DU PAGE COUNTY

Human Services

Final Regular Meeting Agenda

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

Tuesday, March 19, 2024 | **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. **24-0966**
Human Services Committee - Regular Meeting - Tuesday, March 5, 2024

6. DUPAGE CARE CENTER - JANELLE CHADWICK

6.A. **FI-R-0058-24**
Recommendation for approval of employee compensation and job classification adjustment for the DuPage Care Center. (1200-2100)

6.B. **24-0967**
Recommendation for the approval of a contract purchase order to Yami Vending, Inc., to manage beverage and snack vending machines at various locations on County Campus, at no cost to the County, for the period of April 5, 2024 through April 4, 2025, per bid #24-004-DCC.

6.C. **24-0968**
HS-P-0054B-23 - Amendment to Resolution HS-P-0054A-23, issued to Maxim Healthcare Services, to provide supplemental nursing staffing services, for the DuPage Care Center, for the period April 13, 2023 through April 12, 2024, to increase encumbrance in the amount of $28,715, for a new contract amount of $244,025, a 13.34% increase. (6363-0001 SERV)

7. TRAVEL

7.A. **24-0969**
Travel Request for Weatherization Assessor to attend the National Home Performance Conference and Trade Show in Minneapolis, Minnesota, from April 8, 2024 through April 11, 2024. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems, for approximate total of $3566. Weatherization grant funded. (Community Services)

7.B. **24-0974**

Travel Request for Weatherization Supervisor to attend the National Home Performance Conference and Trade Show in Minneapolis, Minnesota, from April 8, 2024 through April 11, 2024. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems, for approximate total of $3766. Weatherization grant funded. (Community Services)

8. CONSENT ITEMS

8.A. **24-0970**

Novastaff Healthcare Services, Contract Purchase order 6400-0001 SERV, is decreasing in the amount of $28,715.36, to offset the increase to Maxim Healthcare Services for supplemental staffing. (DuPage Care Center).

9. RESIDENCY WAIVERS - JANELLE CHADWICK

10. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

11. COMMUNITY SERVICES UPDATE - MARY KEATING

11.A. **24-0971**

ERA Update

12. OLD BUSINESS

13. NEW BUSINESS

14. ADJOURNMENT

421 N. COUNTY FARM ROAD
WHEATON, IL 60187
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File #: 24-0966 **Agenda Date:** 3/19/2024 **Agenda #:** 5.A.

DU PAGE COUNTY

Human Services

Final Summary

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

Tuesday, March 5, 2024 | **9:30 AM** | **Room 3500A**

1. CALL TO ORDER

9:30 AM meeting was called to order by Chair Greg Schwarze at 9:33 AM.

2. ROLL CALL

Other Board members present: Member Yeena Yoo, Member Patty Gustin, and Member Cindy Cahill Cronin

Staff in attendance: Joan Olson (Chief Communications Officer), Renee Zerante (Assistant State's Attorney), Mary Catherine Wells and Keith Jorstad (Finance), Donna Weidman (Procurement) Gina Strafford-Ahmed, Natasha Belli, and Julie Hamlin (Community Services), Mary Keating (Director - Community Services), Janelle Chadwick (Administrator -DuPage Care Center), remote.

PRESENT	Childress, DeSart, LaPlante, and Schwarze
LATE	Galassi, and Garcia

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

No Chair remarks were offered.

5. APPROVAL OF MINUTES

5.A. **24-0846**
Human Services Committee - Regular Meeting - Tuesday, February 20, 2024

RESULT:	APPROVED
MOVER:	Michael Childress
SECONDER:	Lynn LaPlante

6. COMMUNITY SERVICES - MARY KEATING

6.A. **HS-R-0010-24**

Authorizing Execution of Intergovernmental Agreement between Pace Suburban Bus and DuPage County Community Services for Paratransit Service in the amount of $657,200. FY24 (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Michael Childress
SECONDER:	Dawn DeSart

6.B. **HS-P-0015-24**

Awarding resolution issued to Comcast Cable Communications Management, LLC, dba Effectv, to provide a Call 211 Of DuPage local advertising campaign for community awareness, from March 12, 2024 through June 30 2024, for a contract total amount not to exceed $130,000; per RFP #24-023-CS. (Community Services)

Gina Strafford-Ahmed stated Comcast Cable Communications Management responded to a bid and was awarded a contract for advertising services for the 211 helpline. Comcast will stream video advertisements for 211, reaching viewers through all social media platforms. Staff are hoping to increase the 211 call volume through this marketing campaign.

Additionally, the Information & Referral Department will begin communicating with clients via text effective April 1, 2024, with funding from the State 211 grant.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Michael Childress
SECONDER:	Dawn DeSart

7. DUPAGE CARE CENTER - JANELLE CHADWICK

7.A. **24-0847**

Recommendation for the approval of a contract purchase order to Redsail Technologies, LLC, for software and software maintenance for the data system in the Pharmacy Department, for the period May 1, 2024 through April 30, 2025, for a total contract amount not to exceed $17,000; per 55 ILCS 5/5-1022 "Competitive Bids" (D) IT/Telecom purchases under $35,000.

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

7.B. **24-0848**

Recommendation for the approval of a contract purchase order to Edward Don & Company, for Cambro Meal Tray Carts, for the DuPage Care Center Dining Services, for the period March 6, 2024 through November 30, 2024, for a contract total amount not to exceed $28,481.57, per quote #24-026-DCC.

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

8. BUDGET TRANSFERS

8.A. **24-0849**

Budget Transfer to transfer funds from Equipment and Machinery, $2,843 from 1200-2025-54110, and $4,481 from 1200-2100-54110 to Furn/Mach/Equipment Small Value 1200-2025-52000, for three of the eight delivery carts that were previously budgeted to the capital line (Equipment & Machinery) and being moved to the correct line (Small Value) to accommodate quote coming in less than budgeted for a total amount of $7,324 for Dining Services, FY24. (DuPage Care Center)

Member Galassi arrived from a previous meeting at 9:37 AM.

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

9. RESIDENCY WAIVERS - JANELLE CHADWICK

Member Garcia arrived from a previous meeting at 9:40 AM.

Janelle Chadwick presented one request for a residency waver for one individual seeking admission to the DuPage Care Center. There currently eight male and six female beds available, so no DuPage County residents will be displaced by accepting this individual.

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

10. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Ms. Chadwick gave an update on the construction at the DuPage Care Center, stating they are putting in the final fixtures in the 4N unit. A temporary occupancy draft letter has been prepared for the Illinois Department of Public Health (IDPH), requesting an inspection of the 4N unit. The last step is to complete a balancing test on fresh air and return air, a certain ratio percentage must be obtained.
Next, work will begin on the main entrance. They are currently in the process of selecting finishes for the canopy that will be out front.

Members LaPlante, Garcia, and Childress expressed interest in touring the DuPage Care Center.

Member LaPlante announced she will be playing the violin on Thursday for the residents at the DuPage Care Center.

11. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating gave an update on the food insecurity efforts. Finance will submit an appropriation for the second round of equipment grants at the March 12, 2024, meeting for approval in the amount of $500,000. Also next week, Finance will submit for the final extension to the Northern Illinois Food Bank (NIFB) grant for funding through June 2025. They will also submit to modify the NIFB agreement to allow them to buy protein as well as produce, particularly in the warm months when they receive produce from area gardeners that donate. Currently there is $2.6M available for food insecurity derived from $1.6M remaining from the original food insecurity and nearly $1.1M added from ARPA interest funds. We will have $500,000 remaining of ARPA interest funds with no pending deadlines. The direct ARPA funds must be allocated by December of 2024.

Mary Keating commended the Senior Services unit for their valuable input as a testing site for the new computer system the state will roll out after alluding to for several years. This will be a fully integrated system that combines case management and billing. The first case coordination unit in the state will start the implementation at the end of March. Our office is scheduled to begin in May. We have been dependent on a whole host of databases provided by the federal and state governments. At one time we were inputting data into six to seven databases mandated by our funding agencies.

12. OLD BUSINESS

No old business was discussed.

13. NEW BUSINESS

No new business was discussed.

14. ADJOURNMENT

With no further business, Chair Schwarze requested a motion to adjourn. Member LaPlante so moved, Member Childress seconded, all ayes on a voice vote. The meeting was adjourned at 9:50 AM.

RESULT:	APPROVED
MOVER:	Lynn LaPlante
SECONDER:	Michael Childress

Finance Resolution

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

File #: FI-R-0058-24 **Agenda Date:** 3/19/2024 **Agenda #:** 6.A.

APPROVAL OF EMPLOYEE COMPENSATION
AND JOB CLASSIFICATION ADJUSTMENTS

WHEREAS, appropriations for the 1200-2100 FUND for Fiscal Year 2024 were adopted by the County Board pursuant to Ordinance FI-O-0009-23; and

WHEREAS, the DuPage County Employee Policy Manual, Compensation Practices Policy, states salary adjustments, outside of those specifically authorized by the County Board or recognized collective bargaining agreements, must be reviewed by the Finance Department. These requests should be included within the Department's annual fiscal budget; and

WHEREAS, the DuPage County Employee Policy Manual, Job Evaluation/Headcount Title Changes Policy, states job evaluations and headcount title change requests should be included within the annual fiscal budget process. Requests made outside of the annual fiscal budget process must obtain approval from the Chief Financial Officer (or designee), Chief Human Resources Officer and County Board Chair designee and complete all documents as part of the request.

NOW, THEREFORE BE IT RESOLVED that the positions as specified below be placed on the regular, part-time or temporary payroll salaries, classifications, and with the effective date as more particularly set forth below:

GENERAL FUND

JOB RECLASSIFICATIONS

Care Center
March 27, 2024
Rafael Lopez
Food Services Supervisor from Food Services Assistant Supervisor
Class 4245, Range 111 at $61,800 per year from
Class 4235, Range 110 at $53,975 per year

Enacted and approved this 26th of March, 2024 at Wheaton, Illinois.

_____
DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____
JEAN KACZMAREK, COUNTY CLERK

Care Center Requisition Under $30,000

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

File #: 24-0967 **Agenda Date:** 3/19/2024 **Agenda #:** 6.B.

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

SECTION 1: DESCRIPTION

General Tracking		*Contract Terms*	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 24-004-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: $0.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 03/19/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: $0.00
	CURRENT TERM TOTAL COST: $0.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		*Department Information*	
VENDOR: Yami Vending, Inc.	VENDOR #: 32905	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Liat Segal	VENDOR CONTACT PHONE: 847-423-2448	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL:
VENDOR CONTACT EMAIL: liat@yamivending.com	VENDOR WEBSITE:	DEPT REQ #: 7442	

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.).
Manages beverage and snack vending machines at various locations on the DuPage County Campus for the period April 5, 2024 through April 4, 2025, per bid #24-004-DCC

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
Yami Vending, Inc. will pay DuPage Care Center profit sharing with percentages of profit sharing increases every year.
Monthly Commission Payable to DuPage Care Center based on machine's Gross Income.
Yami Vending will pay DuPage Care Center monthly, 27% profit sharing along with a one-time payment of $5,500.00 for the first year.

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.

LOWEST RESPONSIBLE QUOTE/BID (QUOTE < $25,000, BID ≥ $25,000; ATTACH TABULATION)

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			
Send Purchase Order To:		*Send Invoices To:*	
Vendor: Yami Vending, Inc.	Vendor#: 32905	Dept: DuPage Care Center	Division: Dining Services
Attn: Liat Segal	Email: liat@yamivending.com	Attn: Mario Plata	Email: mario.plata@dupagecounty.gov
Address: 8141 Austin Avenue	City: Morton Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60053	State: IL	Zip: 60187
Phone: 847-0423-2448	Fax:	Phone: 630-784-4416	Fax:
Send Payments To:		*Ship to:*	
Vendor: Yami Vending, Inc.	Vendor#: 32905	Dept: DuPage Care Center	Division: Dining Services
Attn: Liat Segal	Email: liat@yamivending.com	Attn: Mario Plata	Email: mario.plata@dupagecounty.gov
Address: 8141 Austin Avenue	City: Morton Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60053	State: IL	Zip: 60187
Phone: 847-0423-2448	Fax:	Phone: 630-784-4416	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 5, 2024	Contract End Date (PO25): April 4, 2025
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		EA		Vending Services	FY24					0.00	0.00
2		EA		Vending Services	FY25					0.00	0.00
FY is required, assure the correct FY is selected.										Requisition Total	$ 0.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Manages beverage and snack vending machines at various locations on the DuPage County Campus for the period April 5, 2024 through April 4, 2025, per bid #24-004-DCC
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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

THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
VENDING MACHINE SERVICES 24-004-DCC
BID TABULATION

			Yami Fresh	
NO.	ITEM	CONTRACT YEAR	**PERCENT**	**PAYMENT**
1	One-Time Payment	1		**$ 5,500.00**
2	Commission Based on Gross Sales		**27%**	
3	One-Time Payment	2		**$ 6,500.00**
4	Commission Based on Gross Sales		**29%**	
5	One-Time Payment	3		**$ 7,500.00**
6	Commission Based on Gross Sales		**30%**	
7	One-Time Payment	4		**$ 8,500.00**
8	Commission Based on Gross Sales		**31%**	
			GRAND TOTAL	**$ 28,000.00**

NOTES

Bid Opening 3/11/2024 @ 2:30 PM	NE, BR
Invitations Sent	18
Total Vendors Requesting Documents	2
Total Bid Responses	1

SECTION 7 - BID FORM PRICING

Commissions shall be paid on gross vending revenues with no deductions for any fees or expenses. One-time yearly payments to the County shall be paid during the first month of the contract.

NO	ITEM	CONTRACT YEAR	PERCENTAGE	PAYMENT
1	One-Time Payment	1		$ 5,500.00
2	Commission Based on Gross Sales		27 %	
3	One-Time Payment	2		$ 6,500.00
4	Commission Based on Gross Sales		29 %	
5	One-Time Payment	3		$ 7,500.00
6	Commission Based on Gross Sales		30 %	
7	One-Time Payment	4		$ 8,500.00
8	Commission Based on Gross Sales		31 %	
			GRAND TOTAL	$ 28,000.00
GRAND TOTAL (In words)	TWENTY EIGHT THOUSAND DOLLARS AND ZERO 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.

Signature on File

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 _____ day of _____ AD, 20_____

_____ My Commission Expires: _____
(Notary Public)

_____
SEAL

SECTION 9 - MANDATORY FORM
VENDING MACHINE SERVICES 24-004-DCC
(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Yami Vending Inc. dba Yami Fresh		
Main Business Address	8141 Austin Ave.		
City, State, Zip Code	Morton Grove, IL 60053		
Telephone Number	847-423-2448 x102	Email Address	Liat@yamivending.com
Bid Contact Person	Liat Segal		

The undersigned certifies that he is:

☑ the Owner/Sole Proprietor ☐ a Member authorized to sign on behalf of the Partnership ☐ an Officer of the Corporation ☐ a Member of the Joint Venture

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

Liat Segal
(President or Partner)

_____
(Vice-President or Partner)

Ran Golan
(Secretary or Partner)

_____
(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Officer, DuPage County, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including

Addenda No. __, _____, ____, and ____ issued thereto.

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

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

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

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

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

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

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

CONTRACT ADMINISTRATION INFORMATION:

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME	Yami Vending Inc. dba Yami Fresh	NAME	SAME AS CORRESPONDENCE
CONTACT	Liat Segal	CONTACT	
ADDRESS	8141 Austin Ave.	ADDRESS	
CITY ST ZIP	Morton Grove, IL 60053	CITY ST ZIP	
TX	847-779-3255	TX	
FX		FX	
EMAIL	Liat@yamivending.com	EMAIL	
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
Not Applicable		Various vending machines around County	

ALL MATERIALS MUST BE BID AND SHIPPED F.O.B. DESTINATION, DELIVERED AND INSTALLED

(FREIGHT INCLUDED IN PRICE)

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: 02/27/2024

Bid/Contract/PO #: Vending Services

Company Name: Yami Vending Inc. dba Yami Fresh	Company Contact: Liat Segal
Contact Phone: 847-779-3255	Contact Email: Liat@yamivending.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:
https://www.dupageco.org/CountyBoard/Policies/

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

Authorized Signature: Signature on File

Type text here

Printed Name: Liat Segal

Title: President

Date: 02/27/2024

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

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

File #: 24-0968 **Agenda Date:** 3/19/2024 **Agenda #:** 6.C.

HS-P-0054B-23
AMENDMENT TO COUNTY CONTRACT HS-P-0054A-23
ISSUED TO MAXIM HEALTHCARE SERVICES
TO PROVIDE SUPPLEMENTAL NURSING STAFFING SERVICES
FOR THE DUPAGE CARE CENTER
(INCREASE ENCUMBRANCE $28,715.00, 13.34%)

WHEREAS, County Contract 6363-0001 SERV, HS-P-0054-23 was approved by the Human Services Committee on April 4, 2023; and

WHEREAS, County Contract 6363-0001 SERV, HS-P-0054A-23 was approved by the Human Services Committee on October 3, 2023, increasing encumbrance $95,310.00; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to County Contract 6363-0001 SERV, issued to Maxim Healthcare Services, to provide supplemental nursing staffing services, for the DuPage Care Center, to increase the contract by $28,715.00 resulting in an amended contract total of $244,025.00, an increase of 13.34%.

NOW, THEREFORE BE IT RESOLVED, that the County Board adopt the Change Order Notice to County Contract 6363-0001 SERV, issued to Maxim Healthcare Services, to provide supplemental nursing staffing services, for DuPage Care Center, to increase the contract by $28,715.00, resulting in an amended contract total of $244,025.00, an increase of 13.34%, a cumulative percent of 103.35%.

Enacted and approved this 26th day of March 2024, at Wheaton, Illinois.

_____

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

HS 3/19
FI + CB 3/26

Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 29, 2024

MinuteTraq (IQM2) ID #: 24-0917

Purchase Order #: 6363-0001 SERV	**Original Purchase Order Date:** Apr 13, 2023	**Change Order #:** 5	**Department:** DuPage Care Center
Vendor Name: Maxim Healthcare Services, Inc.		**Vendor #:** 13962	**Dept Contact:** Nursing

Background and/or Reason for Change Order Request:

Supplemental Nursing Staffing Services for the period 04/13/23 through 04/12/24
#1 Decrease line 2, (FY23) 1100-1215-53090-Covid-19_DCC in the amount of $6,285.00 & move to line 3, 1200-2050-53090 (FY24)
#2 Decrease line 4, (FY24) 1100-1215-53090-Covid-19_DCC in the amount of $10,000.00 & move to line 3, 1200-2050-53090 (FY24)
#3 Additionally Increase line 3, (FY24) 1200-2050-53090 in the amount of $28,715.00
NOTE: monies coming from Novastaff Healthcare contract being decreased, as contract does not provide the amount of staff then Maxim currently provides.

IN ACCORDANCE WITH 720 ILCS 5/33E-9

- [x] (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	$120,000.00
B	Net $ change for previous Change Orders	$95,310.00
C	Current contract amount (A + B)	$215,310.00
D	Amount of this Change Order [x] Increase [ ] Decrease	$28,715.00
E	New contract amount (C + D)	$244,025.00
F	Percent of current contract value this Change Order represents (D / C)	13.34%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	103.35%

DECISION MEMO NOT REQUIRED

- [ ] Cancel entire order
- [ ] Close Contract
- [ ] Contract Extension (29 days)
- [ ] Consent Only
- [x] Change budget code from: line 2 and 4 to: line 3 (FY24)
- [ ] 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: _____
- [x] Increase ≥ $2,500.00, or ≥ 10%, of current contract amount
- [ ] Funding Source _____
- [ ] OTHER - explain below:

cdk	4208	Feb 29, 2024	JC	4208	Feb 29, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date

REVIEWED BY (Initials Only)

			3/11/2024
Buyer	Date	Procurement Officer	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: Feb 29, 2024
MinuteTraq (IQM2) ID #: 24-0917
Department Requisition #: 6363-0001SERV

Requesting Department: DuPage Care Center	Department Contact: Nursing
Contact Email: annabel.leonida@dupageco.org	Contact Phone: 630-784-4250
Vendor Name: Maxim Healthcare Services, Inc.	Vendor #: 13962

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

Increase contract in the amount of $28,715.00 to cover services through April 12, 2024.

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

This contract is to provide supplemental staffing (CNA's, LPN's & RN's) for the period 04/13/23 through 04/12/24, per Proposal renewal #21-006-CARE.
The Nursing Department has analyzed this contract and it has been determined that this contract will need to be increased to provide supplemental staffing services.
DPCC has decreased Novastaff Healthcare in the amount of $28,715.00 to accommodate this increase to Maxim Healthcare (1 of 3 supplemental staffing companies). Maxim Healthcare has been providing the most staff on a consistent basis out of the three (3) supplemental staffing contracts.
NOTE: Decreasing Novastaff Healthcare (1 of 3) to allow for an increase to Maxim Healthcare, which will not impact budget line. No change in the budget line amount needed at this time.

Strategic Impact

Quality of Life

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

Maxim Healthcare Services is one (1) of three (3) companies that provides supplemental staffing to our facility. Maxim has been the company that is currently providing consistent agency staff for for the DuPage Care Center.

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

RFP #21-006-CARE

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

1) DuPage Care Center recommends that this contract for supplemental staffing (CNA's, LPN's & RN's) for the period 04/13/23 through 04/12/24, be increase in the amount of $28,715.00 to cover services provided through the end of this contract period.
2) Develop cash based incentives (beyond those that already are offered) to further entice current staff to work more overtime to cover the open shifts. This has the potential to cause significant staff burnout, resulting in less than desirable performance levels and an exacerbation to the current challenges.

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

NO CHANGE TO THE BUDGET LINE

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: 2/21/24

Bid/Contract/PO #: 24-002-DCC

Company Name: Maxim Healthcare Staffing Services, Inc.	Company Contact: Bryant Moshang Regional Controller
Contact Phone:	Contact Email: bryant@maxstaffing.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, 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.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

Authorized Signature [redacted]

Printed Name Bryant Moshang

Title Reginal Controller

Date 02-21-2024

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

FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER

Rev 1.3- 12/13/23

Authorization to Travel

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

File #: 24-0969 **Agenda Date:** 3/19/2024 **Agenda #:** 7.A.

DuPage County Employee Overnight Business Travel Expense Reimbursement Request

This expense form is used to request advance approval for County reimbursement of **overnight travel expenses**. Advance approval is required for County reimbursement for all overnight travel whether in-state or out-of-state. After travel is completed, a separate Overnight Business Travel Report Form must be completed and submitted to receive reimbursement for travel expenses.

Elected Officials subject to 50 ILCS 150/15 should not use this Overnight Business Travel Request Form. Applicable form for Elected Officials subject to 50 ILCS 150/15.

Do not use this form for travel that does not include an overnight stay. Advance approval is not required for travel that does not include an overnight stay.

Written documentation is not required for approval prior to travel. However, complete itemized documentation is required for reimbursement after travel.

Please review the County's Business Travel Expense Policy before completing this form.

The County's Business Travel Expense Policy : ["Yes"]
Employee Name: I
Empolyee Email Address: ı ı@dupagecounty.gov
Department: Community Services - Weatherization
Supervisor Email: gina.strafford@dupagecounty.gov

Description of the Requested Business Travel

Description of conference, training or other out of town event: National Home Performance Conference & Trade Show April 8-11, 2024 Minneapolis, MN Conference for Weatherization professional, trainers, program administrators energy auditors and contractors. Learn the latest trends, newest techniques, key insights and actionable items.
Start date of conference, training or other out of town event: 04-08-2024
End date of conference, training or other out of town event: 04-11-2024
Departure travel date: 04-07-2024
Return travel date: 04-11-2024
If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: Registration & Trade Show open at 7:00 am on 4/08/2024. I plan to arrive the night before.

Estimate of costs for the requested business travel

Budget Account Code: 030-500-1400-23-461028 Training & Technical Assistance budget. No effect on County General Fund.
Registration fees for conference, training or event: $1095
Form of Payment: Invoiced to county
Estimated transportation cost to and from location: $800
Describe methods of transportation to and from location: Ground to Chicago airport Flight to Minneapolis, MN depart 4/07 Ground from airport to hotel Ground hotel to airport Flight to Chicago return 4/11 Ground from airport
Rental Vehicle request:

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: $1315
Description of lodging needs, including number of nights and cost per night: 4 nights stay 4/07,8,9 & 10 $328.67 per night
Estimate such additional expenses: $0
Describe expected additional expenses:

Estimated total cost of the requested Overnight Business Travel: $3566

Confirmation and Submission

By typing my name below, the employee submitting this request certifies that the information provided herein accurately describes the proposed business travel and the requested travel expenses are my best estimate of the costs and expenses related to that travel. I understand that this request requires advance approval by my Department Head and the Parent Committee Chair (if the total is not more than $2,500) or the Parent Committee (if the total is more than $2,500).

Employee Name: |

Instructions for Immediate Supervisor other than Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please forward the form by email to the Department Head and indicate your approval.

Instructions for Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please print this form, sign below, scan and email to the Chair of the relevant Parent Committee.

Instructions for Parent Committee Chair

Please review this Overnight Business Travel Request Form. If $2,500 or less, and you approve the requested travel, please print this form, sign below, scan, and return via email to the Department Head. If more than $2,500, place this item on the agenda of the relevant Parent Committee. After approval by the Parent Committee, please print this form, sign below, scan, and return via email to the Department Head.

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 3/7/24

Committee Chair: _____

Date: _____

If the request is over $2,500 the Committee Chair certifies that the travel was approved by a majority vote at a scheduled meeting of the Parent Committee

Committee Name: _____

Meeting Date: _____

Authorization to Travel

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

File #: 24-0974 **Agenda Date:** 3/19/2024 **Agenda #:** 7.B.

DuPage County Employee Overnight Business Travel Expense Reimbursement Request

This expense form is used to request advance approval for County reimbursement of **overnight travel expenses**. Advance approval is required for County reimbursement for all overnight travel whether in-state or out-of-state. After travel is completed, a separate Overnight Business Travel Report Form must be completed and submitted to receive reimbursement for travel expenses.

Elected Officials subject to 50 ILCS 150/15 should not use this Overnight Business Travel Request Form. Applicable form for Elected Officials subject to 50 ILCS 150/15.

Do not use this form for travel that does not include an overnight stay. Advance approval is not required for travel that does not include an overnight stay.

Written documentation is not required for approval prior to travel. However, complete itemized documentation is required for reimbursement after travel.

Please review the County's Business Travel Expense Policy before completing this form.

The County's Business Travel Expense Policy : ["Yes"]
Employee Name: ¯ s
Empolyee Email Address: s@dupagecounty.gov
Department: Community Services - Weatherization
Supervisor Email: gina.strafford@dupagecounty.gov

Description of the Requested Business Travel

Description of conference, training or other out of town event: National Home Performance Conference & Trade Show April 8-11, 2024 Minneapolis MN
Start date of conference, training or other out of town event: 04-08-2024
End date of conference, training or other out of town event: 04-11-2024
Departure travel date: 04-07-2024
Return travel date: 04-11-2024
If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: Registration & Trade Show opens at 7:00 am on 4/08/2024. I plan to arrive the night before the conference.

Estimate of costs for the requested business travel

Budget Account Code: 030-5000-1400-23-461028 Training and Technical Assistance - grant funded; no effect on County General Fund
Registration fees for conference, training or event: $1095
Form of Payment: Invoiced to county
Estimated transportation cost to and from location: $800
Describe methods of transportation to and from location: Ground to Chicago airport Flight to Minneapolis - depart 4/07 Ground airport to hotel Ground hotel to airport Flight to Chicago return 4/11 Ground from Chicago airport
Rental Vehicle request:

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: $1315
Description of lodging needs, including number of nights and cost per night: 4 nights stay 4-07,8,9 & 10 $328.67 per night
Estimate such additional expenses: $200
Describe expected additional expenses: Training manuals available from BPI at trade show - discounted.
Estimated total cost of the requested Overnight Business Travel: $3766

Confirmation and Submission

By typing my name below, the employee submitting this request certifies that the information provided herein accurately describes the proposed business travel and the requested travel expenses are my best estimate of the costs and expenses related to that travel. I understand that this request requires advance approval by my Department Head and the Parent Committee Chair (if the total is not more than $2,500) or the Parent Committee (if the total is more than $2,500).

Employee Name: David Watkins

Instructions for Immediate Supervisor other than Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please forward the form by email to the Department Head and indicate your approval.

Instructions for Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please print this form, sign below, scan and email to the Chair of the relevant Parent Committee.

Instructions for Parent Committee Chair

Please review this Overnight Business Travel Request Form. If $2,500 or less, and you approve the requested travel, please print this form, sign below, scan, and return via email to the Department Head. If more than $2,500, place this item on the agenda of the relevant Parent Committee. After approval by the Parent Committee, please print this form, sign below, scan, and return via email to the Department Head.

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 3-15-24

Committee Chair: _____

Date: _____

If the request is over $2,500 the Committee Chair certifies that the travel was approved by a majority vote at a scheduled meeting of the Parent Committee

Committee Name: _____

Meeting Date: _____

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

File #: 24-0970 **Agenda Date:** 3/19/2024 **Agenda #:** 8.A.

Consent
HS 3/19
CB 3/26

Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 29, 2024

MinuteTraq (IQM2) ID #: 24-0915

Purchase Order #: 6400-0001 SERV	**Original Purchase Order Date:** Apr 13, 2023	**Change Order #:** 3	**Department:** DuPage Care Center
Vendor Name: Novastaff Healthcare Services		**Vendor #:** 37419	**Dept Contact:** Christine Kliebhan

Background and/or Reason for Change Order Request:

Supplemental Staffing (CNA's, LPN's & RN's) for the Nursing Department for the period April 13, 2023 through April 12, 2024.
#1 Decrease encumbrance for line 1, 1200-2050-53090 (FY23) in the amount of $2,196.36
#2 Decrease encumbrance for line 3, 1200-2050-53090 (FY24) in the amount of $26,519.00
NOTE: This decrease is to cover Maxim Healthcare Services increase through end of contract, 04/12/24. Budget line will remain the same. Maxim is the vendor that is providing most staffing out of the 3 vendors that have contracts.

IN ACCORDANCE WITH 720 ILCS 5/33E-9

- [x] (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	$950,000.00
B	Net $ change for previous Change Orders	($85,000.00)
C	Current contract amount (A + B)	$865,000.00
D	Amount of this Change Order ☐ Increase ☒ Decrease	($28,715.36)
E	New contract amount (C + D)	$836,284.64
F	Percent of current contract value this Change Order represents (D / C)	-3.32%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-11.97%

DECISION MEMO NOT REQUIRED

- [ ] Cancel entire order
- [ ] Close Contract
- [ ] Contract Extension (29 days)
- [x] Consent Only
- [ ] Change budget code from: _____ to: _____
- [ ] Increase/Decrease quantity from: _____ to: _____
- [ ] Price shows: _____ should be: _____
- [ ] Decrease remaining encumbrance and close contract
- [ ] Increase encumbrance and close contract
- [x] 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	Feb 29, 2024	JC	4208	Feb 29, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date

REVIEWED BY (Initials Only)

Buyer	Date	Procurement Officer	3/11/2024 Date
Chief Financial Officer (Decision Memos Over $25,000)	Date	Chairman's Office (Decision Memos Over $25,000)	Date

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

File #: 24-0971 **Agenda Date:** 3/19/2024 **Agenda #:** 11.A.