

DU PAGE COUNTY

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

Judicial and Public Safety Committee Final Regular Meeting Agenda

Tuesday, February 20, 2024

8:00 AM

3-500B

- 1. CALL TO ORDER
- 2. ROLL CALL
- 3. PUBLIC COMMENT
- 4. CHAIR REMARKS CHAIR EVANS
- 5. APPROVAL OF MINUTES
 - 5.A. <u>24-0706</u>

Judicial and Public Safety Committee Minutes - Regular Meeting - Tuesday, February 6, 2024.

6. PROCUREMENT REQUISITIONS

6.A. **JPS-R-0004-24**

Recommendation for the approval of a contract purchase order to Sentinel Offender Services, LLC, to provide alcohol monitoring services to adult offenders, for the period of April 1, 2024 through March 31, 2026, for a total contract amount not to exceed \$1.00; contract pursuant to the Master Agreement #: 22PSX0021– National Association of State Procurement Officers (NASPO) ValuePoint. (Probation and Court Services)

7. BUDGET TRANSFERS

7.A. **24-0719**

Transfer of funds from account no. 5000-4510-54110 (equipment and machinery) to account no. 5000-4510-52000 (furniture/machinery/equipment small value) in the amount of \$5,100 needed because the original grant budget included greater than \$5,000 for the purchase of a refrigerator/freezer, but current estimates indicated the purchase will be less than \$5,000, requiring the transfer of funds from account no. 54110 to account no. 52000. (Sheriff's Office)

8. CONSENT ITEMS

8.A. **24-0707**

Logicalis, Inc, 3495-0001-SERV - This Purchase Order is decreasing in the amount of \$12,615.95 and closing due to expiration of the contract. (Clerk of the Circuit Court)

9. GRANTS

9.A. **24-0708**

GPN 007-24: Violent Crimes Victim Assistance Grant PY25 – Illinois Attorney General's Office - \$40,000. (DuPage County State's Attorney's Office)

9.B. **24-0709**

GPN 009-24: Sustained Traffic Enforcement Program - Illinois Department of Transportation - U.S. Department of Transportation - \$39,081. (Sheriff's Office)

10. INFORMATIONAL

10.A. **24-0710**

Informational - Public Defender's Office Monthly Statistical Report - January 2024. (Public Defender's Office)

11. OLD BUSINESS

12. NEW BUSINESS

13. ADJOURNMENT

Minutes



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DU PAGE COUNTY

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Judicial and Public Safety Committee Final Summary

Tuesday, February 6, 2024

8:00 AM

3-500B

1. CALL TO ORDER

8:00 AM meeting was called to order by Chair Evans at 8:02 AM.

2. ROLL CALL

Other Board Members in attendance: Paula Garcia, Lynn LaPlante

Staff in attendance: Nick Kottmeyer (Chief Administrative Officer), Joan Olson (Chief Communications Officer), Greg Bedalov (Choose DuPage), Valerie Calvente (Procurement Officer), Craig Dieckman (Director, Office of Homeland Security and Emergency Management), Jason Blumenthal (Policy and Program Manager), Conor McCarthy (State's Attorney's Office), Jeff York (Public Defender's Office), Keith Briggs (Chief of Security)

PRESENT Chaplin, Childress, DeSart, Eckhoff, Evans, Gustin, Krajewski, Ozog, Schwarze, Tornatore, Zay, and Yoo

3. PUBLIC COMMENT

The following individuals made public comment:

Paul Drabik: DGTRO, spoke about the Sheriff's Office Terry Newsome: DGTRO, spoke about the Sheriff's Office

4. CHAIR REMARKS - CHAIR EVANS

Chair Evans reminded the committee that the next Judicial and Public Safety Committee will also be held in Room 3500-B due to construction going on in the County Board room. She also mentioned that there is an Executive Session scheduled for this meeting, just in case the committee members would like to discuss Monterrey Security and the conversation warrants an Executive Session.

She let the committee know of the Probation and Court Services Intergovernmental Agreement with DuPage County and Kane County that will be ratified at the Finance and County Board meetings on February 13, 2024.

5. APPROVAL OF MINUTES

5.A. <u>24-0534</u>

Judicial and Public Safety Committee Minutes - Regular Meeting - Tuesday, January 16, 2024.

RESULT: APPROVED

MOVER: Patty Gustin

SECONDER: Yeena Yoo

6. RESOLUTIONS

6.A. **JPS-R-0002-24**

Authorization of a Memorandum of Understanding between the DuPage County Sheriff, the County of DuPage and the American Federation of State, County and Municipal Employees, Council 31, AFL-CIO, on behalf of Local 3328, Sheriff's Health Care Professionals. (Sheriff's Office)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Brian Krajewski

SECONDER: Yeena Yoo

6.B. **FI-R-0026-24**

Additional appropriation for the ILDCFS Children's Advocacy Center Grant PY24 - Agreement No. 3871779014, Company 5000, Accounting Unit 6580, from \$312,185 to \$328,278.11, an increase of \$16,093.11. (State's Attorney's Office)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Patty Gustin SECONDER: Yeena Yoo

7. BUDGET TRANSFERS

7.A. **24-0535**

Transfer of funds from account no. 1400-5930-51040 (employee medical & hospital insurance) to account no. 1400-5930-51000 (benefit payments) in the amount of \$176 to cover benefit payout shortages for the Drug Court budget for FY23. (Probation & Court Services)

RESULT: APPROVED

MOVER: Brian Krajewski

SECONDER: Liz Chaplin

7.B. **24-0536**

Transfer of funds from account no. 1000-4410-51080 (wearing apparel reimbursement) to 1000-4410-51060 (cell phone stipend) in the amount of \$2,100 for cell phone stipends due to overtime shifts. (Sheriff's Office)

RESULT: APPROVED
MOVER: Patty Gustin
SECONDER: Yeena Yoo

7.C. <u>24-0537</u>

Transfer of funds from account no. 1400-5920-50080 (salary & wage adjustments) to account nos. 1400-5920-50000 (regular salaries) and 1400-5920-50040 (part-time help), in the amount of \$2,777, to cover deficits in regular salaries and part-time help for FY23. (Family Center)

RESULT: APPROVED

MOVER: Yeena Yoo

SECONDER: Patty Gustin

7.D. **24-0538**

Transfer of funds from account no. 1000-6100-53410 (rental of machinery & equipment) to account nos. 1000-6100-50010 (overtime) and 1000-6100-50040 (part time help) in the amount of \$13,946 to cover FY23 salary overages. (Probation & Court Services)

RESULT: APPROVED

MOVER: Liz Chaplin

SECONDER: Patty Gustin

8. CONSENT ITEMS

8.A. **24-0539**

Decrease and close Purchase Order 6153-0001 SERV, issued to Clausen Miller PC, in the amount of \$20,000. There were no AFSCME issues requiring professional legal services for the contract. (18th Judicial Circuit Court)

RESULT: APPROVED

MOVER: Mary Ozog

SECONDER: Liz Chaplin

9. INFORMATIONAL

9.A. **24-0540**

Informational - Public Defender's Office Monthly Statistical Report - December 2023. (Public Defender's Office)

RESULT: ACCEPTED AND PLACED ON FILE

MOVER: Patty Gustin SECONDER: Liz Chaplin

9.B. <u>24-0541</u>

Informational - Pursuant to FI-O-0056-22 and DT-R-0306B-22, (3) vehicle replacement purchase orders for FY24 for the Sheriff's Office have been issued to Haggerty Ford, Inc., unit price for each vehicle is \$63,456, for a total amount of \$190,368. (Sheriff's Office)

RESULT: ACCEPTED AND PLACED ON FILE

MOVER: Patty Gustin
SECONDER: Brian Krajewski

10. PROCUREMENT REQUISITIONS

10.A. **JPS-P-0008-24**

Recommendation for the approval of a contract to Monterrey Security Consultants, for physical security services for the County Campus and the Health Department, for the period of March 1, 2024 to February 28, 2025, for a total contract amount not to exceed \$1,368,375; per renewal option under RFP #22-115-OHSEM, first of three options to renew. (Office of Homeland Security and Emergency Management)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Patty Gustin SECONDER: Jim Zay

11. EXECUTIVE SESSION

11.A. Pursuant to Open Meetings Act 5 ILCS 120/2 (c) (8) - Security procedures and the use of personnel and equipment to respond to an actual, threatened, or reasonably potential danger to the safety of employees, staff, the public, or public property.

Executive Session was not held, as there was nothing to discuss in Executive Session.

12. OLD BUSINESS

Member Chaplin requested an update on the SAFE-T Act, and Chair Evans confirmed that once more data is received, there will be a SAFE-T Act update presented to the committee.

There was discussion with Member Chaplin, Member Zay, Member DeSart and Probation and Court Services Director, Bob McEllin, regarding the Intergovernmental Agreement with DuPage County and Kane County that will be ratified at the upcoming Finance and County Board meeting on February 13, 2024.

Member Zay and Member Krajewski discussed the Budget Transfer policy with Chief Financial Officer Jeff Martynowicz.

13. NEW BUSINESS

No new business was offered.

14. ADJOURNMENT

Without objection, the meeting was adjourned at 8:31 a.m.



AWARDING RESOLUTION ISSUED TO SENTINEL OFFENDER SERVICES, LLC TO PROVIDE COURT ORDERED ALCOHOL MONITORING SERVICES TO OFFENDERS FOR PROBATION AND COURT SERVICES

WHEREAS, the State of Connecticut has previously selected Sentinel Offender Services, LLC as its vendor for electronic monitoring and alcohol monitoring systems, including Continuous Alcohol Monitoring ("CAM") and breathalyzer equipment, as well as GPS monitoring equipment and signed an agreement with the same ("Master Agreement");

WHEREAS, Procurement Ordinance OFI-005B-99 (effective December 14, 2004) and 30 ILCS 525/2, the "Governmental Joint Purchasing Act" authorize the County to procure items through approved cooperative purchasing contracts;

WHEREAS, the Master Agreement includes provisions allowing for joint purchasing through NAPSCO Value Point, which is an approved contract;

WHEREAS, the County of DuPage, on behalf of the Eighteenth Judicial Circuit Court's Department of Probation and Court Services, is desirous of procuring a contract to provide court ordered alcohol monitoring services, including CAM and breathalyzer monitoring, and devices necessary therefore from Sentinel Offender Services, LLC as set forth in the attached Agreement;

WHEREAS, Sentinel Offender Services, LLC has been evaluated and selected in accordance with County Board Policy;

WHEREAS, the Judicial and Public Safety Committee recommends County Board approval for the issuance of a contract to Sentinel Offender Services, LLC, to provide court ordered Alcohol Monitoring services, including CAM and breathalyzer monitoring, and devices necessary therefore, to offenders for the period of April 1, 2024 through March 31, 2026, (with the option to extend through December 13, 2029) for the DuPage County Probation and Court Services.

| File #: JPS-R-0004-24 | Agenda Date: 2/20/2024 | Agenda #: 6.A. |
|-----------------------|-------------------------------|-----------------------|
|-----------------------|-------------------------------|-----------------------|

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide court ordered Alcohol Monitoring services, including CAM and breathalyzer monitoring, and devices necessary therefore, to offenders for the period of April 1, 2024 through March 31, 2026, (with the option to extend through December 13, 2029) to DuPage County Probation and Court Services per the Master Agreement 22PSX0021, be and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Sentinel Offender Services, LLC, 1290 North Hancock Street, Suite103, Anaheim, CA 92807, for a contract total amount of \$1.00.

Enacted and approved this 27th day of February 2024, 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 | | |
|---------------------------------|-------------------------------|-------------------------------|------------------------------|--|
| General Tracking | | Contract Terms | | |
| FILE ID #: | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS: | INITIAL TERM TOTAL COST: | |
| JPS-R-0004-24 | NASPO Contract #22PSX0021 | 2 YRS + 1 X 2 YR TERM PERIOD | \$1.00 | |
| COMMITTEE: | TARGET COMMITTEE DATE: | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL | |
| JUDICIAL AND PUBLIC SAFETY | 02/20/2024 | | RENEWALS: | |
| | CURRENT TERM TOTAL COST: | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD: | |
| | CURRENT TERMITOTAL COST: | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD: | |
| | \$1.00 | FOUR YEARS | INITIAL TERM | |
| Vendor Information | | Department Information | | |
| VENDOR: | VENDOR #: | DEPT: | DEPT CONTACT NAME: | |
| Sentinel Offender Services, LLC | 13392 | Probation and Court Services | Sharon Donald | |
| VENDOR CONTACT: | VENDOR CONTACT PHONE: | DEPT CONTACT PHONE #: | DEPT CONTACT EMAIL: | |
| Mike Dean | 1-800-496-4882 | 630-407-8413 | sharon.donald@dupageco.org | |
| VENDOR CONTACT EMAIL: | VENDOR WEBSITE: | DEPT REQ #: | | |
| mdean@sentineladvantage.com | www.sentineladvantage.com | | | |

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.). The Sentinel Offender Services, LLC Cooperative Agreement with National Association of State Procurement Officers (NASPO) will provide alcohol monitoring services, equipment, monitoring reporting, fee collection and customized indigent fund. This program allows for offenders to pay for their services.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

The Department of Probation and Court Services plans to decrease the number of days DUI offenders stay in jail by issuing transdermal alcohol monitoring devices to offenders as a jail diversion. The Department desires to keep the costs to offenders as low as possible and to be budget neutral to the department. In order to reach both goals, the department needs a vendor which can customize its services.

| 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. | | | |
| DECISION MEMO REQUIRED COOPERATIVE (DPC2-352), GOVER | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. NMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING | | | |

| 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. QUALITY OF LIFE | | | |
| SOURCE SELECTION | Describe method used to select source. This contract is under the National Association of State Procurement Officers (NASPO) and offers Alcohol Monitoring Program. | | | |
| 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).) Approval of the NASPO contract with Sentinel Offender Services LLC for the Third Party vendor to collect payments for services rendered instead of the County paying out for alcohol monitoring. 2) No changes to the current jail diversion program for DUI offenders. | | | |

Form under revision control 01/04/2023

| | 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. |

| Send Purc | hase Order To: | Send | Invoices To: | |
|--|-----------------------------|---------------------------------------|----------------------------|--|
| Vendor: | Vendor#: | Dept: | Division: | |
| Sentinel Offender Services, LLC | 13392 | Probation and Court Services | Finance | |
| Attn: | Email: | Attn: | Email: | |
| Mike Dean | mdean@sentineladvantage.com | Sharon Donald | sharon.donald@dupageco.org | |
| Address: 1290 North Hancock Street Suite 103 | City: Anaheim | Address: 503 N County Farm Road | City: Wheaton | |
| State: | Zip: | State: | Zip: 60187 | |
| California | 92807 | Wheaton | | |
| Phone: Fax: 1-800-496-4882 | | Phone: Fax: 630-407-8413 630-407-2502 | | |
| Send P | ayments To: | Ship to: | | |
| Vendor: | Vendor#: | Dept: Probation and Court Services | Division: | |
| Sentine l Offender Services, LLC | 13392 | | Finance | |
| Attn: | Email: | Attn: | Email: | |
| Mike Dean | mdean@sentineladvantage.com | Sharon Donald | sharon.donald@dupageco.org | |
| Address: 1290 North Hancock Street Suite 103 | City: Anaheim | Address: 503 N County Farm Road | City: Wheaton | |
| State: | Zip: | State: | Zip: | |
| Ca l ifornia | 92807 | Illinois | 60187 | |
| Phone: 1-800-496-4882 | Fax: | Phone: 630-407-8413 | Fax: 630-407-2502 | |
| Sh | nipping | Contract Dates | | |
| Payment Terms: | FOB: | Contract Start Date (PO25): | Contract End Date (PO25): | |
| PER 50 ILCS 505/1 | Destination | Apr 1, 2024 | Mar 31, 2026 | |

Form under revision control 01/04/2023

| | Purchase Requisition Line Details | | | | | | | | | | |
|-----|--|-----|------------------------------------|---|------|---------|------|-----------|-----------------------------|------------|-----------|
| LN | Qty | UOM | ltem Detai l (Product #) | Description | FY | Company | AU | Acct Code | Sub-Accts/ Activity Code | Unit Price | Extension |
| 1 | 1 | EA | | Transdermal Alcohol Monitoring Equipment and Remote Breath Services to Offenders | FY24 | 1000 | 6100 | 53410 | | 1.00 | 1.00 |
| 2 | | EA | | Transdermal Alcohol Monitoring Equipment and Remote Breath Services to Offenders | FY25 | 1000 | 6100 | 53410 | | 1.00 | 0.00 |
| FYi | FY is required, assure the correct FY is selected. Requisition Total \$ | | | | | \$ 1.00 | | | | | |

| | | Comments | |
|----------------------|--------------------------|--------------------------------------|---|
| HEADER COMMENTS | Provide comments for PC | | |
| | | Transdermal Alcohol Monitoring | Remote Breath |
| | Equipment Cost | \$8.74 | \$4.30 |
| | Billing & Administration | \$1.50 | \$1.50 |
| | Increased Spares | \$0.20 | \$0.20 |
| | Equipment Inspection, | | |
| | Ankle Device Adjustmen | ts, | |
| | Insurance | \$0.35 | \$0.35 |
| | | \$10.79 | \$6.35 |
| SPECIAL INSTRUCTIONS | Provide comments for Bu | uyer or Approver (not for P020 and P | 025). Comments will not appear on PO. |
| INTERNAL NOTES | Provide comments for de | epartment internal use (not for P020 | and P025). Comments will not appear on PO. |
| APPROVALS | Department Head signat | ure approval for procurements unde | er \$15,000. Procurement Officer Approval for ETSB. |
| | | | |

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

Form under revision control 01/04/2023

Participating Addendum for ELECTRONIC MONITORING PRODUCTS AND SERVICES between County of DuPage, Illinois And Sentinel Offender Services, LLC

This Participating Addendum is entered into by DuPage County, a political subdivision of the State of Illinois ("Participating Entity") and Sentinel Offender Services, LLC, a Delaware limited liability company ("Contractor"), having its principal place of business at 1220 N. Simon Circle, Unit C, , Anaheim, California 92806 (each, individually, a "Party" or, collectively, the "Parties) for the purpose of participating in NASPO ValuePoint Master Agreement Number 22PSX0021, executed by Contractor and the State of Connecticut ("Lead State") for Electronic Monitoring Products and Services ("Master Agreement")

- I. TERM. This Participating Addendum is effective as of the date of the last signature below or 4/01/2024 whichever is later, through 3/31/2026, with the option to extend through 12/13/2029, unless the Participating Addendum is terminated sooner in accordance with the terms set forth herein.
- II. PARTICIPATION AND USAGE. This Participating Addendum may be used by all state agencies, institutions of higher education, cities, counties, districts, and other political subdivisions of the state, and nonprofit organizations within the state if authorized herein and by law. Participating Entity has sole authority to determine which entities are eligible to use this Participating Addendum. DuPage County is authorized to procure Alcohol Monitoring Service via NASPO ValuePoint per Procurement Ordinance OFI-005B-99 (effective December 14, 2004) and 30 ILCS 525/2 "Governmental Joint Purchasing Act."
- **GOVERNING LAW.** The construction and effect of this Participating Addendum and any Orders placed hereunder will be governed by the state laws of Illinois, and construed in accordance with Participating Entity's laws. The proper venue for any disputes arising out of this Agreement shall be in the Eighteenth Judicial Circuit Court.
- **IV. SCOPE.** Except as otherwise stated herein, this Participating Addendum incorporates modifications or additions that apply only to actions and relationships within the Participating Entity.) Please refer to the following Attachments that are incorporated into this agreement:
 - 1) Attachment A DuPage County Standard Terms and Conditions
 - 2) Attachment B Alcohol Monitoring Offender Funded Program Service Fees
 - 3) Attachment C DuPage County Probation and Court Services Alcohol Monitoring Participant Contract
 - 4) Attachment D Credit Card Payment Authorization Form
 - 5) Attachment E Sentinel Standard Operating Procedures for DuPage County Alcohol Monitoring Program Collection of Fees

Any conflict between this Participating Addendum and the Master Agreement will be resolved in favor of the Participating Addendum. The terms of this Participating Addendum, including those modifying or adding to the terms of the Master Agreement, apply only to the Parties and shall have no effect on Contractor's participating addenda with other participating entities or Contractor's Master Agreement with the Lead State.

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



- V. ORDERS. Purchasing Entities may place orders under this Participating Addendum. Each Order placed under this Participating Addendum is subject to the pricing and terms set forth herein and in the Master Agreement, including applicable discounts, reporting requirements, and payment of administrative fees to NASPO ValuePoint and Participating Entity, if applicable.
- VI. FEDERAL FUNDING REQUIREMENTS. Orders funded with federal funds may have additional contractual requirements or certifications that must be satisfied at the time the Order is placed or upon delivery. When applicable, a Purchasing Entity will identify in the Order any alternative or additional requirements related to the use of federal funds. By accepting the Order, Contractor agrees to comply with the requirements set forth therein.
- **VII. NOTICE.** Any notice required herein shall be sent to the following:

For Contractor: For Participating Entity:

Mike Dean Mary Catherine Wells

Vice President of Sales Deputy Chief Financial Officer

mdean@sentineladvantage.com marycatherine@dupageco.org

800.496.4882 630.407.6167

VIII. SUBMISSION OF PARTICIPATING ADDENDUM TO NASPO VALUEPOINT. Upon execution, Contractor shall promptly email a copy of this Participating Addendum and any amendments hereto to NASPO ValuePoint at pa@naspovaluepoint.org. The Parties acknowledge and agree that the Participating Addendum, as amended, may be published on the NASPO ValuePoint website.

SIGNATURE

The undersigned for each Party represent and warrants that this Participating Addendum is a valid and legal agreement binding on the Party and enforceable in accordance with the Participating Addendum's terms and that the undersigned is duly authorized and has legal capacity to execute and deliver this Participating Addendum and bind the Party hereto.

IN WITNESS WHEREOF, the Parties have executed this Participating Addendum.

| CONTRACTOR: | Signature on file | Signature on file | |
|-----------------|-------------------|---------------------|--|
| Signature | - | Signature | |
| Dennis Fuller | | Deborah A. Conroy | |
| Printed Name | | Printed Name | |
| Chief Financial | Officer | DuPage County Chair | |
| Title | | Title | |
| S e | | ~ | |
| Date | | Date | |

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



Attachment A

DuPage County Standard Terms and Conditions

LAW GOVERNING:

Sentinel Offender Services, LLC. Agrees to comply with all applicable State and Federal laws. The construction and effect of this Participating Addendum and any Orders placed hereunder will be governed by the state laws of Illinois.

PAYMENT:

Sentinel shall be 100% responsible for collecting all program fees from those Participants referred by the Court and Probation Services. At no time will the County be financially responsible for paying any Alcohol Monitoring Fees to Sentinel.

CONFIDENTIAL INFORMATION AND COUNTY PROPERTY:

It is agreed that all specifications, or data furnished by the County of DuPage shall (1) remain the County of DuPage's sole and exclusive property; (2) be considered and treated by Sentinel Offender Services, LLC. as County of DuPage confidential information, and cannot be copied, reproduced, or duplicated in any manner or disclosed to any person or party. Except as is necessary in the performance of this contract and (3) be returned upon request.

ENDORSEMENTS:

Sentinel Offender Services, LLC. shall not use the name, seal, or images of County of DuPage in any form of endorsement to any third-party without the County's written permission.

INDEMNITY:

Sentinel Offender Services, LLC. shall, at all times, to the extent permitted by law, fully indemnify, hold harmless, and defend the County and its officers, agents, and employees from and against any and all claims and demands, actions, causes of action, and cost and fees of any character whatsoever made by anyone whomsoever on account of or in any way growing out of the performance of this contract by Sentinel Offender Services, LLC. and its employees, or because of any act or omission, neglect or misconduct of Sentinel Offender Services, LLC., its employees and agents or its subcontractors including, but not limited to, any claims that may be made by the employees themselves for injuries to their person or property or otherwise, and any claims that may be made by the employees themselves or by the Illinois Department of Labor for Sentinel Offender Services, LLC. violation of the Illinois Prevailing Wage Act (820 ILCS 130/1 et seq.). Such indemnity shall not be limited because of the enumeration of any insurance coverage or bond herein provided.

Nothing contained herein shall be construed as prohibiting the County, its officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions, or suits brought against them. Sentinel Offender Services, LLC. shall likewise be liable for the cost, fees and expenses incurred in the County's or Sentinel Offender Services, LLC. defense of any such claims, actions, or suits.

Between **DuPage County, IL** and **Sentinel Offender Services, LLC**



Sentinel Offender Services, LLC. shall be responsible for any damages incurred because of its errors, omissions, or negligent acts and for any losses or costs to repair or remedy construction because of its errors, omissions, or negligent acts.

The County does not waive its defenses or immunities under the Local Government and Governmental Employees Tort Immunity Act, 745 ILCS 10/1 et seq. due to indemnification or insurance.

PERFORMANCE:

Sentinel Offender Services, LLC. performance under the terms of the Contract shall be to the satisfaction of the County. Failure to comply with any statutory requirements shall be deemed a performance breach.

LIENS, CLAIMS, AND ENCUMBRANCES:

Sentinel Offender Services, LLC. warrants and represents that all the goods and materials ordered herein are free and clear of all liens, claims, or encumbrances of any kind.

NON-DISCRIMINATING:

Sentinel Offender Services, LLC., its employees and subcontractors, agree not to commit unlawful discrimination and agree to comply with applicable provisions of the Illinois Human Rights Act, the U.S. Civil Rights Act and Section 504 of the Federal Rehabilitation Act, and rules applicable to each.

PATENTS:

Sentinel Offender Services, LLC. undertakes and agrees to defend at Sentinel Offender Services, LLC. own expense, all suits, actions, or proceedings in which the County of DuPage, its Officers, agents, or employees are made defendants for actual or alleged infringement of any U.S. or foreign letters patent resulting from the use or sale of the items purchased hereunder. Sentinel Offender Services, LLC. shall inform the County of DuPage whenever infringement will result from Sentinel Offender Services, LLC. adherence to specifications supplied by the County of DuPage or by an authorized County representative. Sentinel Offender Services, LLC. further agrees to pay and discharge all judgments or decrees, which may be rendered in any such suit, action or proceedings against the County of DuPage, its Officers, agents, or employees therein.

Nothing contained herein shall be construed as prohibiting the County, its officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions, or suits brought against them. Sentinel Offender Services, LLC. shall likewise be liable for the cost, fees and expenses incurred in the County's or Sentinel Offender Services, LLC. defense of any such claims, actions, or suits.

TAX:

The County of DuPage does not pay Federal Excise Tax or Illinois Sales Tax. The tax exemption number is E99974551. A copy of the exemption letter is available upon written request.

TERM OF CONTRACT AND RENEWAL & EXTENSION: If this is a Service Contract This Contract shall be effective for two (2) year from the date of award. The contract may be subject to two (2) additional one (1) year renewal periods provided there are no changes in terms, conditions, specifications, and prices unless agreed upon by both parties and such renewals are mutually agreed to by both parties. In on event shall the term plus renewals exceed four (4) years.

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



TERMINATION, CANCELLATION AND DAMAGES:

This contract may be terminated upon agreement of both parties. The County may terminate based on Sentinel Offender Services, LLC. breach or default. Unless the breach or default creates an emergency, as determined in the County's sole discretion, Sentinel Offender Services, LLC. shall be given notice and a five (5) day opportunity to cure before the termination becomes effective.

If the County terminates this Contract because of Sentinel Offender Services, LLC. breach or default, the County shall have the right to purchase items or services elsewhere and to charge Sentinel Offender Services, LLC. with any additional cost incurred, including but not limited to the cost of cover, incidental and consequential damages, and the cost of re-proposing. The County may offset these additional costs against any sums otherwise due to Sentinel Offender Services, LLC. under this proposal or any unrelated contract.

If the County of DuPage fails to appropriate funds to enable continued payment of multi-year Contracts the County may cancel, without termination charges provided Sentinel Offender Services, LLC. received at least thirty (30) days prior written notice of termination.

TRANSFER OF OWNERSHIP OR ASSIGNMENT:

The terms and conditions of this contract shall be binding upon and shall insure to the benefit of the parties hereto and their respective successors and assigns. Prior to any sales or assignments, the County of DuPage must be notified and approve same in writing.

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



Attachment B

Alcohol Monitoring Offender Funded Program Service Fees and Payments

Sentinel shall collect from each of the defendants and/or Probationers participating in the Alcohol Monitoring Program based on the type of Alcohol Monitoring Equipment and Service referred to and at the following target rates:

| Service Description | Transdermal Alcohol Monitoring | Remote Breath |
|------------------------------------|--------------------------------|---------------|
| Equipment Cost | \$8.74 | \$4.30 |
| Billing & Administration | \$1.50 | \$1.50 |
| Increased Spares | \$0.20 | \$0.20 |
| Equipment Inspection, Ankle Device | | |
| Adjustments, Insurance | \$0.35 | \$0.35 |
| | \$10.79 | \$6.35 |

It is agreed that once the ability to pay for services has been assessed, program participants who willfully do not pay the program fees at the time fees are due, will be subject to a supervisory meeting between Customer, its designated agent, Sentinel, and the participant to determine circumstances for non-payment. At the conclusion of any supervisory meeting, if it is determined the participant continues to have the ability to pay but continues with the willful non-payment of services for 14 days, they will be subject to revocation.

Indigent Provision: The costs for participants determined to be indigent will be \$0 (no cost). Sentinel will provide up to 10 slots to the county at no cost.

Termination: Should either Party determines this agreement, and the program is not meeting their expectations, either party may terminate this agreement, without cause, by giving the other Party 30 days Written Notification on their decision to exercise their Right to Terminate.

DuPage County Probation and Court Services Responsibilities:

- DuPage County Probation and Court Services will do their own installations and orientation.
- DuPage County Probation and Court Services will review with the participant all program rules and the Sentinel Participant Agreement and have the participant sign their agreement and acceptance to the Participant Agreement.
- DuPage County Probation and Court Services will continue to respond to their own alerts and review their own activity.
- DuPage County Probation and Court Services will continue to be responsible for retrieving and maintaining the equipment.
- DuPage County Probation and Court Services will use all the proper paperwork and transmittals that are required in order to properly and efficiently monitor an offender. This includes, but is not limited to, providing complete offender information to Sentinel's National Monitoring Center, maintaining a reasonable inventory for future participants, keeping an appropriate record of all equipment in use including alleged problems with any units.
- DuPage County Probation and Court Services will notify Sentinel if equipment is lost or damaged.
- DuPage County Probation and Court Services agree to maintain complete responsibility for participant selection and program management services not specifically listed below. DuPage County Probation and Court Services agrees to furnish all information to Sentinel which may reasonably be required to provide Customer with all services listed.

Between **DuPage County, IL** and **Sentinel Offender Services. LLC**



- DuPage County Probation and Court Services will enroll participants via secure access to websites using Customer's own computer, software, and Internet connection.
- DuPage County Probation and Court Services will process all information changes via secure access to Internet website using Customer's own computer, software, and Internet connection.
- DuPage County Probation and Court Services will access monitoring reports via secure internet access to software using the Customer's own computer.
- DuPage County will not pay shelf fees for equipment.
- DuPage County will maintain an inventory of equipment on the shelf equal to 25% of the active equipment in use or 20 units of each type of equipment being used, whichever is greater. This applies separately to Transdermal Cell, Transdermal Ethernet, and Remote Breath Units.

Sentinel Responsibilities:

- Sentinel will be 100% responsible for collecting all payments from those participants placed in the Alcohol Monitoring Offender Funded Program.
- Sentinel will provide dedicated staff whose primary responsibility will be collecting program fees
 directly from program participants and when required, address the importance with each program
 participant their requirement to keep current with all program fees as they agreed to in the signed
 Participant Agreement, and provide equipment Inspections and ankle device adjustments, as
 requested by Probation and Court Services.
- Sentinel will reassess the financial conditions for those participants who have experienced a sudden change in income to reevaluate if the participant's ability or inability to pay the established and agreed upon program fees warrants a revised payment plan.
- Sentinel will be 100% responsible for collecting program fees from the program participants, will use
 industry proven collection techniques to ensure the successful collection of all fees owed for program
 services, and will use collection agencies if needed to recoup established program fees.
- Sentinel will provide monthly reports to the DuPage County Probation and Court Services that provide details on fees collected from the offender funded program.
- Sentinel will provide access to our Offender Funded Case Management Module so the DuPage County Probation and Court Services can review participant collection details online.
- Sentinel will also provide a report that will detail its efforts for collecting fees from delinquent participants.
- Sentinel will immediately advise the DuPage County Probation and Court Services on any participant's
 refusal to pay program fees and the DuPage County Probation and Court Services will agree to sending
 representatives to a supervisory meeting with the program participant in order to assist with
 identifying why the participant is not paying the required program fees as well as to reinforce to the
 participant their obligation to pay all program fees as required in the participant program agreement.
- Sentinel will provide monthly reports to Probation and Court Services that provide details on fees collected from the offender funded program including the following reports.
 - o #1 **Monthly** Payment Activity Report
 - #2 Biweekly Activity Report
- Sentinel staff will promptly follow-up on missed or partial payments.
- Sentinel will offer access to all newly released make and model equipment as they are released and upon the testing and acceptance of both parties.

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



Attachment C

DuPage County Probation and Court Services Transdermal Alcohol Monitoring Participant Contract

You have been court ordered to be placed in the DuPage County Probation and Court Services Alcohol Monitoring Program. You have been ordered by the Court to pay all the cost of this supervision directly to Sentinel Offender Services.

On the day you begin the program, a transdermal Alcohol Monitoring transmitter device will be fitted to your ankle and a Home Base Unit will be assigned to you. The day this equipment is issued to you is the day you become responsible for payment of services. As ordered by the court, you will be billed a **daily rate of \$10.79** for each day you remain on the program. You are also responsible for the care of the equipment while in your possession and you will be held financially responsible for any equipment that is damaged or not returned to the DuPage County Probation and Court Services Division.

You are required to submit an initial payment for this program equal to 14 days of monitoring and will be required to make a payment on your first day of enrollment in the amount of **\$151.06** via a money order or credit card (Visa, MasterCard, Discover only). If you do not have this payment at enrollment, you will be required to return the next business day to pay for the first 14 days of your monitoring.

PAYMENT AGREEMENT: I agree to pay Sentinel Offender Services for its electronic monitoring services at the daily rate established in this agreement of **\$10.79** per day. I agree to provide payment to Sentinel Offender Services via credit card, debit card, or money order. In the event a requested payment amount is declined, I acknowledge and understand that Sentinel Offender Services will notify the DuPage County Probation and Court Services Division and I understand that in the event I am delinquent with my payments, one or more of the following actions will be taken by the DuPage County Probation and Court Services Division:

- Notification to the Court; a Petition Charging Violation of Probation.
- I may have my Pretrial Release revoked by the Court for failing to comply with program requirements.
- Sentinel Offender Services may pursue legal action in a civil court for all outstanding fees and related costs associated with program non-compliance.
- Lacknowledge it is my responsibility to return the monitoring equipment issued to me back to the DuPage County Probation and Court Service Division. In the event this equipment is lost, stolen or damaged beyond normal wear, I am responsible to reimburse Sentinel Offender Services at the published replacement cost of \$600 for the Transdermal Ankle Bracelet, \$700.00 for the Transdermal Home Base Unit, and \$45.00 for the Charging Cord, and as listed in this agreement. If I do not fulfill this responsibility, Sentinel Offender Services will file felony theft charges and/or criminal property damage charges against me.

| Client Initials | |
|-----------------|--|
| Client Initials | |

FEE AGREEMENT

The daily rate as ordered by the Court to participate in the program is \$10.79 per day. This fee includes the Transdermal Alcohol Monitoring Ankle Bracelet, Home Monitoring Unit, and 24/7/365 monitoring by the National Monitoring Center. My program fees through _____ total \$_____. (Example: \$10.79 per day x 90 days sentenced on program = \$971.10 total cost)

I agree to pay \$151.06 every two weeks until all program fees are paid in full. I understand that the DuPage County Probation Department will be notified if I fail to pay my fees as ordered. Failure to pay Alcohol Monitoring Program

Between **DuPage County, IL** and **Sentinel Offender Services, LLC**



fees and/or remain current with fees will result in a violation of my Pretrial Released or sentence being filed with the court. I will continue to be responsible for payment of any outstanding fees incurred while I am on the DuPage County Probation and Court Services Electronic Monitoring Program.

PROGRAM EQUIPMENT

PH:

The GPS transmitter device fitted to your ankle and any other equipment given to you by the DuPage County Probation and Court Services Division is your responsibility. If the equipment is damaged, lost, not returned, or destroyed, you will be required to pay the following amounts:

Transdermal Ankle Bracelet: \$600.00
 Transdermal Home Base Unit: \$700.00
 Charging Cord: \$45.00

If any of the above equipment is not returned to the DuPage County Probation and Court Services Division, a felony theft report will be filed with the local law enforcement agency.

I have read and received a copy of the rules and regulations and agree to comply with the terms and conditions of the DuPage County Probation and Court Services Division Alcohol Monitoring Program.

Date

SENTINEL OFFENDER SERVICES CONTACT INFORMATION FOR PAYMENT:

847-244-2875

DuPage County Probation Signature

| Mailing Address: | 15 S. Martin Luther King Jr., Drive | | |
|----------------------|-------------------------------------|----------|--|
| | Waukegan, IL 60085 | | |
| (This address will d | change once a local office is esta | blished) | |
| | | | |
| Participant Name | | Date | |
| | | | |
| Participant Signatu | re | Date | |
| | | | |

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



Attachment C

DuPage County Probation and Court Services Remote Breath Alcohol Monitoring Participant Contract

You have been court ordered to be placed in the DuPage County Probation and Court Services Alcohol Monitoring Program. You have been ordered by the Court to pay all the cost of this supervision directly to Sentinel Offender Services.

On the day you begin the program, a Hand-held Portable Remote Breath Monitoring device will be assigned to you. The day this equipment is issued to you is the day you become responsible for payment of services. As ordered by the court, you will be billed a <u>daily rate of \$6.35</u> for each day you remain on the program. You are also responsible for the care of the equipment while in your possession and you will be held financially responsible for any equipment that is damaged or not returned to the DuPage County Probation and Court Services Division.

You are required to submit an initial payment for this program equal to 14 days of monitoring and will be required to make a payment on your first day of enrollment in the amount of **\$88.90** via a money order or credit card (Visa, MasterCard, Discover only). If you do not have this payment at enrollment, you will be required to return the next business day to pay for the first 14 days of your monitoring.

PAYMENT AGREEMENT: I agree to pay Sentinel Offender Services for its electronic monitoring services at the daily rate established in this agreement of **\$6.35 per day**. I agree to provide payment to Sentinel Offender Services via credit card, debit card, or money order. In the event a requested payment amount is declined, I acknowledge and understand that Sentinel Offender Services will notify the DuPage County Probation and Court Services Division and I understand that in the event I am delinquent with my payments, one or more of the following actions will be taken by the DuPage County Probation and Court Services Division:

- Notification to the Court; a Petition Charging Violation of Probation,
- I may have my bail revoked by the Court for failing to comply with program requirements.
- Sentinel Offender Services may pursue legal action in a civil court for all outstanding fees and related costs associated with program non-compliance.

I acknowledge it is my responsibility to return the monitoring equipment issued to me back to the DuPage County Probation and Court Service Division. In the event this equipment is lost, stolen or damaged beyond normal wear, I am responsible to reimburse Sentinel Offender Services at the published replacement cost of \$675.00 for the Remote Breath Alcohol Monitoring Units and \$45.00 for the Charging Cord and as listed in this agreement. If I do not fulfill this responsibility, Sentinel Offender Services will file felony theft charges and/or criminal property damage charges against me.

| C | lient | Initia | S | | |
|---|-------|----------|---|--|--|
| _ | | IIIICICI | | | |

FEE AGREEMENT

The daily rate as ordered by the Court to participate in the program is $\frac{6.35}{9}$ per day. This fee includes the Transdermal Alcohol Monitoring Ankle Bracelet, Home Monitoring Unit, and 24/7/365 monitoring by the National Monitoring Center. My program fees through _____ total $\frac{5}{9}$ (Example: \$6.35 per day x 90 days sentenced on program = \$571.50 total cost)

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



I agree to pay \$88.90 every two weeks until all program fees are paid in full. I understand that the DuPage County Probation Department will be notified if I fail to pay my fees as ordered. Failure to pay Alcohol Monitoring fees and/or remain current with fees will result in a violation of my Pretrial Release or sentence being filed with the court. I will continue to be responsible for payment of any outstanding fees incurred while I am on the DuPage County Probation and Court Services Electronic Monitoring Program.

PROGRAM EQUIPMENT

PH:

The Alcohol Monitoring Portable Remote Breath device and any other equipment given to you by the DuPage County Probation and Court Services Division is your responsibility. If the equipment is damaged, lost, not returned, or destroyed, you will be required to pay the following amounts:

Portable Remote Breath Device: \$675.00Charging Cord: \$45.00

If any of the above equipment is not returned to the DuPage County Probation and Court Services Division, a felony theft report will be filed with the local law enforcement agency.

I have read and received a copy of the rules and regulations and agree to comply with the terms and conditions of the DuPage County Probation and Court Services Division Alcohol Monitoring Program.

SENTINEL OFFENDER SERVICES CONTACT INFORMATION FOR PAYMENT:

Mailing Address: 15 S. Martin Luther King Jr., Drive
Waukegan, IL 60085

847-244-2875

Participant Name

Participant Signature

DuPage County Probation Signature

Date

Date

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



Attachment D

CREDIT CARD PAYMENT AUTHORIZATION

| DATE:/ | CLIENT ID NUM.: _ | A | gency Name: | | 1 |
|---|----------------------|---------------------|----------------------|-----------------|------------------|
| PARTICIPANT NAME: | | | | | |
| ADDRESS: | | | | | |
| CITY: | | STATE: | ZIP: | | |
| PHONE: | FAX: | | E-MAIL: | | |
| AMOUNT TO BE CHAF | RGED TO CREDIT CAR | RD ACCOUNT: | | | |
| | | PAYMENT INFO | RMATION | | |
| CARD TYPE: □ VISA | □ MASTERCARD | □ DISCOVER (se | elect one) | | |
| CARD NUMBER: | | | | | |
| EXPIRIATION DATE: | | | | | |
| CARD CODE: | (three-digit num | nber located on th | e back of the credit | card) | |
| CARD HOLDERS NAME | <u> </u> | | | | |
| CARD HOLDERS BILLIN | IG ADDRESS: | | | | |
| | | | | | |
| | | | | | |
| - | | | | | |
| CARD HOLDERS SIGNA | | | | | |
| l authorize reoccurrin | g use of this card: | I authorize | this card to be cha | rged with pho | ne approval: |
| Please note that a 1.8 | % processing fee wil | ll accompany all tr | ansactions process | ed on this card | d. |
| By signing this form, t 3% processing fee on | | - | Offender Services, I | nc. to process | a payment plus a |
| Please fax signed form contact us at 15 S. Ma number. | | | | | |
| A/R Use Only: | | | | | |
| Date Rec'd: | | Co | onfirmation No: | | |

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



Attachment E

Sentinel Standard Operating Procedures for DuPage County Process for Collections

SCOPE

This procedure details the responsibilities of the intake and fee collections process for both Sentinel and DuPage County.

NEW CLIENT ENROLLMENT

- 1.) Every new referral must have the required paperwork provided at the time of enrollment. If the entire referral package is not provided to the Sentinel Representative on the day of enrollment, the Sentinel Representative will notify the assigned probation officer via a Status Report of what information is missing.
- 2.) On the day of enrollment, the client will be instructed to contact the Sentinel representative and make the initial payment based on the type of Alcohol Monitoring Equipment required. If contact does not occur, and no later than 24 business hours following enrollment, the Sentinel Representative will contact the program participant and require an initial payment covering the first 14 days of the program. This payment will cover the first two weeks of program supervision.

SENTINEL RESPONSIBILITIES

- 1.) Each morning, a Sentinel Representative will compare the active caseload in the Monitoring Application with the active cases in DNA Case Management to ensure any offender added to active monitoring by DuPage has also been entered into DNA by Sentinel and had their daily invoicing initiated.
- 2.) Daily, the Sentinel Representative will contact each participant who is currently delinquent and require a payment that brings the client current, plus an amount equal to two weeks in advance.
- 3) The Sentinel Representative will deliver the following message to participants when calling for payment on fees:
 - a) You have been ordered by the court to participate in the Alcohol Monitoring Program. It is your responsibility to remain current with supervision program fees. Thus, in order to remain compliant and avoid being violated, you must make a payment today in the amount of \$XXX.

IF CLIENT CANNOT PAY OR CLAIMS TO BE HOMELESS

- 1.) If a client claims that he/she cannot pay for program fees or states they are homeless, a Status Report will be immediately sent to the Supervising Officer requesting that the officer instruct Sentinel as to what steps will be taken by the Department. Regardless of which option below is chosen, a Status Report will summarize the decision. Options include:
 - a. Consider the client to be indigent and count the participant as part of the indigent allotment outlined in the contract (This is only an option if the indigent allotment has not been fully fulfilled).
 - b. Work out a payment plan with the participant and follow up to ensure all agreed fees will be paid prior to their program sentence ending.

Between **DuPage County**, **IL** and **Sentinel Offender Services**, **LLC**



- c. Confirmation that the officer will contact the client within 24 hours and require payment within 24 hours for the first two weeks of the program.
- 2.) If the officer is contacted and indicates the client will pay within 24 hours and no payment is received, a Non-Compliance Report (NCR) will be submitted to the Supervising Officer outlining the client's failure to comply with program requirements. The NCR will also formally request that an Administrative Hearing with the client and the court occur.
 - a. Every Friday, a Financial Status Report will be provided to the DuPage Supervisors that identifies those individuals who are not in full compliance with their financial obligation.
 - b. For clients who owe more than \$140.00 and the participant has not abided by any payment schedule agreed to, there shall be a corresponding Non-Compliance Report submitted to the Supervising Officer requesting.
- 3) It is agreed that once the ability to pay for services has been assessed, program participants who willfully do not pay the program fees at the time fees are due, will be subject to a supervisory meeting between Customer, its designated agent, Sentinel, and the participant to determine circumstances for non-payment. At the conclusion of any supervisory meeting, if it is determined the participant continues to have the ability to pay but continues with the willful non-payment of services for 14 days, they will be subject to revocation.



Required Vendor Ethics Disclosure Statement

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

Bid/Contract/PO #:

Date:

Jan 4, 2024 24-0283

| Company Name: Sentinel Offender Services, LLC | Company Contact: Mike Dean |
|---|--|
| Contact Phone: 800-496-4882 | Contact Email: mdean@sentineladvantage.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.

| Recipient | 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 | Telephone | Email |
|--|-----------|-------|
| relation to the contract or bid | | |
| | | |

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

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

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

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

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

| Authorized Signature | Signature on file | | |
|------------------------|---|--------------|-------------------------|
| Printed Name | Dennis Fuller | • | |
| Title | Chief Financial Officer | - 10 - 10 | |
| Date | January 5, 2024 | _ | |
| Attach additional shee | ts if necessary. Sign each sheet and number each page. Page1 of | 1 | (total number of pages) |

Budget Transfer



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

File #: 24-0719 Agenda Date: 2/20/2024 Agenda #: 7.A.

FYZ4

OuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

| From | : 5000 Company # | - | | From | | BACKLOG RED PROG unting Unit Name | GRTS | | |
|------------|---------------------|-------------|---|------------------|------------------------------------|--------------------------------------|-----------------------------|-----------------|-----------|
| Accounting | | 92 700 | | | | Availabl | ept Use Only e Balance | Date of | |
| Unit | Account | Sub-Account | Title | _ | Amount | Prior to Transfer | After Transfer | Balance | B/S Fund |
| 4510 | 54110 | | EQUIPMENT AND MACHINERY | \$ | 5,100.00 | 5,100.00 | 0 | 2/7/24 | 5000-9104 |
| | | | | | | | | | |
| | | | Total | 5 | 5,100.00 | | | | |
| | | | | | | ACKLOG RED PROG | GRTS | = | |
| To: | 5000 Company # | < | | To: Co | ompany/Accoun | Finance De | opt Use Only | D | |
| Unit | Account | Sub-Account | Title | | Amount | Prior to Transfer | e Balance After Transfer | Date of Balance | B/S Fund |
| 4510 | 52000 | | FURN/MACH/EQUIP SMALL VALUE | \$ | 5,100.00 | 2,200.00 | 7,300.00 | 2/7/24 | 5000-9104 |
| | | | | _ | | | | | |
| | | | | - | | | | | |
| | | | | - | | | | | |
| | | | | | | | | | |
| | | | Total | 5 | 5,100.00 | | | | |
| | Reason far Req | 1 | The original grant budget included >\$5000 for the purch the purchase will be <\$5000, requiring transfer of funds fr | ase of om 542 | a refrigerator/fr 110 to 52000. | eezer, but current e | stimates indicate | / 1 | <i>‡</i> |
| | Activity | Ĩ | 15PBJA23GG01275 optional) ****Please sign in blue ink on t | Chief F | iment Head | Viy - | | Date Date | 284 |
| r | | | Finance Department Use Only | | mai lumin | | | | |
| F | iscal Year 2 | 4 Budget Jo | urnal # Acctg Period | | | | | | |
| Ε | intered By/Dat | | Released & Posted | By/Dat | 0 | | | | |

JPS - 2/20/24 FIN/CB - 2/27/24

Co

Consent Item





consent JPS 2|20 CB 2|27



Request for Change Order Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb. 5, 2024

MinuteTraq (IQM2) ID #:

| Purchase Order # | 3495-1-SERV Origina Order C | Il Purchase Nov 1, 2018 Date: | Change Order #: 2 | Department: CIRCL | JIT COURT CLERK |
|---|--|---|--|-------------------------|------------------|
| Vendor Name: LO | OGICALIS, INC. | | Vendor #: 12232 | Dept Contact: JULIE | ELLEFSEN |
| Background and/or Reason for Change Order Request: | DECREASE AND CLOSE OF REDUCE LINE 5 \$5,419.01 REDUCE LINE 8 \$6,519.51 REDUCE LINE 9 \$677.34 TOTAL \$12,615.95 | 7 | | | |
| | 11.30.000 | IN ACCORDANCE | WITH 720 ILCS 5/33E-9 | | |
| (A) Were not re | easonably foreseeable at th | e time the contract was : | signed, | | |
| (B) The change | e is germane to the original | contract as signed. | | | |
| (C) Is in the be | st interest for the County of | DuPage and authorized | by law. | | |
| | | INCREA | SE/DECREASE | | |
| A Starting con | | | | | \$418,397.20 |
| B Net \$ chang | e for previous Change Orde | rs | | | \$40,322.25 |
| C Current conf | tract amount (A + B) | | | | \$458,719.45 |
| D Amount of t | his Change Order | Increase | Decrease | | (\$12,615.95) |
| E New contrac | t amount (C + D) | | | | \$446,103.50 |
| F Percent of co | urrent contract value this Ch | ange Order represents (| (D / C) | | -2.75% |
| G Cumulative | percent of all Change Order | s (B+D/A); (60% maximum | on construction contracts) | | 6.62% |
| | | DECISION ME | MO NOT REQUIRED | | |
| Cancel entire of Change budge Increase/Decre | دع ا | Close Contract to: should be: | Contract Extension | n (29 days) | Consent Only |
| Decrease rema and close conti | - | Increase encumbrance and close contract | Decrease enco | umbrance 🗍 Incr | ease encumbrance |
| | | DECISION I | MEMO REQUIRED | | |
| Increase (great | er than 29 days) contract ex | piration from: | to: | | |
| | 00.00, or ≥ 10%, of current o | ontract amount 🔲 Fu | inding Source | | |
| OTHER - explain | Tuelow: | | | | |
| JCE | 8590 | Feb 5, 2024 | KMV | 8647 | Feb 5, 2024 |
| Prepared By (Initials | s) Phone Ext | Date | Recommended for Appro | val (Initials) Phone Ex | t Date |
| | | REVIEWED | BY (Initials Only) | | |
| Buyer | | Date | Procurement Officer | | 2 5 24 Date |
| Chief Financial Offic Decision Memos O | | Date | Chairman's Office (Decision Memos Over \$ | 25,000) | Date |

Grant Proposal Notifications



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

File #: 24-0708 Agenda Date: 2/20/2024 Agenda #: 9.A.

Grant Proposal Notification

| GPN Number: 007-24 | Date of Notification: 01/24/2024 | 4 |
|----------------------------------|---|---|
| (Completed by Finance Departmen | t) (MM/DD/YYYY) | |
| Parent Committee Agenda Date | ••• | 4 |
| (Completed by Finance Departmen | t) (MM/DD/YYYY) (MM/DD/YYYY) |) |
| Name of Grant: | Violent Crimes Victim Assistance Grant PY25 | |
| Name of Grantor: | Illinois Attorney General's Office | |
| Originating Entity: | (Name the entity from which the funding originates, if Grantor is a pass-thru entity) | |
| County Department: | DuPage County State's Attorney's Office | |
| Department Contact: | Robin Bolton, Finance Manager, ext. 8146 (Name, Title, and Extension) | |
| Parent Committee: | Judicial Public Safety Committee | |
| Grant Amount Requested: | \$ 40,000.00 | |
| Type of Grant: | Continuation (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify) | |
| Is this a new non-recurring Grar | | |
| Source of Grant: | ☐ Federal ✓ State ☐ Private ☐ Corporate | |
| If Federal, provide CFDA: | If State, provide CSFA: | |

Page 1 of 5

Grant Proposal Notification

| | Grant Hoposar Not | 1110 | ation | | |
|-----------|---|--------|---------------------------|----------------|---------------------|
| 1. | Justify the department's need for this grant. This grant provides partial reimbursement of the salary of a Vi assists victims crime throughout the court process. | ictim | Advocate. This | Victim Advo | cate |
| 2. | Based on the County's Strategic Plan, which strategic imperative(s) of brief explanation. This grant would address the Quality of Life Imperative by proving the strategic imperative in the strategic | | | | |
| | assists victims of violent crime in DuPage County. | vianię | 5 (4)(4)(5)(4) | 1011117101001 | ace chac |
| 3. | What is the period covered by the grant? | 07 | 7/01/2024 (MM/DD/YYYY) | to: 06/3 | 0/2025 /DD/YYYY) |
| | 3.1. If period is unknown, estimate the year the project or project p | hase ' | will begin and ant | ticipated dura | tion: |
| | 3.1.1 and (Duration) | | | | |
| 4. | Will the County provide "seed" or startup funding to initiate grant p | | | | no |
| 5 | 4.1. If yes, please identify the Company-Accounting Unit used for th If grant is awarded, how is funding received? (select one): | ne fun | ding . | | |
| J. | 5.1. Prior to expenditure of costs (lump-sum reimbursement upfron | nt) | ✓ | | |
| | 5.2 After expanditure of costs (reimbursement-based) | ſ | | | |

Grant Proposal Notification

| . Do | es the grant allo | ow for Personn | el Costs? (Yes or No) | | Yes |
|------|-------------------|----------------------------------|---|---|------------------------|
| 6.1 | | • | ejected salary and fringe ? Compute County-provi | benefit costs of personnel chargin ded benefits at 40%. | g time to the grant fo |
| | 6.1.1. Total sa | lary _ | \$62,426.00 | _ Percentage covered by grant | 64.1% |
| | 6.1.2. Total fri | nge benefits _ | \$24,970.00 | _ Percentage covered by grant | 0% |
| | 6.1.3. Are any | of the County- | provided fringe benefits | disallowed? (Yes or No): | No |
| | 6.1.3.1. | If yes, which | ones are disallowed? | | |
| | 6.1.3.2. | If the grant d will the defic | | ne personnel costs, from what Cor | mpany-Accounting Un |
| | | | 1000-6500 | | |
| 6.2 | . Will receipt o | f this grant req | uire the hiring of additio | nal staff? (Yes or No): | No |
| | 6.2.1. If yes, h | ow many new p | positions will be created | ? | |
| | 6.2.1.1. | Full-time | Part-time | Temporary | _ |
| | 6.2.1.2. | Will the head | dcount of the new position | on(s) be placed in the grant accou | _ |
| | 6.2.1.2 | 2.1. If no, | , in what Company-Acco | unting Unit will the headcount(s) I | Yes or Note placed? |

| | 6.3. Does the gran | nt award require the positions to be retained beyond the grant ter | m? (Yes or No) | No |
|----|---------------------|--|----------------|----|
| | 6.3.1. If yes, pl | lease 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 allo | ow for direct administrative costs? (Yes or No) | | No |
| | 7.1. If yes, please | answer the following: | | |
| | 7.1.1. Total es | timated direct administrative costs for project | | |
| | 7.1.2. Percenta | age of direct administrative costs covered by grant | | |
| | 7.1.3. What pe | ercentage of the grant total is the portion covered by the grant | | |
| 8. | What percentage | of the grant funding is non-personnel cost / non-direct administra | tive cost? | 0% |
| 9. | Are matching fund | ls required? (Yes or No): | | No |
| | 9.1. If yes, please | answer the following: | | |
| | 9.1.1. What pe | ercentage of match funding is required by granting entity? | | |
| | 9.1.2. What is | the dollar amount of the County's match? | | |

| 9.1.3. | What Company-Accounting Unit(s) will provide the matching requirement? | |
|----------------|---|-------------|
| 10. What amo | unt of funding is already allocated for the project? | \$47,396.00 |
| 10.1. | If allocated, in what Company-Accounting Unit are the funds located? | 1000-6500 |
| 10.2. | Will the project proceed if the funding opportunity is not awarded? (Yes or No) | : Yes |
| 11. What is th | e total project cost (Grant Award + Match + Other Allocated Funding)? | \$87,396.00 |



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

File #: 24-0709 Agenda Date: 2/20/2024 Agenda #: 9.B.

| GPN Number: 009-24 | | Г | Date of Notification: | 02/08/202 |
|---|--|-----------------|-----------------------|-------------------------|
| (Completed by Finance Department |) | _ | | (MM/DD/YYYY |
| Parent Committee Agenda Date: (Completed by Finance Department) | | Grant Ap | plication Due Date: _ | 02/16/202 (MM/DD/YYY |
| Name of Grant: | Sustained T | raffic Enforc | ement Progra | am |
| Name of Grantor: | Illinois Dep | artment of | Transportatio | on |
| Originating Entity: | U.S. Depa | | ransportation | |
| County Department: | Dunty Department: Sheriff's Office | | | |
| Department Contact: Lt. Frank Bibbiano x2084 (Name, Title, and Extension) | | | | |
| Parent Committee: Judicial Public Safety | | | | |
| Grant Amount Requested: | \$ 39,081.00 | | | |
| Type of Grant: | rpe of Grant: (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify) | | ease Specify) | |
| Is this a new non-recurring Grant | _ | □ No | zar symency other Th | case opeony, |
| Source of Grant: | ✓ Federal | ✓ State | Private |] Corporate |
| If Federal, provide CFDA:20 | 0.600 If State, prov | ride CSFA: 25-0 | 343-11 | |

| | • | | |
|----|---|----------------------------|-----------------------|
| 1. | Justify the department's need for this grant. The Sustained Traffic Enforcement Program will allow the Sher and occupant safety campaigns at no cost to the County. Thus those who live and work in DuPage County. | | |
| 2. | Based on the County's Strategic Plan, which strategic imperative(s) obrief explanation. | correlate with funding o | pportunity. Provide a |
| | This initiative will further the strategic plan of DuPage County who live and work in DuPage County thus making it a more defamily in DuPage. It will further the effort to improve the quali | sirable place to live, w | ork, and raise a |
| 3. | What is the period covered by the grant? | 10/01/2024 (MM/DD/YYYY) | to: 09/30/2025 |
| | 3.1. If period is unknown, estimate the year the project or project p | hase will begin and anti | cipated duration: |
| | 3.1.1 and (Duration) | | |
| 4. | Will the County provide "seed" or startup funding to initiate grant p | roject? (Yes or No) | No |
| | 4.1. If yes, please identify the Company-Accounting Unit used for th | e funding | |
| 5. | If grant is awarded, how is funding received? (select one): | | |
| | 5.1. Prior to expenditure of costs (lump-sum reimbursement upfron | ot) | |
| | 5.2. After expenditure of costs (reimbursement-based) | | |

| 6. | Does the grant all | ow for Personn | el Costs? (Yes or No) | | - | Yes |
|----|---------------------|---|---|---|-------------------------------|-------------|
| | • | • | ojected salary and fringe ? Compute County-provi | benefit costs of personnel charging ded benefits at 40%. | time to the | grant for |
| | 6.1.1. Total sa | lary _ | \$39,081.00 | _ Percentage covered by grant | 100 | - |
| | 6.1.2. Total fri | nge benefits | \$15,632.40 | Percentage covered by grant | 0% | - |
| | 6.1.3. Are any | of the County- | provided fringe benefits | disallowed? (Yes or No): | Yes | - |
| | 6.1.3.1. | If yes, which | ones are disallowed? | | | |
| | | They would be on the grant. this grant. | ne covered commensurate No non-enforcement par | ose for non-enforcement part-time e with the percentage of time that em t-time employees are anticipated to be working on the grant all other fringe is | ployee works be working on | |
| | 6.1.3.2. | If the grant o | | he personnel costs, from what Com | pany-Accour | nting Unit |
| | | | 1000-4400 | | | |
| | 6.2. Will receipt o | f this grant req | uire the hiring of additic | onal staff? (Yes or No): | No | _ |
| | 6.2.1. If yes, h | ow many new | positions will be created | ? | | |
| | 6.2.1.1. | Full-time | Part-time | Temporary | - | |
| | 6.2.1.2. | | · | on(s) be placed in the grant accoun | | (Yes or No) |
| | 6.2.1. | 2.1. If no | , in what Company-Acco | unting Unit will the headcount(s) be | e placed? | |

| | 6.3. Does the gran | nt award require the positions to be retained beyond the grant to | erm? (Yes or No) | No |
|---|---------------------|---|------------------|-------|
| | 6.3.1. If yes, p | ease 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 allo | ow for direct administrative costs? (Yes or No) | | No |
| 7.1. If yes, please answer the following: | | | | |
| | 7.1.1. Total es | timated direct administrative costs for project | | |
| | 7.1.2. Percent | age of direct administrative costs covered by grant | | |
| | 7.1.3. What pe | ercentage of the grant total is the portion covered by the grant | | |
| 8. | What percentage | of the grant funding is non-personnel cost / non-direct administr | ative cost? | 4.29% |
| 9. | Are matching fund | ls required? (Yes or No): | | No |
| | 9.1. If yes, please | answer the following: | | |
| | 9.1.1. What pe | ercentage of match funding is required by granting entity? | | |
| | 9.1.2. What is | the dollar amount of the County's match? | | |

| 9.1.3 | 3. What Company-Accounting Unit(s) will provide the matching requirement? | |
|-------------|---|-------------|
| 10. What an | nount 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) | . <u>No</u> |
| 11. What is | the total project cost (Grant Award + Match + Other Allocated Funding)? | \$39,081.00 |

Informational





File #: 24-0710 Agenda Date: 2/20/2024 Agenda #: 10.A.

DUPAGE COUNTY PUBLIC DEFENDER



Jeffrey R. York, Chief Public Defender

February 7, 2024

Ms. Lucy Chang Evans Chairwoman of the Judicial Public Safety Committee County Board Offices 421 N. County Farm Road Wheaton, IL 60187

RE: Monthly Statistical Report

Dear Ms. Chang Evans:

Pursuant to 55 ILCS 5/3-4010, enclosed is a copy of the monthly report of services rendered by the Public Defender's Office through January 31, 2024.

Sincerely,

JEFFREY R. YORK

Public Defender of DuPage County

JRY/mb encl.

| Case Type | Case Sub Type | Number of Cases |
|-------------------------------|--------------------|-----------------|
| Criminal | Felony | 186 |
| Criminal | Misdemeanor | 272 |
| Juvenile Abuse and Neglect | | 0 |
| Juvenile Delinquency | | 37 |
| Mental Health & Miscellaneous | | 43 |
| Pre-Trial First Appearance | | 563 |
| Pre-Trial Detention | | 108 |
| PTR | Felony/Misdemeanor | 81 |
| Total | | 1290 |













