10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): | Yes |
| 11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? | \$334,592.00 |



Grant Proposal Notifications

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2521

Agenda Date: 8/1/2023

Agenda #: 9.B.



Grant Proposal Notification

GPN Number: 046-23
(Completed by Finance Department)

Date of Notification: 07/14/2023
(MM/DD/YYYY)

Parent Committee Agenda Date: 08/01/2023
(Completed by Finance Department) (MM/DD/YYYY)

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

Name of Grant: DHS Employment Barrier Reduction Program PY24

Name of Grantor: Illinois Association of Community Action Agencies (IACAA)

Originating Entity: US Department of Health and Human Services
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Joan Fox, Administrator Housing Supports & Self Sufficiency, x6426
(Name, Title, and Extension)

Parent Committee: HHS

Grant Amount Requested: \$ 45,600.00

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

Is this a new non-recurring Grant: Yes No

Source of Grant: Federal State Private Corporate

If Federal, provide CFDA: 93.558 If State, provide CSFA: _____



Grant Proposal Notification

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

To reduce barriers in securing and maintaining employment, the DHS Employment Barrier Reduction Program provides funding for supportive services expenses, including but not limited to expenses for homelessness prevention, utilities, transportation/gas, uniforms, and similarly purposed expenses as designated by IACAA, to SNAP, TANF, and Medicaid recipients and applicants for DHS services who are either identified by the Sub recipient or referred by the local Family and Community Resource Center (FCRC).

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

Quality of Life - Keep people safe and maintain the social service safety net. DHS housing funds are offered to assist persons recover permanent housing if experiencing literal homelessness homelessness. Customer Service - Improve access to County resources. Applicant households are screened for mainstream services.

3. What is the period covered by the grant? 09/01/2023 to: 06/30/2024
(MM/DD/YYYY) (MM/DD/YYYY)

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

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

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

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

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

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

5.2. After expenditure of costs (reimbursement-based)

Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes

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

6.1.1. Total salary \$4,000.00 Percentage covered by grant 100%

6.1.2. Total fringe benefits \$1,600.00 Percentage covered by grant 100%

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

6.1.3.1. If yes, which ones are disallowed?

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

5000-1650 CSBG Grt

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

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

6.2.1.1. Full-time _____ Part-time _____ Temporary _____

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

6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

Grant Proposal Notification

6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) _____

6.3.1. If yes, please answer the following:

6.3.1.1. How many years beyond the grant term? _____

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

6.3.1.3. Total annual salary _____

6.3.1.4. Total annual fringe benefits _____

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

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project \$5,600.00

7.1.2. Percentage of direct administrative costs covered by grant 100%

7.1.3. What percentage of the grant total is the portion covered by the grant 12.3%

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 87.7%

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

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? 0%

9.1.2. What is the dollar amount of the County's match? \$0.00



Grant Proposal Notifications

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
www.dupagecounty.gov

File #: 23-2522

Agenda Date: 8/1/2023

Agenda #: 9.C.



Grant Proposal Notification

GPN Number: 047-23
(Completed by Finance Department)

Date of Notification: 07/14/2023
(MM/DD/YYYY)

Parent Committee Agenda Date: 08/01/2023
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 09/30/2022
(MM/DD/YYYY)

Name of Grant: FY2022 Continuum of Care Program Competition-Planning

Name of Grantor: U.S. Department of Housing and Urban Development

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

County Department: Community Services

Department Contact: Joan Fox, Administrator Housing Supports & Self Sufficiency, 6426
(Name, Title, and Extension)

Parent Committee: HHS

Grant Amount Requested: \$ 170,370.00

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

Is this a new non-recurring Grant: Yes No

Source of Grant: Federal State Private Corporate

If Federal, provide CFDA: 14.267 If State, provide CSFA: _____



Grant Proposal Notification

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

A grant received from US Department of Housing and Urban Development through the 2022 Continuum of Care Competition for the purpose of assisting the Continuum of Care with planning activities. These activities are: coordination of activities within the Continuum, evaluation and monitoring of Continuum projects, participating in the Consolidated Planning process of DuPage County, applying for future funds with the HUD competitive process and activities related to the application, development of a Continuum system, and undertaking HUD required compliance activities.

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

Quality of Life: The planning grant assists the Continuum of Care (CoC) to maintain a strong governance, strong data and strong projects to lead us to our goal of ending homelessness.
Customer Service: The planning grant supports efforts like the Coordinated Entry System which outreaches to and connects our vulnerable residents to needed resources.
Financial Planning: The planning grant helps the CoC plan and prioritize projects in a consolidated application to HUD’s Program Competition.

3. What is the period covered by the grant? 10/01/2023 to: 09/30/2024
(MM/DD/YYYY) (MM/DD/YYYY)

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

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

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

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

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

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

5.2. After expenditure of costs (reimbursement-based)



Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes

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

6.1.1. Total salary \$96,445.78 Percentage covered by grant 100%

6.1.2. Total fringe benefits \$38,578.32 Percentage covered by grant 100%

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

6.1.3.1. If yes, which ones are disallowed?

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

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

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

6.2.1.1. Full-time _____ Part-time _____ Temporary _____

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

6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?



Grant Proposal Notification

- 9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? 1000 1750
10. What amount of funding is already allocated for the project? \$0.00
- 10.1. If allocated, in what Company-Accounting Unit are the funds located? _____
- 10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): No
11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$212,963.00