



DU PAGE COUNTY

Human Services

Final Regular Meeting Agenda

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

Tuesday, January 7, 2025

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. [25-0168](#)

Human Services Committee - Regular Meeting - Tuesday, December 3, 2024

6. COMMUNITY SERVICES - MARY KEATING

6.A. [FI-R-0005-25](#)

Authorizing execution for PY25 of an Intergovernmental Agreement between Pace Suburban Bus and DuPage County Community Services for the Senior Transportation Grant Program in the amount of \$181,772. (Community Services)

6.B. [FI-R-0006-25](#)

Authorizing execution for PY25 of an Intergovernmental Agreement between Pace Suburban Bus and DuPage County Community Services for the Paratransit Transportation Grant Program in the amount of \$690,000. (Community Services)

6.C. [HS-R-0001-25](#)

Acceptance of an extension of time through June 30, 2027 for the Illinois Department of Commerce and Economic Opportunity, the Home Weatherization Assistance Program DOE BIL Grant FY23, Inter-Governmental Agreement No. 23-461028, Company 5000 - Accounting Unit 1400. (Community Services)

6.D. [HS-P-0002-25](#)

Recommendation for the approval of a contract purchase order to Family Shelter Service, to provide advocacy services to victims of domestic violence, for the period of December 1, 2024 through November 30, 2025, for a contract total amount not to exceed \$85,000. Other professional services not subject to competitive bidding per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b). (Community Services)

- 6.E. [25-0169](#)
Recommendation for approval of a purchase order to WellSky Corporation, for the implementation, use, and professional services to support the move to Connect 211 resource database for the period of November 1, 2024 through October 31, 2025, for a contract total not to exceed \$15,869.17. Per 55 ILCS 5/5-1022(c) not suitable for competitive bids. Sole Source for HMIS and 211 compliant software. Grant funded 1100-1215-COVID-19_INT. (Community Services)

7. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

- 7.A. [25-0170](#)
Recommendation for a second time extension to a Community Development Block Grant Memorandum of Understanding with the DuPage County Department of Community Services, Single Family Rehabilitation Program, Project Number CD23-SFR, extending the time period covered by the MOU through May 31, 2025.

8. DUPAGE CARE CENTER - JANELLE CHADWICK

- 8.A. [FI-R-0002-25](#)
Acceptance and appropriation of the DuPage Care Center Foundation - Foundation Coordinator Grant PY25, Company 5000 - Accounting Unit 2120, from December 1, 2024 through November 30, 2025, in the amount of \$31,192. (DuPage Care Center)
- 8.B. [FI-R-0003-25](#)
Acceptance and appropriation of the DuPage Care Center Foundation - Music Therapy Grant PY25, Company 5000 - Accounting Unit 2120, from January 12, 2025 through December 31, 2025, in the amount of \$60,462. (DuPage Care Center)
- 8.C. [FI-R-0004-25](#)
Acceptance and appropriation of the DuPage Care Center Foundation Recreation Therapy Grant PY25, Company 5000 - Accounting Unit 2120, from December 1, 2024 through November 30, 2025, in the amount of \$29,435. (DuPage Care Center)
- 8.D. [HS-R-0002-25](#)
Acceptance of an extension of the DuPage Care Center Foundation - Foundation Coordinator Grant PY24, through December 31, 2024, Company 5000 - Accounting Unit 2120. (DuPage Care Center)
- 8.E. [HS-P-0003-25](#)
Recommendation for the approval of a contract purchase order issued to Performance Foodservice Chicago, for secondary food and supplies, for the DuPage Care Center, for the period March 1, 2025 through February 28, 2026, for a contract total not to exceed \$55,000. Per bid renewal #23-020-DCC, second of three one-year optional renewals.

9. BUDGET TRANSFERS9.A. [25-0171](#)

Transfer of funds from account no. 1200-2000-53828 (Contingencies) to account no. 1200-2040-54110 (Equipment and Machinery) in the amount of \$260,090 to allow for the purchase of Aseptic Barrier Washers for Laundry for the DuPage Care Center

9.B. [25-0172](#)

Transfer of funds from account no. 1000-1750-50000 (regular salaries) to account no. 1000-1640-50040 (part-time help) in the amount of \$203, to cover the deficits in the Family Center General Fund's part-time help line. (Community Services)

9.C. [25-0173](#)

Transfer of funds from account nos. 1000-1640-50010 (overtime), 1000-1640-52280 (cleaning supplies), 1000-1640-52090 (other professional services), 1000-1640-53300 (repair and maintenance facilities), 1000-1640-53500 (mileage), 1000-1640-53800 (printing), 1000-1640-52200 (operating supplies), 1000-1640-53600 (dues and memberships), 1000-1640-53610 (instruction and schooling), and 1000-1640-53804 (postage), to account no. 1000-1640-50040 (part-time help) in the amount of \$6,431, to cover the unanticipated deficits in the part-time help line for the Family Center. (Community Services)

10. TRAVEL10.A. [25-0174](#)

Weatherization Supervisor to attend the National Home Performance Conference in New Orleans, LA from April 6, 2025 through April 10, 2025. Expenses to include registration, materials, transportation, lodging, and per diems, for approximate total of \$3440. Weatherization grant funded. (Community Services)

10.B. [25-0175](#)

HMIS Manager to attend the National Human Services Data Consortium (NHSDC) in New Orleans, Louisiana from April 27, 2025 through May 1, 2025. Expenses to include registration, transportation, lodging, and per diems, for approximate total of \$2875. Grant funded. (Community Services)

11. RESIDENCY WAIVERS - JANELLE CHADWICK**12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK****13. COMMUNITY SERVICES UPDATE - MARY KEATING****14. OLD BUSINESS****15. NEW BUSINESS****16. ADJOURNMENT**



Minutes

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

File #: 25-0168

Agenda Date: 1/7/2025

Agenda #: 5.A.



DU PAGE COUNTY

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

Human Services

Final Summary

Tuesday, December 3, 2024

9:30 AM

Room 3500A

1. CALL TO ORDER

9:30 AM meeting was called to order by Vice Chair Paula Deacon Garcia at 9:30 AM.

2. ROLL CALL

Other Board members present: Member Saba Haider, Member Andrew Hoenig, Member Sheila Rutledge, Member Yeena Yoo (9:45)

Staff in attendance: Renee Zerante (State's Attorney Office), Nick Kottmeyer (Chief Administrative Officer), Evan Shields (Public Information Officer), DeAndre Redd (Contracting Equity Administrator), Henry Kocker (Procurement), Julie Hamlin (Community Development Administrator), Gina Strafford-Ahmed (Community Services Administrator), and Janelle Chadwick, remote (DuPage Care Center Administrator).

MOTION TO ALLOW REMOTE PARTICIPATION

Paula Garcia stated a physical quorum of members is present. She entertained a motion to permit Member Childress to participate via Zoom, due to personal illness or disability, employment purposes for business of the board, or for family or another emergency. Member Galassi, second Member LaPlante.

RESULT:	APPROVED
MOVER:	Lynn LaPlante
SECONDER:	Dawn DeSart

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Vice Chair Garcia spoke on behalf of Chair Schwarze, who was absent, expressing his gratitude to all for a great year at the Human Services Committee. He is very appreciative of all the work accomplished on this committee in 2024, and he looks forward to working with many of the board members in 2025.

Ms. Garcia stated DuPage County received a request from the DuPage Senior Services Citizens Council that they need more financial funding to round out the year 2024. They need \$42,450 to continue their senior meals for this year. Chair Schwarze and Vice Chair Garcia discussed this request with County Board Chair Conroy. They determined the funds should be taken out of the funds set aside for food insecurity, believing that is a good use of that money.

Ms. Garcia believes the formal request will go straight to County Board next week for approval. This is informational for the Human Services Committee.

DuPage Pads is also in need of funding. They have 87 people they are trying to house. 70 of them they can but 17 they can't for various reasons. They have enough funding until January but are looking for \$353,000 dollars. The DuPage Foundation will reach out to their donors. Per Chair Conroy, they will allocate the money from AD-Hoc Affordable Housing. April Redzic, the President and CEO of DuPage Pads, will attend the Finance or County Board meeting on December 10 to give a presentation explaining why they need the funding and their future plans. Nick Kottmeyer stated that as of December 2, DuPage Pads has raised \$100,000 through private fundraising, which will reduce the request of \$353,000.

5. APPROVAL OF MINUTES

5.A. [24-3249](#)

Human Services Committee - Regular Meeting - Tuesday, November 19, 2024

RESULT: APPROVED
MOVER: Lynn LaPlante
SECONDER: Kari Galassi

6. COMMUNITY SERVICES - MARY KEATING

6.A. [FI-R-0235-24](#)

Revision to Personnel Budget. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE
MOVER: Lynn LaPlante
SECONDER: Kari Galassi

6.B. [FI-R-0237-24](#)

Acceptance and appropriation of the Low-Income Home Energy Assistance Program HHS Grant PY25 Inter-Governmental Agreement No. 25-224028, Company 5000 - Accounting Unit 1420, \$3,487,312. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Lynn LaPlante
SECONDER:	Kari Galassi

6.C. [HS-R-0021-24](#)

Approval of issuance of payments by DuPage County to energy assistance providers through the Low-Income Home Energy Assistance Program HHS Grant PY25 Inter-Governmental Agreement No. 25-224028 in the amount of \$2,849,134. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Lynn LaPlante
SECONDER:	Kari Galassi

7. **DUPAGE CARE CENTER - JANELLE CHADWICK**

7.A. [HS-P-0054-24](#)

Recommendation for the approval of a contract purchase order issued to LeadingAge Illinois, for annual membership dues for the DuPage Care Center, for the period January 1, 2025 through December 31, 2025, for a total contract total amount not to exceed \$32,400. Other professional services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b).

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Dawn DeSart
SECONDER:	Kari Galassi

7.B. [HS-P-0055-24](#)

Recommendation for the approval of a contract purchase order issued to McKesson Medical Surgical Government Solutions, LLC, for prime supplier for general medical and surgical supplies, for the DuPage Care Center, for the period of January 15, 2025 through January 14, 2029, for a contract total not to exceed \$1,115,000. Contract pursuant to the Governmental Joint Purchasing Act, 30 ILCS 525/2 (MMCAP Contract #M-487(5)).

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Kari Galassi
SECONDER:	Lynn LaPlante

7.C. [HS-P-0056-24](#)

Recommendation for the approval of a contract purchase order issued to Music Speaks, LLC, for music therapy services for the residents at the DuPage Care Center, for the period January 12, 2025 through January 11, 2026, for a contract total not to exceed \$60,462, per renewal of RFP #21-087-CARE, third and final optional renewal.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Lynn LaPlante
SECONDER:	Dawn DeSart

7.D. [24-3250](#)

Recommendation for the approval of a contract purchase order issued to Illinois Aging Services Network (ILASN), to negotiate managed care contracts for Medicaid, eldercare advantage and commercial plans, for the DuPage Care Center, for the period January 1, 2025 through December 31, 2025, for a contract total amount not to exceed \$17,536.85. Other professional services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b).

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Kari Galassi

7.E. [24-3251](#)

Recommendation for the approval of a contract purchase order issued to Relias LLC, for a Learning Management System, for the DuPage Care Center, for the period January 1, 2025 through December 31, 2025, for a total contract not to exceed \$21,673.02; per RFP #24-114-DCC.

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Kari Galassi

8. TRAVEL

8.A. [24-3252](#)

Administrator of Community Development to attend the NACCED NACo legislative conference and committee meetings in Washington, D. C. from February 26, 2025 through March 2, 2025. Expenses to include registration, transportation, lodging, and per diems for approximate total of \$2,629. Grant funded. (Community Services)

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Kari Galassi

9. RESIDENCY WAIVERS - JANELLE CHADWICK

No residency waivers were offered.

10. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick, Administrator of the DuPage Care Center, stated that they are on covid protocol with 23 residents and six staff testing positive for covid in one unit. Their infection control practices are effective in keeping covid confined to one unit. The Care Center has had struggles getting visitors to wear masks, to the point of involving security. Acting Chair Garcia asked about the vaccination rates at the DuPage Care Center. The residents' covid vaccination rate is just under 70%, influenza rate is about 86%. The staff covid vaccination rate is 20% and the influenza rate is 53%. The Care Center is holding clinics offering vaccinations. Ms. Chadwick wants 100% of people responding that they have received the vaccine or to provide one of the two exceptions, which are for medical or religious purposes.

The Care Center is getting ready for Christmas with trees going up this week. The committee is invited to attend the employee breakfast on Wednesday, December 18 from 6:30 a.m. to 9:30 a.m. and in the evening from 4:00 p.m. to 6:00 p.m.

The renovations in 3N and 3C are moving along. They are expecting construction to be 90% complete in a few weeks, which is when they will submit paperwork to the Illinois Department of Public Health (IDPH), informing them of the 90% completion to schedule inspections.

11. COMMUNITY SERVICES UPDATE - MARY KEATING

No remarks were offered.

12. OLD BUSINESS

No old business was discussed.

13. NEW BUSINESS

No new business was discussed.

14. ADJOURNMENT



Finance Resolution

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

File #: FI-R-0005-25

Agenda Date: 1/7/2025

Agenda #: 6.A.

AUTHORIZING EXECUTION OF
INTERGOVERNMENTAL AGREEMENT
BETWEEN PACE SUBURBAN BUS AND
DUPAGE COUNTY COMMUNITY SERVICES FOR
THE SENIOR TRANSPORTATION GRANT PROGRAM
\$181,772

WHEREAS, County of DuPage has accepted and appropriated PY25 Older Americans Act Funds from AgeGuide for the provision of transportation services for older persons traveling to medical appointments and other essential services; and

WHEREAS, County of DuPage recognizes the desirability of collaborating with other government agencies, such as Pace Suburban Bus, to effectively and efficiently implement transportation programs; and

WHEREAS, the Intergovernmental Cooperation Act (5 ILCS 220/1 *et seq.*), enacted by the State of Illinois, permits the establishment of intergovernmental agreements between public agencies to perform governmental services, activities and undertakings; and

WHEREAS, such an intergovernmental agreement has been negotiated that outlines the terms and conditions associated with the County providing \$181,772 (ONE HUNDRED EIGHTY-ONE THOUSAND, SEVEN HUNDRED SEVENTY-TWO AND NO/100 DOLLARS) to Pace Suburban Bus from budget code 5000-1660-53827 25-703F 53827; and

WHEREAS, it is the opinion of the DuPage County Board, that it is its best interest, and the best interest of its residents, to enter into the aforementioned intergovernmental agreement for the implementation of transportation programs.

NOW, THEREFORE, BE IT RESOLVED that the County Board Chair is authorized to execute the intergovernmental agreement with Pace Suburban Bus, attached hereto as Exhibit A; and

BE IT FURTHER RESOLVED, that the County Clerk is directed to send a copy of this resolution and the executed agreement to Pace Suburban Bus, the DuPage County Department of Community Services, the DuPage County Finance Department, the DuPage County Auditor, and the DuPage County Treasurer.

Enacted and approved this 14th day of January, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____
JEAN KACZMAREK, COUNTY CLERK

**INTERGOVERNMENTAL AGREEMENT FOR PARATRANSIT SERVICE –
SENIOR GRANT PROGRAM**

This Intergovernmental Agreement for Paratransit Service – Senior Grant Program (“Agreement”) is between Pace, the Suburban Bus Division of the Regional Transportation Authority, an Illinois municipal corporation (“Pace”), and the County of DuPage, a body politic and corporate of the State of Illinois (“County”).

Pace was established under the Regional Transportation Authority Act (70 ILCS 3615/1.01 et seq.) to aid and assist public transportation in the six-county northeastern Illinois area.

Article VII, section 10 of the Constitution of the State of Illinois (Ill. Const. art. VII, § 10) authorizes units of local government to contract or otherwise associate among themselves in any manner not prohibited by law or ordinance.

The Intergovernmental Cooperation Act (5 ILCS 220/1 et seq.) authorizes and encourages intergovernmental cooperation.

The parties are units of local government within the meaning of article VII, section 10 of the Constitution of the State of Illinois (Ill. Const. art. VII, § 10) and have the power and authority to enter into this Agreement.

On January 24, 2006, the parties entered into an Intergovernmental Agreement for the creation of a coordinated paratransit program known as Ride DuPage (“Project”) in DuPage County, IL (“2006 IGA”).

County has requested that Pace provide paratransit service on behalf of County’s clients, constituents, and/or Ride DuPage sponsors.

In consideration of the foregoing recitals, the mutual promises contained in this Agreement, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **Effective Date.** This Agreement will be in effect beginning on December 1, 2024. If a party signs this Agreement but fails to date its signature, the date that the other party receives the signing party’s signature on this Agreement will be deemed to be the date that the signing party signed this Agreement.
2. **Service Description.** Demand response curb-to-curb paratransit service will be provided for eligible riders as described in Exhibit A (“Service”).
3. **Term and Termination.** This Agreement will remain in effect through November 30, 2025 unless earlier terminated by:
 - (a) County upon 60 days’ advance written notice to Pace;

- (b) Pace upon written notice to County in the event: (i) sufficient funds have not been appropriated to cover County's financial obligations to Pace under this Agreement or to any other agency funding the Service; (ii) Pace develops alternative public transportation services, which, as determined by Pace, will better meet the transportation needs of the public; or (iii) County fails to make payments as required by paragraph 6; or
- (c) the 2006 IGA ceasing to be in full force and effect.

Termination of this Agreement pursuant to (a) will be effective on the 60th day following Pace's receipt of County's notice. Termination of this Agreement pursuant to (b) will be effective upon County's receipt of Pace's notice. Termination of this Agreement pursuant to (c) will be effective upon the date that the 2006 IGA ceases to be in full force and effect.

4. **Service Provider**. Pace shall contract with one or more outside service provider(s) to provide the Service ("contracted outside service provider(s)"). Pace will not be responsible for any failure to provide the Service due to circumstances beyond the reasonable control of Pace and/or Pace's contracted outside service provider(s). Pace shall make every reasonable effort to have the Service restored as soon as practical. No fees will be charged by any contracted outside service provider for Service not performed.

5. **Reporting**. Pace shall provide County with electronic access to or, in the event electronic access is unavailable, a copy of the reports shown on Exhibit B. Pace, in its sole discretion, may design additional reports, as needed.

6. **Reimbursement**. County shall reimburse Pace monthly for the total expense incurred by Pace in providing the Service ("Total Expense") less any fare revenue from the Service ("County Reimbursement").

- (a) The Total Expense will equal the sum of the hourly Service expense and the per-trip Service expense. The hourly Service expense will be calculated by multiplying the number of vehicle revenue hours by the hourly rate charged to Pace by Pace's contracted outside provider(s) delivering the Service. The per-trip Service expense will be calculated on a trip-by-trip basis. The operating expense will be the aggregate of rates and/or fees charged to Pace by Pace's contracted outside service provider(s) delivering the Service.
- (b) The County Reimbursement will not exceed \$181,772. County will be responsible for promptly submitting written Service change requests to Pace to avoid exceeding that amount.
- (c) County shall pay Pace within 30 days after receiving the monthly bill for the County Reimbursement. County shall mail payment to:

Pace, the Suburban Bus Division of the Regional Transportation Authority
550 W. Algonquin Road
Arlington Heights, IL 60005
Attention: Accounts Payable

7. **Independent Relationship.** Pace is an independent contractor and not an employee, agent, joint venture, or partner of County, and nothing in this Agreement will be construed as creating any other relationship between Pace and County or between any employee or agent of Pace and County. Pace employees will at all times remain employees of Pace, and Pace will be solely responsible for all aspects of their employment, including, without limitation, compensation, benefits, payment or withholding of taxes, Social Security, Medicare, unemployment or other insurance, and workers' compensation.

8. **Insurance.** Pace shall require its contracted outside service provider(s) providing the Service to obtain and maintain insurance coverage and furnish Pace with evidence of such coverage, including a certificate of insurance. Pace shall provide County with a copy of the certificate of insurance upon written request by County.

9. **Indemnification.** County shall indemnify, defend, and hold harmless Pace, the Regional Transportation Authority, and their respective directors, officers, employees, and agents from and against any and all liability, losses, damages, claims, suits, payments, settlements, judgments, demands, awards, expenses, and costs, including attorneys' fees, resulting from County's intentional or negligent acts or omissions concerning the performance of any of County's obligations under this Agreement. Pace shall indemnify, defend, and hold harmless County and County's directors, officers, employees, and agents from and against any and all liability, losses, damages, claims, suits, payments, settlements, judgments, demands, awards, expenses, and costs, including attorneys' fees, resulting from Pace's intentional or negligent acts or omissions concerning the performance of any of Pace's obligations under this Agreement. No party will be liable for or be required to indemnify another party, entity, or person indemnified under this paragraph 9 for claims based upon the intentional or negligent acts or omissions of third persons. Upon written notice by a party, entity, or person claiming indemnification ("Claimant") to the indemnifying party ("Indemnitor") regarding any claim which Claimant believes to be covered under this paragraph 9, Indemnitor shall appear and defend all suits brought upon such claim and shall pay all costs and expenses related to that claim, but Claimant will have the right, at Claimant's option and expense, to participate in the defense of any suit, without relieving Indemnitor of Indemnitor's obligations under this paragraph 9.

10. **Compliance with Laws.** The parties shall comply with all local, state, and federal laws, statutes, ordinances, regulations, and rules applicable to this Agreement, including but not limited to section 2-105(A)(4) of the Illinois Human Rights Act (775 ILCS 5/2-105(A)(4)).

11. **Headings.** The headings in this Agreement are for reference and convenience only and will not affect the meaning or interpretation of this Agreement.

12. **Waiver.** Failure of a party to exercise any right or pursue any remedy under this Agreement will not constitute a waiver of that right or remedy.

13. **Binding Effect.** This Agreement is binding upon the parties and their respective directors, officers, employees, agents, representatives, successors, and approved assigns.

14. **Entire Agreement.** This Agreement, including any introductory recitals and any attached exhibits, which are hereby incorporated into and made a part of this Agreement, constitutes the entire agreement between the parties and supersedes any prior written or oral understandings, agreements, or representations between the parties that may have related in any way to the subject matter of this Agreement, and no other written or oral warranties, inducements, considerations,

promises, representations, or interpretations, which are not expressly addressed in this Agreement, will be implied or impressed upon this Agreement.

15. **Conflict.** In the event of a conflict or ambiguity between the terms and conditions of this Agreement and any exhibit to this Agreement, the terms and conditions of this Agreement will control.

16. **Survival.** Any provision of this Agreement that imposes an obligation after termination or expiration of this Agreement will be deemed to survive termination or expiration of this Agreement.

17. **Severability.** If any provision of this Agreement or amendment thereto is held invalid or unenforceable by an Illinois court of competent jurisdiction, that provision will be deemed severed therefrom, and the remaining provisions will remain in full force and effect.

18. **Assignment.** No party may assign, delegate, or otherwise transfer all or part of its rights and obligations under this Agreement without the prior written consent of the other party.

19. **Amendment.** No changes, amendments, or modifications to this Agreement will be valid unless they are in writing and signed by the duly authorized signatory of each party.

20. **Notice.** Any notice under this Agreement must be in writing and must be given in the following manner:

- (a) by personal delivery (deemed effective as of the date and time of delivery);
- (b) by commercial overnight delivery (deemed effective on the next business day following deposit of the notice with a commercial overnight delivery company);
- (c) by registered or certified mail, return receipt requested, with proper postage prepaid (deemed effective as of the third business day following deposit of the notice in the U.S. mail); or
- (d) by facsimile with confirmation of transmission (deemed effective as of the date and time of the transmission, except the effective date and time shall be 8:00 a.m. on the next business day after transmission of the notice if transmitted during non-business hours).

Business days are defined as Monday through Friday, excluding federal holidays. Business hours are defined as 8:00 a.m. to 5:00 p.m. Central Time on Monday through Friday, excluding federal holidays. The notice must be addressed as follows or addressed to such other address as either party may specify in writing:

If to Pace:

Pace, the Suburban Bus Division of the Regional Transportation Authority
550 W. Algonquin Road
Arlington Heights, IL 60005
Attention: Executive Director

Facsimile No.: (847) 228-4205

If to County:

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

Facsimile No.: (630) 407-6501

21. **Force Majeure.** A party will not be held liable to another party for damages or be deemed to have breached this Agreement for failure or delay in performing any obligation under this Agreement if the failure or delay is caused by or results from causes beyond the reasonable control of and without the fault or negligence of the affected party, including war, fire, flood, other acts of God, civil disturbance, a terrorist act, pandemic, epidemic, or a labor strike or lockout. The affected party shall promptly notify the other party of such force majeure circumstances, specifying the cause and the expected duration of the delay, and shall promptly undertake all reasonable steps necessary to cure the force majeure circumstances. If a condition of force majeure continues for more than 30 consecutive days, Pace, in its sole discretion and after written notice to County, may immediately terminate this Agreement for convenience. Where an event of force majeure occurs after a party's failure or delay in performance, the breaching party will not be released from liability.

22. **Governing Law, Jurisdiction, and Venue.** This Agreement will be governed by and construed in accordance with the laws of the State of Illinois without regard to principles of conflicts of law, and the parties shall submit to the exclusive jurisdiction and venue of the state courts of DuPage County, Illinois for any dispute arising out of or related to this Agreement.

23. **Counterparts.** This Agreement may be executed in counterparts, each of which when so executed and delivered will be deemed to be an original and all of which when taken together will constitute one and the same agreement.

24. **Electronic Signatures.** This Agreement may be executed through the use of electronic signatures. Electronic signatures and signatures scanned and transmitted via email will be deemed original signatures for purposes of this Agreement.

25. **Authorization.** The signatories to this Agreement represent and warrant that they have full authority to sign this Agreement on behalf of the party for whom they sign.

**[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK.
SIGNATURE PAGE FOLLOWS.]**

The parties have caused this Agreement to be executed by their respective duly authorized signatory on the dates below.

PACE

COUNTY

Signature on File

By: _____
Signature MEJ

By: _____
Signature

Print Name: Melinda J. Metzger

Print Name: _____

Print Title: Executive Director

Print Title: _____

Date: 11/21/2027

Date: _____

Exhibit A
SERVICE DESCRIPTION

Senior Grant Program

TRIP RESERVATION METHOD	<p>Monday through Friday: 6:00 a.m. to 6:00 p.m. Central Time Saturday, Sunday, and Holidays: 8:00 a.m. to 5:00 p.m. Central Time</p> <p>The Senior Grant Program must submit eligible rider trip requests to the Pace call center one to seven days in advance of the day of Service.</p> <p>Trips requested on the same day of the Service may be accommodated if the schedule allows.</p> <p>Subscription service (as defined by Pace) is allowable. Riders are to contact the Senior Grant Program to apply for subscription service.</p>
SERVICE AREA	DuPage County and the surrounding areas.
SERVICE HOURS	<p>Seven days a week, 24 hours a day, including holidays.</p> <p>Whenever possible, pick-up times are negotiated to optimize the efficiency of daily routes.</p>
ONE-WAY FARE	For Senior Grant Service: \$0.00 per one-way trip
RIDER ELIGIBILITY	The Senior Grant Program determines rider eligibility for its clients.
RIDER REGISTRATION	The Senior Grant Program must submit registration forms to the Pace call center through an email box designated by Pace. Pace shall enter registrations within three to five business days after receipt. Pace shall maintain a database of registered riders. Riders must be registered to use the Service.

Exhibit B
REPORTS DESCRIPTION

The following is a description of the reports available for the Project:

1. **Detailed Funding Source Report**

This report is a detailed listing of one-way trips delivered for each funding source for a specified period of time. Data provided for each trip will include associated trip data, such as rider name, scheduled pick-up time, actual pick-up time, point of origin address, destination address, funding sources, total cost of the trip, fare for the trip, distance of the trip, and revenue hours (if applicable). The report period is generally monthly, but the report is intended to have the flexibility to produce data for shorter or longer periods as specified by the report user.

2. **Monthly Funding Source Invoice Report**

This report is a summary of trips delivered for each funding source for the purpose of generating an invoice type report which may be used to bill funding sources for transportation provided. The report is generally monthly, but the report is intended to have the flexibility to produce data for shorter or longer periods specified by the report user.

Data provided for each trip will include associated trip data necessary to provide an accounting of the amount owed by each funding source for the specified period, such as the number of one-way trips by fare type, total cost of the trips, total expected fare, liquidated damages deducted, and the total net reimbursement.

3. **Missed Trip Report**

This report produces a list of all trips picked up 61 or more minutes after the scheduled time. Sufficient detail will be provided to identify the trip and to give the report user the necessary information for review.

4. **On-Time Performance Report**

This report (late pickups) produces a list of all trips picked up 31 or more minutes late. Sufficient detail will be provided to identify the trip and to give the report user the necessary information for review.

5. **Ridership by Category Report**

This report is a summary, by funding source, indicating trips by fare type, late trips, missed trips, revenue hours, denials, and miles.

6. **Client Trip List Report**

This report is a detailed listing, alphabetically by rider last name, of all trips provided during the specified period. Data included for each trip is rider name, pick-up address, drop-off address, fare type, and funding source.

NOTE: Pace, in its sole discretion, may design additional reports as needed.



File #: FI-R-0006-25

Agenda Date: 1/7/2025

Agenda #: 6.B.

AUTHORIZING EXECUTION OF INTERGOVERNMENTAL AGREEMENT
BETWEEN PACE SUBURBAN BUS
AND DUPAGE COUNTY COMMUNITY SERVICES
FOR PARATRANSIT SERVICE
\$690,000

WHEREAS, County of DuPage has appropriated general revenue funds in its FY25 budget for the provision of demand-responsive transportation services for low-income persons traveling to medical appointments and appointments for County services, and services for persons with disabilities traveling to work; and

WHEREAS, County of DuPage recognizes the desirability of collaborating with other government agencies, such as Pace Suburban Bus, to effectively and efficiently implement transportation programs; and

WHEREAS, the Intergovernmental Cooperation Act (5 ILCS 220/1 *et seq.*), enacted by the State of Illinois, permits the establishment of intergovernmental agreements between public agencies to perform governmental services, activities and undertakings; and

WHEREAS, such an intergovernmental agreement has been negotiated that outlines the terms and conditions associated with the County providing a total of \$690,000.00 (SIX HUNDRED NINETY THOUSAND AND NO/100 DOLLARS) to Pace Suburban Bus with \$690,000.00 (SIX HUNDRED NINETY THOUSAND AND NO/100 DOLLARS) being allocated from budget code 1000-1750-53827; and

WHEREAS, it is the opinion of the DuPage County Board, that it is its best interest, and the best interest of its residents, to enter into the aforementioned intergovernmental agreement for the implementation of transportation programs.

NOW, THEREFORE, BE IT RESOLVED that the County Board Chair is authorized to execute the intergovernmental agreement with Pace Suburban Bus, attached hereto as Exhibit A; and

BE IT FURTHER RESOLVED, that the County Clerk is directed to send a copy of this resolution and the executed agreement to Pace Suburban Bus, the DuPage County Department of Community Services, the DuPage County Finance Department, the DuPage County Auditor, and the DuPage County Treasurer.

Enacted and approved this 14th day of January, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____
JEAN KACZMAREK, COUNTY CLERK

INTERGOVERNMENTAL AGREEMENT FOR PARATRANSIT SERVICE

This Intergovernmental Agreement for Paratransit Service (“Agreement”) is between Pace, the Suburban Bus Division of the Regional Transportation Authority, an Illinois municipal corporation (“Pace”), and the County of DuPage, a body politic and corporate of the State of Illinois (“County”).

Pace was established under the Regional Transportation Authority Act (70 ILCS 3615/1.01 et seq.) to aid and assist public transportation in the six-county northeastern Illinois area.

Article VII, section 10 of the Constitution of the State of Illinois (Ill. Const. art. VII, § 10) authorizes units of local government to contract or otherwise associate among themselves in any manner not prohibited by law or ordinance.

The Intergovernmental Cooperation Act (5 ILCS 220/1 et seq.) authorizes and encourages intergovernmental cooperation.

The parties are units of local government within the meaning of article VII, section 10 of the Constitution of the State of Illinois (Ill. Const. art. VII, § 10) and have the power and authority to enter into this Agreement.

On January 24, 2006, the parties entered into an Intergovernmental Agreement for the creation of a coordinated paratransit program known as Ride DuPage (“Project”) in DuPage County, IL (“2006 IGA”).

County has requested that Pace provide paratransit service on behalf of County’s clients, constituents, and/or Ride DuPage sponsors.

In consideration of the foregoing recitals, the mutual promises contained in this Agreement, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **Effective Date.** This Agreement will be in effect beginning on December 1, 2024. If a party signs this Agreement but fails to date its signature, the date that the other party receives the signing party’s signature on this Agreement will be deemed to be the date that the signing party signed this Agreement.
2. **Service Description.** Demand response curb-to-curb paratransit service will be provided for eligible riders as described in Exhibit A (“Service”).
3. **Term and Termination.** This Agreement will remain in effect through November 30, 2025 unless earlier terminated by:
 - (a) County upon 60 days’ advance written notice to Pace;

- (b) Pace upon written notice to County in the event: (i) sufficient funds have not been appropriated to cover County's financial obligations to Pace under this Agreement or to any other agency funding the Service; (ii) Pace develops alternative public transportation services which, as determined by Pace, will better meet the transportation needs of the public; or (iii) County fails to make payments as required by paragraph 6; or
- (c) the 2006 IGA ceasing to be in full force and effect.

Termination of this Agreement pursuant to (a) will be effective on the 60th day following Pace's receipt of County's notice. Termination of this Agreement pursuant to (b) will be effective upon County's receipt of Pace's notice. Termination of this Agreement pursuant to (c) will be effective upon the date that the 2006 IGA ceases to be in full force and effect.

4. **Service Provider.** Pace shall contract with one or more outside service provider(s) to provide the Service ("contracted outside service provider(s)"). Pace will not be responsible for any failure to provide the Service due to circumstances beyond the reasonable control of Pace and/or Pace's contracted outside service provider(s). Pace shall make every reasonable effort to have the Service restored as soon as practical. No fees will be charged by any contracted outside service provider for Service not performed.

5. **Reporting.** Pace shall provide County with electronic access to or, in the event electronic access is unavailable, a copy of the reports shown on Exhibit B. Pace, in its sole discretion, may design additional reports, as needed.

6. **Reimbursement and Pace Contribution.**

(a) **Reimbursement.** County shall reimburse Pace monthly for the total expense incurred by Pace in providing the Service ("Total Expense") less any fare revenue from the Service ("County Reimbursement").

(i) The Total Expense will equal the sum of the hourly Service expense and the per-trip Service expense. The hourly Service expense will be calculated by multiplying the number of vehicle revenue hours by the hourly rate charged to Pace by Pace's contracted outside provider(s) delivering the Service. The per-trip Service expense will be calculated on a trip-by-trip basis. The operating expense will be the aggregate of rates and/or fees charged to Pace by Pace's contracted outside service provider(s) delivering the Service.

(ii) The County Reimbursement will not exceed \$690,000. County will be responsible for promptly submitting written Service change requests to Pace to avoid exceeding that amount.

(iii) County shall pay Pace within 30 days after receiving the monthly bill for the County Reimbursement. County shall mail payment to:

Pace, the Suburban Bus Division of the Regional Transportation Authority
550 W. Algonquin Road
Arlington Heights, IL 60005
Attention: Accounts Payable

- (b) Pace Contribution. The Pace Contribution to County under this Agreement will be limited to:
- (i) a maximum one-time subsidy of \$292,673; and
 - (ii) 100% of the Mobility Management/Call Center Services annual (12-month) operating costs, which are covered by a federal grant to Pace, up to the budgeted total grant amount of \$482,445.

The annual Pace Contribution specified in paragraph 6(b)(i) will be calculated monthly at 75% of the Operating Deficit on a year-to-date basis.

7. Independent Relationship. Pace is an independent contractor and not an employee, agent, joint venture, or partner of County, and nothing in this Agreement will be construed as creating any other relationship between Pace and County or between any employee or agent of Pace and County. Pace employees will at all times remain employees of Pace, and Pace will be solely responsible for all aspects of their employment, including, without limitation, compensation, benefits, payment or withholding of taxes, Social Security, Medicare, unemployment or other insurance, and workers' compensation.

8. Insurance. Pace shall require its contracted outside service provider(s) providing the Service to obtain and maintain insurance coverage and furnish Pace with evidence of such coverage, including a certificate of insurance. Pace shall provide County with a copy of the certificate of insurance upon written request by County.

9. Indemnification. County shall indemnify, defend, and hold harmless Pace, the Regional Transportation Authority, and their respective directors, officers, employees, and agents from and against any and all liability, losses, damages, claims, suits, payments, settlements, judgments, demands, awards, expenses, and costs, including attorneys' fees, resulting from County's intentional or negligent acts or omissions concerning the performance of any of County's obligations under this Agreement. Pace shall indemnify, defend, and hold harmless County and County's directors, officers, employees, and agents from and against any and all liability, losses, damages, claims, suits, payments, settlements, judgments, demands, awards, expenses, and costs, including attorneys' fees, resulting from Pace's intentional or negligent acts or omissions concerning the performance of any of Pace's obligations under this Agreement. No party will be liable for or be required to indemnify another party, entity, or person indemnified under this paragraph 9 for claims based upon the intentional or negligent acts or omissions of third persons. Upon written notice by a party, entity, or person claiming indemnification ("Claimant") to the indemnifying party ("Indemnitor") regarding any claim which Claimant believes to be covered under this paragraph 9, Indemnitor shall appear and defend all suits brought upon such claim and shall pay all costs and expenses related to that claim, but Claimant will have the right, at Claimant's option and expense, to participate in the defense of any suit, without relieving Indemnitor of Indemnitor's obligations under this paragraph 9.

10. Compliance with Laws. The parties shall comply with all local, state, and federal laws, statutes, ordinances, regulations, and rules applicable to this Agreement, including but not limited to section 2-105(A)(4) of the Illinois Human Rights Act (775 ILCS 5/2-105(A)(4)).

11. Headings. The headings in this Agreement are for reference and convenience only and will not affect the meaning or interpretation of this Agreement.

12. **Waiver**. Failure of a party to exercise any right or pursue any remedy under this Agreement will not constitute a waiver of that right or remedy.
13. **Binding Effect**. This Agreement is binding upon the parties and their respective directors, officers, employees, agents, representatives, successors, and approved assigns.
14. **Entire Agreement**. This Agreement, including any introductory recitals and any attached exhibits, which are hereby incorporated into and made a part of this Agreement, constitutes the entire agreement between the parties and supersedes any prior written or oral understandings, agreements, or representations between the parties that may have related in any way to the subject matter of this Agreement, and no other written or oral warranties, inducements, considerations, promises, representations, or interpretations, which are not expressly addressed in this Agreement, will be implied or impressed upon this Agreement.
15. **Conflict**. In the event of a conflict or ambiguity between the terms and conditions of this Agreement and any exhibit to this Agreement, the terms and conditions of this Agreement will control.
16. **Survival**. Any provision of this Agreement that imposes an obligation after termination or expiration of this Agreement will be deemed to survive termination or expiration of this Agreement.
17. **Severability**. If any provision of this Agreement or amendment thereto is held invalid or unenforceable by an Illinois court of competent jurisdiction, that provision will be deemed severed therefrom, and the remaining provisions will remain in full force and effect.
18. **Assignment**. No party may assign, delegate, or otherwise transfer all or part of its rights and obligations under this Agreement without the prior written consent of the other party.
19. **Amendment**. No changes, amendments, or modifications to this Agreement will be valid unless they are in writing and signed by the duly authorized signatory of each party.
20. **Notice**. Any notice under this Agreement must be in writing and must be given in the following manner:
 - (a) by personal delivery (deemed effective as of the date and time of delivery);
 - (b) by commercial overnight delivery (deemed effective on the next business day following deposit of the notice with a commercial overnight delivery company);
 - (c) by registered or certified mail, return receipt requested, with proper postage prepaid (deemed effective as of the third business day following deposit of the notice in the U.S. mail); or
 - (d) by facsimile with confirmation of transmission (deemed effective as of the date and time of the transmission, except the effective date and time shall be 8:00 a.m. on the next business day after transmission of the notice if transmitted during non-business hours).

Business days are defined as Monday through Friday, excluding federal holidays. Business hours are defined as 8:00 a.m. to 5:00 p.m. Central Time on Monday through Friday, excluding federal holidays. The notice must be addressed as follows or addressed to such other address as either party may specify in writing:

If to Pace:

Pace, the Suburban Bus Division of the Regional Transportation Authority
550 W. Algonquin Road
Arlington Heights, IL 60005
Attention: Executive Director

Facsimile No.: (847) 228-4205

If to County:

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

Facsimile No.: (630) 407-6501

21. **Force Majeure.** A party will not be held liable to another party for damages or be deemed to have breached this Agreement for failure or delay in performing any obligation under this Agreement if the failure or delay is caused by or results from causes beyond the reasonable control of and without the fault or negligence of the affected party, including war, fire, flood, other acts of God, civil disturbance, a terrorist act, pandemic, epidemic, or a labor strike or lockout. The affected party shall promptly notify the other party of such force majeure circumstances, specifying the cause and the expected duration of the delay, and shall promptly undertake all reasonable steps necessary to cure the force majeure circumstances. If a condition of force majeure continues for more than 30 consecutive days, Pace, in its sole discretion and after written notice to County, may immediately terminate this Agreement for convenience. Where an event of force majeure occurs after a party's failure or delay in performance, the breaching party will not be released from liability.
22. **Governing Law, Jurisdiction, and Venue.** This Agreement will be governed by and construed in accordance with the laws of the State of Illinois without regard to principles of conflicts of law, and the parties shall submit to the exclusive jurisdiction and venue of the state courts of DuPage County, Illinois for any dispute arising out of or related to this Agreement.
23. **Counterparts.** This Agreement may be executed in counterparts, each of which when so executed and delivered will be deemed to be an original and all of which when taken together will constitute one and the same agreement.
24. **Electronic Signatures.** This Agreement may be executed through the use of electronic signatures. Electronic signatures and signatures scanned and transmitted via email will be deemed original signatures for purposes of this Agreement.

25. **Authorization.** The signatories to this Agreement represent and warrant that they have full authority to sign this Agreement on behalf of the party for whom they sign.

26. **Definitions.**

As used in this Agreement:

“Mobility Management/Call Center Services” means the handling of calls in connection with the Project, including but not limited to service monitoring, trip reservations, trip scheduling, dispatching, facilitation of contracted outside service provider(s), rider registration, travel planning, service coordination, and providing travel information.

“Operating Deficit” means the Operating Expense minus the applicable fare revenue and liquidated damages in connection with the Project.

“Operating Expense” means the total cost incurred by Pace to operate the Project but does not include the cost incurred by Pace to provide the Mobility Management/Call Center Services on behalf of County.

“Pace Contribution” means Pace’s budgeted annual subsidy as set forth in paragraph 6(b).

The parties have caused this Agreement to be executed by their respective duly authorized signatory on the dates below.

PACE

COUNTY

Signature on File

By: _____
Signature 

By: _____
Signature

Print Name: Melinda J. Metzger

Print Name: _____

Print Title: Executive Director

Print Title: _____

Date: 11/21/2014

Date: _____

Exhibit A
SERVICE DESCRIPTION

DuPage County Community Services

TRIP RESERVATION METHOD	<p>Monday through Friday: 6:00 a.m. to 6:00 p.m. Central Time Saturday, Sunday, and Holidays: 8:00 a.m. to 5:00 p.m. Central Time</p> <p>Reservations will be accepted at the Pace call center one to seven days in advance of the day of Service.</p> <p>Trips requested on the same day of the Service may be accommodated if the schedule allows.</p> <p>Subscription service (as defined by Pace) is allowable. Riders are to contact the DuPage County Human Services to apply for subscription service.</p>
SERVICE AREA	<p>DuPage County and the surrounding areas; provided:</p> <ul style="list-style-type: none"> • For County Paratransit Service: Service is restricted to transportation to and from medical service facilities and transportation to and from the DuPage County Complex. • For Transportation to Work Program: Service is restricted to transportation to and from a rider's work or work-related training.
SERVICE HOURS	<p>Seven days a week, 24 hours a day, including holidays.</p> <p>Whenever possible, pick-up times are negotiated to optimize the efficiency of daily routes.</p>
ONE-WAY FARE	<p>For County Paratransit: \$4.00 per one-way trip to the DuPage County Complex (421 N. County Farm Road and 111 N. County Farm Road, Wheaton, IL); otherwise, \$1.50 for the first six miles and \$1.50 for each mile thereafter.</p> <p>For Transportation to Work Program: \$3.00 for the first five miles and \$1.00 for each mile thereafter.</p>
RIDER ELIGIBILITY	<p>The DuPage County Human Services determines rider eligibility for its clients.</p>
RIDER REGISTRATION	<p>The DuPage County Human Services must submit registration forms to the Pace call center through an email box designated by Pace. Pace shall enter registrations within three to five business days after receipt. Pace shall maintain a database of registered riders. Riders must be registered to use the Service.</p> <p>The Transportation to Work Program consists of the following participating agencies: Parents Alliance Employment Project, Ray Graham Association, or Spectrum/Little Friends.</p>

Exhibit B
REPORTS DESCRIPTION

The following is a description of the reports available for the Project:

1. **Detailed Funding Source Report**

This report is a detailed listing of one-way trips delivered for each funding source for a specified period of time. Data provided for each trip will include associated trip data, such as rider name, scheduled pick-up time, actual pick-up time, point of origin address, destination address, funding sources, total cost of the trip, fare for the trip, distance of the trip, and revenue hours (if applicable). The report period is generally monthly, but the report is intended to have the flexibility to produce data for shorter or longer periods as specified by the report user.

2. **Monthly Funding Source Invoice Report**

This report is a summary of trips delivered for each funding source for the purpose of generating an invoice type report which may be used to bill funding sources for transportation provided. The report is generally monthly, but the report is intended to have the flexibility to produce data for shorter or longer periods specified by the report user.

Data provided for each trip will include associated trip data necessary to provide an accounting of the amount owed by each funding source for the specified period, such as the number of one-way trips by fare type, total cost of the trips, total expected fare, liquidated damages deducted, and the total net reimbursement.

3. **Missed Trip Report**

This report produces a list of all trips picked up 61 or more minutes after the scheduled time. Sufficient detail will be provided to identify the trip and to give the report user the necessary information for review.

4. **On-Time Performance Report**

This report (late pickups) produces a list of all trips picked up 31 or more minutes late. Sufficient detail will be provided to identify the trip and to give the report user the necessary information for review.

5. **Ridership by Category Report**

This report is a summary, by funding source, indicating trips by fare type, late trips, missed trips, revenue hours, denials, and miles.

6. **Client Trip List Report**

This report is a detailed listing, alphabetically by rider last name, of all trips provided during the specified period. Data included for each trip is rider name, pick-up address, drop-off address, fare type, and funding source.

NOTE: Pace, in its sole discretion, may design additional reports as needed.



HS Resolution

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

File #: HS-R-0001-25

Agenda Date: 1/7/2025

Agenda #: 6.C.

ACCEPTANCE OF AN EXTENSION OF TIME FOR THE
ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
THE HOME WEATHERIZATION ASSISTANCE PROGRAM DOE-BIL GRANT FY23
INTER-GOVERNMENTAL AGREEMENT NO. 23-461028
COMPANY 5000 - ACCOUNTING UNIT 1400

(Under the administrative direction of
the Community Services Department)

WHEREAS, the County of DuPage heretofore accepted and appropriated the Illinois Department of Commerce and Economic Opportunity the Home Weatherization Assistance Program DOE-BIL Grant FY23, Inter-Governmental Agreement No. 23-461028, Company 5000 - Accounting Unit 1400, pursuant to Resolution FI-R-0122-23 for the period March 1, 2023, through February 28, 2025; as amended; and

WHEREAS, the County of DuPage has been notified by the Illinois Department of Commerce and Economic Opportunity with Amendment No. 002 (ATTACHMENT I) that the grant may be extended to June 30, 2027.

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that expiration date of Illinois Home Weatherization Assistance Program DOE-BIL Grant FY23, Inter-Governmental Agreement No. 23-461028, Company 5000 - Accounting Unit 1400, be extended until June 30, 2027.

Enacted and approved this 14th day of January, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

AMENDMENT TO THE GRANT AGREEMENT



BETWEEN
THE STATE OF ILLINOIS, DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
AND
DuPage County

The State of Illinois (State), acting through the undersigned agency (Grantor) and **DuPage County** (Grantee) (collectively, the "Parties" and individually, a "Party") agree that this Amendment (Amendment) will amend the Grant Agreement (Agreement) referenced herein. All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

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

**ILLINOIS DEPARTMENT OF COMMERCE AND
ECONOMIC OPPORTUNITY**

DuPage County

By: _____
Signature of Kristin A. Richards, Director

By: _____
Signature of Authorized Representative

Date: _____

Date: _____

By: _____
Signature of Designee

Printed Name: _____

Printed Title: _____

Date: _____

Email: _____

Printed Name: _____

Printed Title: _____
Designee

By: _____
Signature of Second Grantor Approver, if applicable

By: _____
Signature of Second Grantee Approver, if applicable

Date: _____

Date: _____

Printed Name: _____

Printed Name: _____

Printed Title: _____
Second Grantor Approver

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

By: _____
Signature of Third Grantor Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____
Third Grantor Approver

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**ARTICLE I
AWARD AND AMENDMENT INFORMATION AND CERTIFICATION**

1.1. Original Agreement. The Agreement, numbered **23-461028**, has an original term from **03/01/2023** to **02/28/2025**.

1.2. Prior Amendments. Below is the list of all prior amendments to the Agreement (mark N/A if none):

Amendment Number	Effective Date (MM/DD/YYYY)
001	06/14/2024

1.3. Current Agreement Term. The Agreement expires on **02/28/2025**, unless terminated pursuant to the Agreement.

1.4. Item(s) Altered. Identify which of the following Agreement elements are amended herein (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Exhibit A (Project Description) | <input checked="" type="checkbox"/> Award Term |
| <input type="checkbox"/> Exhibit B (Deliverables/Milestones) | <input type="checkbox"/> Award Amount |
| <input type="checkbox"/> Exhibit C (Contact Information) | <input type="checkbox"/> PART TWO (Grantor-Specific Terms) |
| <input type="checkbox"/> Exhibit D (Performance Measures/Std.) | <input type="checkbox"/> PART THREE (Project-Specific Terms) |
| <input type="checkbox"/> Exhibit E (Specific Conditions) | <input type="checkbox"/> Budget |
| | <input type="checkbox"/> Budget (Unilateral) |
| | <input type="checkbox"/> Funding Source |
| | <input type="checkbox"/> Other (specify): |

1.5. Effective Date. This Amendment shall be effective on ____N/A_____. If an effective date is not identified in this Paragraph, the Amendment shall be effective upon the last dated signature of the Parties.

1.6. Certification. Grantee certifies under oath that (1) all representations made in this Amendment are true and correct and (2) all Grant Funds awarded pursuant to the Agreement shall be used only for the purpose(s) described therein, including all subsequent amendments. Grantee acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions shall be the basis for immediate termination of the Agreement and repayment of all Grant Funds.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

**ARTICLE II
AMENDMENTS**

2.1 Paragraph 1.4 of the Agreement is amended to expire on 06/30/2027, unless terminated pursuant to the agreement.

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HS Requisition \$30,000 and Over

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

File #: HS-P-0002-25

Agenda Date: 1/7/2025

Agenda #: 6.D.

AWARDING RESOLUTION
ISSUED TO FAMILY SHELTER SERVICE
TO PROVIDE ADVOCACY SERVICES TO
VICTIMS OF DOMESTIC VIOLENCE
(CONTRACT TOTAL AMOUNT \$85,000.00)

(Under the administrative direction of the Department of Community Services)

WHEREAS, an agreement has been negotiated in accordance with County Board policy; and

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract purchase order to Family Shelter Service, for professional services to provide advocacy services to victims of domestic violence, for the period December 1, 2024 through November 30, 2025, for Community Services.

NOW, THEREFORE BE IT RESOLVED, that contract covering said, for professional services to provide advocacy services to victims of domestic violence for the period December 1, 2024 through November 30, 2025, for Community Services, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Family Shelter Service, 605 East Roosevelt Road, Wheaton, IL 60187, for a contract total amount not to exceed \$85,000.00.

Enacted and approved this 14th day of January, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$85,000.00
COMMITTEE: Human Services	TARGET COMMITTEE DATE: 12/03/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$85,000.00
	CURRENT TERM TOTAL COST: \$85,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Family Shelter Service	VENDOR #: 10111	DEPT: Community Services	DEPT CONTACT NAME: Karen Graczyk
VENDOR CONTACT: Lisa Horne	VENDOR CONTACT PHONE: 630-816-6634	DEPT CONTACT PHONE #: 630-407-6543	DEPT CONTACT EMAIL: karen.graczyk@dupagecounty.gov
VENDOR CONTACT EMAIL: hornel@metrofamily.org	VENDOR WEBSITE:	DEPT REQ #:	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Family Shelter Service will provide advocacy services to victims of domestic violence.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished This is the only agency within DuPage County that provides specific services to domestic violence victims and their children, in the area of victim court advocacy, follow up on police reported incidences of domestic violence, and provide training to DuPage county staff.			

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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)	

SECTION 3: DECISION MEMO	
SOURCE SELECTION	Describe method used to select source. Family Shelter Service is the only full service domestic violence agency in DuPage County and has an office and presence in the DuPage County Judicial Office Facility as well.
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). It is recommended that the agreement with Family Shelter Service be continued. They have a long term association with DuPage County for over twenty years assisting with domestic violence victim safety. If we don't assist financially, they may not be able to maintain all the services they provide. They may have to take their services to another county for financial needs.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Family Shelter Service	Vendor#: 10111	Dept: Community Services	Division:
Attn: Lisa Horne	Email: hornel@metrofamily.org	Attn: Karen Graczyk	Email: karen.graczyk@dupagecounty.gov
Address: 222 East Willow Ave	City: Wheaton	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60187	State: IL	Zip: 60187
Phone: 630-816-6634	Fax: 630-221-8098	Phone: 630-407-6543	Fax: 630-407-6501
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Family Shelter Service	Vendor#: 10111	Dept: Community Services	Division: Admin
Attn: Lisa Horne	Email: hornel@metrofamily.org	Attn: Karen Graczyk	Email: karen.graczyk@dupagecounty.gov
Address: 222 East Willow	City: Wheaton	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60187	State: IL	Zip: 60187
Phone: 630-816-6634	Fax: 630-221-8098	Phone: 630-407-6543	Fax: 630-407-6501
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Dec 1, 2024	Contract End Date (PO25): Nov 30, 2025

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	1	EA		Court advocacy to domestic violence victims and their children	FY25	1000	2750	53090		85,000.00	85,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 85,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025.
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.

**AGREEMENT BETWEEN THE COUNTY OF DUPAGE, ILLINOIS
AND FAMILY SHELTER SERVICE, INC.
FOR PROFESSIONAL CONSULTING SERVICES**

AGREEMENT, made this 1st day of December, between COUNTY OF DUPAGE, a body politic and corporate, with offices at 421 North County Farm Road, Wheaton, Illinois (hereinafter referred to as the "COUNTY") and Family Shelter Service, Inc., a not-for-profit corporation licensed to do business in the State of Illinois, with offices at 605 East Roosevelt Road, Wheaton, Illinois (hereinafter referred to as the "CONSULTANT").

RECITALS

WHEREAS, the Illinois General Assembly has granted the County of DuPage authority to make all contracts and do all other acts in relation to the property and concerns of the county necessary to the exercise of its corporate powers (Illinois Compiled Statutes, Chapter 55, paragraphs 5/5-1005); and

WHEREAS, the COUNTY requires professional services to provide advocacy services for victims of family violence; and

WHEREAS, the CONSULTANT has experience and expertise in this area, is in the business of providing such professional services and is willing to perform the required services for an amount not to exceed Eighty-Five Thousand and 00/100 dollars (\$85,000.00); and

NOW, THEREFORE, in consideration of the premises, the mutual covenants, terms and conditions herein set forth, and the understandings of each party to the other, the parties do hereby mutually covenant, promise and agree as follows:

1.0 INCORPORATION AND CONSTRUCTION.

- 1.1 All recitals set forth above are incorporated herein and made part thereof, the same constituting the factual basis for this AGREEMENT.
- 1.2 The headings of the paragraphs and subparagraphs of this AGREEMENT are inserted for convenience of reference only and shall not be deemed to constitute part of this AGREEMENT or to affect the construction hereof.

2.0 SCOPE OF SERVICES.

- 2.1 Services are to be provided by the CONSULTANT according to the specifications in the scope of work, specified as Exhibit "A," attached hereto, which is hereby incorporated by reference.
- 2.2 The relationship of CONSULTANT to COUNTY is that of independent contractor, and nothing in this AGREEMENT is intended nor shall be

construed to create an agency, employment, joint venture relationship, or any other relationship allowing COUNTY to exercise control or direction over the manner or method by which CONSULTANT or its subcontractors provide services hereunder.

- 2.3 The COUNTY may, from time to time, request changes in the Scope of Services. Any such changes, including any increase or decrease in the CONSULTANT'S fees shall be documented by an amendment to this AGREEMENT in accordance with Article 14.0 below.

3.0 NOTICE TO PROCEED

- 3.1 Authorization to proceed with tasks described in Exhibit "A" shall be given on behalf of the COUNTY by the Director of Human Services of the COUNTY, (hereinafter referred to as the "Director"), in the form of a written notice to proceed following execution of the AGREEMENT by the County Board Chairman.
- 3.2 In addition to the Notice to Proceed, the Director, or his/her designee, may, on behalf of the COUNTY, approve, deny, receive, accept or reject any submission, notices or invoices from or by CONSULTANT, as provided for in this AGREEMENT, including, but not limited to, acts performed in accordance with Paragraphs 4.1, 5.2, 6.4, 7.1, 8.2 and 8.3.

4.0 TECHNICAL SUBCONSULTANTS

- 4.1 The prior written approval of the COUNTY shall be required before CONSULTANT hires any technical subconsultants to complete COUNTY ordered tasks, which consent shall not be unreasonably withheld.
- 4.2 Any subconsultant(s) hired by the CONSULTANT shall be supervised by the CONSULTANT and the CONSULTANT shall be solely responsible for any and all work performed by said subconsultant, or subconsultants, in the same manner and with the same liability as if performed by the CONSULTANT.

5.0 TIME FOR PERFORMANCE

- 5.1 The COUNTY is not liable and will not pay the CONSULTANT for any work performed before December 1, 2024.
- 5.2 Unless otherwise defined in the Scope of Services or attached hereto as Exhibit "B," the CONSULTANT shall submit a schedule for completion of the project within ten (10) days of commencement under subparagraph 5.1. The schedule is subject to approval by the COUNTY. All of the services required hereunder shall be completed in accordance with the

schedule as accepted, but in no event later than November 30, 2025, unless the term of this AGREEMENT is extended in accord with Paragraph 14.1 below.

6.0 COMPENSATION

- 6.1 The COUNTY shall pay the CONSULTANT for services rendered during the term of this AGREEMENT and shall only pay in accordance with the provisions of this AGREEMENT. The COUNTY shall not be obligated to pay for any services not in compliance with this AGREEMENT. Unless this AGREEMENT is terminated pursuant to Article 16.0, all Services shall be completed and deliverables submitted on or before November 30, 2025. In the event of early termination of this AGREEMENT, the COUNTY shall only be obligated for any fees incurred up to the date of termination. In no event shall the COUNTY be liable for any costs incurred or Services performed after the termination date.
- 6.2 For work performed, the COUNTY shall pay CONSULTANT in accord with the Schedule of Fees attached and incorporated hereto as Exhibit “C” and as set forth in the following paragraphs. The CONSULTANT may not charge the COUNTY for direct expenses not provided for in the Schedule of Fees. If CONSULTANT overcharges, in addition to all other remedies, the COUNTY is entitled to a refund in the amount of the overcharges, plus interest at the rate of one percent (1%) per month from the date the overcharge was paid by the COUNTY until the date refund is made. The COUNTY has the right to offset any overcharge against any amounts due to CONSULTANT under this or any other AGREEMENT between CONSULTANT and COUNTY, and at the COUNTY’S sole option, the right to declare CONSULTANT in default under this AGREEMENT.
- 6.3 The CONSULTANT shall submit its progress reports for tasks completed and services rendered to the COUNTY on a not more often than monthly basis. Each progress report shall summarize the tasks performed, the budgeted hours and money for the pay period per task, the actual hours and money spent during the pay period per task, personnel used per task, and the percentage completed for each task.
- 6.4 Total payments to the CONSULTANT under the terms of this AGREEMENT shall not under any circumstances exceed Eighty-Five Thousand and 00/100 dollars (\$85,000.00). In the event the COUNTY directs CONSULTANT to do work which would cause the stated amount to be exceeded, the CONSULTANT shall not be responsible for such work unless this AGREEMENT is modified pursuant to Article 14.0.
- 6.5 Upon receipt, review and approval of properly documented progress reports, the COUNTY shall pay, or cause to be paid, to the

CONSULTANT the amounts requested, provided that the amounts requested together with the amounts of previous partial payments do not exceed the total compensation specified in this AGREEMENT. The COUNTY may not deny a properly documented claim for compensation, in whole or in part, without cause. The COUNTY reserves the right to hold back a sum equal to not more than five percent (5%) of the total contract sum, being Forty-Two Hundred and 50/100 dollars (\$4,250.00) to ensure performance. The COUNTY shall not be required to pay CONSULTANT more often than monthly.

- 6.6 Final payment will be made to the CONSULTANT upon receipt, review and acceptance of all deliverables specified in Exhibit "B" of this AGREEMENT.

7.1 DELIVERABLES

- 7.1 The CONSULTANT shall provide the COUNTY on or before the termination of this AGREEMENT, the deliverables specified in Exhibit "B" of this AGREEMENT, attached hereto, which is hereby incorporated by reference. The deliverables shall be furnished in accordance with the schedule accepted under Article 5.0 above, and in any event, shall be promptly delivered to the COUNTY upon expiration or termination of the AGREEMENT.

8.0 CONSULTANT'S INSURANCE

- 8.1 The CONSULTANT shall maintain, at its sole expense, insurance coverage including:
- 8.1.a Worker's Compensation Insurance in the statutory amounts.
 - 8.1.b Employer's Liability Insurance in an amount not less than Five Hundred Thousand and 00/100 dollars (\$500,000.00) each accident and injury and Five Hundred Thousand and 00/100 dollars (\$500,000.00) each employee/disease.
 - 8.1.c Commercial (Comprehensive) General Liability Insurance, (including contractual liability) with limits of not less than One Million and 00/100 dollars (\$1,000,000.00) per occurrence bodily injury/property damage combined single limit; Two Million and 00/100 dollars (\$2,000,000.00) excess liability coverage in the annual aggregate injury/property damage combined single limit.
- 8.2 It shall be the duty of the CONSULTANT to provide to the COUNTY copies of the CONSULTANT'S Certificates of Insurance before commencing work. Upon the written request of the COUNTY, the

CONSULTANT shall provide copies of the above Insurance Policies to the COUNTY within ten (10) days of the request.

- 8.3 The insurance required to be purchased and maintained by CONSULTANT shall be provided by an insurance company acceptable to the COUNTY, and licensed to do business in the State of Illinois; and shall include at least the specific coverage and be written for not less than the limits of the liability specified herein or required by law or regulation whichever is greater; and shall contain a provision or endorsement that the coverage afforded will not be canceled, materially changed, or renewal refused until at least thirty (30) days prior written notice has been given to COUNTY.
- 8.4 CONSULTANT'S insurance required by Paragraphs 8.1.c, above, shall name the COUNTY, its officers, employees and agents as additional insured parties. The Certificate of Insurance shall state: "The County of DuPage, its officers, employees and agents are named as additional insureds as defined in the Commercial (Comprehensive) General Liability Insurance policy with respect to claims arising from CONSULTANT'S performance under this AGREEMENT."

9.0 INDEMNIFICATION

- 9.1 The CONSULTANT shall indemnify, hold harmless and defend the COUNTY, its officials, officers, employees, and agents from and against all liability, claims, suits, demands, proceedings and actions, including costs, fees and expense of defense, arising from, growing out of, or related to, any loss, damage, injury, death, or loss or damage to property resulting from, or connected with, the CONSULTANT'S negligent or willful acts, errors or omissions in its performance under this AGREEMENT.
- 9.2 Nothing contained herein shall be construed as prohibiting the COUNTY, its officials, directors, officers, agents and employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, suits, demands, proceedings and actions brought against them. Pursuant to Illinois law, 55 ILCS 5/3-9005, any attorney representing the COUNTY, under this paragraph or paragraph 9.1, is to be appointed a Special Assistant State's Attorney, as provided in 55 ILCS 5/3-9008. The COUNTY'S participation in its defense shall not remove CONSULTANT'S duty to indemnify, defend, and hold the COUNTY harmless, as set forth above.
- 9.3 Any indemnity as provided in this AGREEMENT shall not be limited by reason of the enumeration of any insurance coverage herein provided CONSULTANT'S indemnification of COUNTY shall survive the termination, or expiration, or this AGREEMENT.

10.0 SATISFACTORY PERFORMANCE

- 10.1 The CONSULTANT'S, and subconsultant(s), standard of performance under the terms of this AGREEMENT shall be that which is to the satisfaction of the COUNTY and meets or exceeds the quality and standards commonly accepted in the industry.
- 10.2 The CONSULTANT'S services shall be performed in a manner consistent with the customary skill and care of its profession.
- 10.3 If any errors, omissions, or acts, intentional or negligent, are made by the CONSULTANT, or subconsultant(s), in any phase of the work, the correction of which requires additional field or office work, the CONSULTANT shall be required to perform such additional work as may be necessary to remedy same without undue delay and without charge to the COUNTY.
- 10.4 Acceptance of the work shall not relieve the CONSULTANT of the responsibility for the quality of its work, nor its liability for loss or damage resulting therefrom.

11.0 CONFLICT OF INTEREST

- 11.1 The CONSULTANT covenants that it has no conflicting public or private interest and shall not acquire directly or indirectly any such interest which would conflict in any manner with the performance of CONSULTANT'S services under this AGREEMENT.

12.0 OWNERSHIP OF DOCUMENTS

- 12.1 The CONSULTANT agrees that all survey data, reports, drafting, studies, specifications, estimates, maps, computations and all other deliverables prepared for the COUNTY under the terms of this AGREEMENT shall be properly arranged, indexed and delivered to the COUNTY as provided in Paragraph 7.1. In the event any of the above items are lost or damaged while in CONSULTANT'S possession, such items shall be restored or replaced at CONSULTANT'S expense.
- 12.2 The documents and materials made or maintained under this AGREEMENT shall be and will remain the property of the COUNTY which shall have the right to use same without restriction or limitation and without compensation to the CONSULTANT other than as provided in this AGREEMENT.
- 12.3 In the performance of Services, CONSULTANT may have access to

certain information that is not generally known to others (“CONFIDENTIAL INFORMATION”). CONSULTANT agrees not to use or disclose to any third party, except in the performance of Services, any CONFIDENTIAL INFORMATION or any records, reports, or documents prepared or generated as a result of this AGREEMENT without the prior written consent of the COUNTY. CONSULTANT shall not issue publicity news releases or grant press interviews, except as may be required by law, during or after the performance of the Services, nor shall CONSULTANT disseminate any information regarding Services without prior written consent of the COUNTY. CONSULTANT agrees to cause its personnel, staff and/or subcontractors, if any, to undertake the same obligations of confidentiality agreed to by CONSULTANT under this AGREEMENT. The terms of this Paragraph 12.3 shall survive the expiration or termination of this AGREEMENT.

- 12.4 The COUNTY acknowledges that the use of information that becomes the property of the COUNTY pursuant to Paragraph 12.2, for purposes other than those contemplated in this AGREEMENT, shall be at the COUNTY’S sole risk.
- 12.5 The CONSULTANT may, at its sole expense, reproduce and maintain copies of deliverables provided to COUNTY.

13.0 COMPLIANCE WITH STATE AND OTHER LAWS

- 13.1 The CONSULTANT, and subconsultant(s), shall comply with Federal, State, COUNTY and local statutes, ordinances and regulations, and will obtain permits, or other mandated approvals, whenever applicable, in the performance of Services under this AGREEMENT. Further, CONSULTANT shall comply with all COUNTY policies and rules, including, but not limited to, criminal background checks.
- 13.2 The CONSULTANT, and subconsultant(s), shall not discriminate against any worker, job applicant, employee or any member of the public, because of race, creed, color, sex, age, handicap, or national origin, or otherwise commit and unfair employment practice. CONSULTANT shall comply with Executive Order 11246, entitled, “Equal Employment Opportunity,” as amended by U.S. Department of Labor regulations (41 CFR Part 60) and the provisions of the Illinois Human Rights Act, as amended, 775 ILCS 5/-101, *et seq.*, and with all rules and regulations established by the Department of Human Rights.
- 13.3 The CONSULTANT, by its signature on this AGREEMENT, certifies that it has not been barred from being awarded a contract or subcontract under the Illinois Procurement Code, 30 ILCS 500/1-1, *et seq.*; and further certifies that it has not been barred from contracting with a unit of State or

local government as a result of a violation of Section 33E-3 or 33E-4 of the Illinois Criminal Code (Illinois Compiled Statutes, Chapter 720, paragraph 5/33E-3).

14.0 MODIFICATION OR AMENDMENT

- 14.1 The parties may modify or amend terms of this AGREEMENT only by a written document duly executed by both parties.
- 14.2 The CONSULTANT acknowledges receipt of a copy of the COUNTY'S Purchasing Procedures and Guidelines Ordinance, which is hereby incorporated in this AGREEMENT, and has had an opportunity to review it. CONSULTANT agrees to submit change orders in accordance with said Ordinance.

15.0 TERM OF THIS AGREEMENT

- 15.1 The term of this AGREEMENT shall begin on December 1, 2024 and shall continue in full force and effect until the earlier of the following occurs:
 - (a) The termination of this AGREEMENT in accordance with the terms of Article 16.0, or
 - (b) November 30, 2025, or to a new date agreed upon by the parties.
 - (c) The completion by the CONSULTANT and COUNTY of their respective obligations under this AGREEMENT, in the event such completion occurs before November 30, 2025.
- 15.2 The CONSULTANT shall not perform any work under this AGREEMENT after the expiration date set forth in Paragraph 15.1(b), above. The COUNTY is not liable and will not pay the CONSULTANT for any work performed after the expiration or termination of this AGREEMENT.

16.0 TERMINATION

- 16.1 Except as otherwise set forth in this AGREEMENT, either party shall have the right to terminate this AGREEMENT for any cause upon serving thirty (30) days prior written notice upon the other party, except in the event of CONSULTANT'S insolvency, bankruptcy, or receivership, in which case termination shall be effective immediately upon receipt of notice.
- 16.2 Upon such termination, the liabilities of the parties to this AGREEMENT

shall cease, but they shall not be relieved of the duty to perform their obligations up to the date of termination.

- 16.3 Upon termination of this AGREEMENT, all data, work products, reports and documents produced, because of this AGREEMENT shall become the property of the COUNTY. Further, CONSULTANT shall provide all deliverables within fourteen (14) days of termination in accordance with the other provisions of this AGREEMENT.

17.0 ENTIRE AGREEMENT

- 17.1 This AGREEMENT, including matters incorporated herein, contains the entire agreement between the parties.
- 17.2 There are no other covenants, warranties, representations, promises, conditions or understandings, either oral or written, other than those contained herein.
- 17.3 This AGREEMENT may be executed in one or more counterparts, each of which shall for all purposes be deemed to be an original and all of which shall constitute the same instrument.
- 17.4 In event of a conflict between the terms or conditions of this AGREEMENT and any term or condition found in any exhibit or attachment, the terms and conditions of this AGREEMENT shall prevail.

18.0 ASSIGNMENT

- 18.1 This AGREEMENT may be assigned by either party provided, however, such assignment shall first be approved, in writing, by the other party.

19.0 SEVERABILITY

- 19.1 In the event any provision of this AGREEMENT is held to be unenforceable or invalid for any reason, the enforceability thereof shall not affect the remainder of the AGREEMENT. The remainder of this AGREEMENT shall be construed as if not containing the particular provision and shall continue in full force, effect, and enforceability, in accordance with its terms.

20.0 GOVERNING LAW

- 20.1 This AGREEMENT shall be governed by the laws of the State of Illinois as to both interpretation and performance.
- 20.2 The venue for resolving any disputes concerning the parties' respective

performance, or failure to perform, under this AGREEMENT, shall be the 18th Judicial Circuit Court, DuPage County, Wheaton, Illinois.

21.0 NOTICES

21.1 Any required notice shall be sent to the following addresses and parties:

County of DuPage
421 North County Farm Road
Wheaton, IL 60187
Fax: 630-407-6501
Attn: Mary Keating, Director of Community Services

Family Shelter Service, Inc.
605 East Roosevelt Road
Wheaton, IL 60187
Fax: 630-221-8098
Attn: Lisa Horne, Executive Director

21.2 All notices required to be given under the terms of this AGREEMENT shall be in writing and either (a) served personally during regular business hours; (b) served by facsimile transmission during regular business hours; or (c) served by certified or registered mail, return receipt requested, properly addressed with postage prepaid. Notices served personally or by facsimile transmission shall be effective upon receipt, and notices served by mail shall be effective upon receipt as verified by the United States Postal Service. Each party may designate a new location for service of notices by serving notice thereof in accordance with the requirements of this Paragraph, and without compliance to the amendment procedures set forth in Paragraph 14.1, above.

22.0 WAIVER OF/FAILURE TO ENFORCE BREACH

22.1 The parties agree that the waiver of, or failure to enforce, any breach of this AGREEMENT by the remaining party shall not be construed, or otherwise operate, as a waiver of any future breach of this AGREEMENT. Further, the failure to enforce any particular breach shall not bar or prevent the remaining party from enforcing this AGREEMENT with respect to a different breach.

23.0 FORCE MAJEURE

23.1 Neither party shall be liable for any delay or non-performance of their obligations caused by any contingency beyond their control including but not limited to Acts of God, war, civil unrest, strikes, walkouts, fires, or natural disasters.

24.0 REPRESENTATIONS AND WARRANTIES OF CONSULTANT

- 24.1 CONSULTANT represents and warrants that the following shall be true and correct as of the effective date of this AGREEMENT and shall continue to be true and correct during the Term of this AGREEMENT.
- 24.2 Licensed Professionals. Services required to be performed by professionals shall be performed by professionals licensed to practice by the State of Illinois in the applicable professional discipline.
- 24.3 Good Standing. CONSULTANT is not in default and has not been deemed by the COUNTY to be in default under any other AGREEMENT with the COUNTY during the five (5) year period immediately preceding the effective date of this AGREEMENT.
- 24.4 Authorization. In the event CONSULTANT is an entity other than a sole proprietorship, CONSULTANT represents that it has taken all action necessary for the approval and execution of this AGREEMENT, and execution by the person signing on behalf of the CONSULTANT is duly authorized by CONSULTANT and has been made with complete and full authority to commit CONSULTANT to all terms and conditions of this AGREEMENT which shall constitute valid, binding obligations of CONSULTANT.
- 24.5 Gratuities. No payment, gratuity or offer of employment, except as permitted by the Illinois State Gift Ban Act, was made by, on behalf of, or to CONSULTANT in relation to this AGREEMENT or as an inducement for award of this AGREEMENT.

IN WITNESS OF, the parties set their hands and seals as of the date first written above.

COUNTY OF DUPAGE

FAMILY SHELTER SERVICE, INC.
Signature on File

BY: _____
DEBORAH A. CONROY
CHAIR, DUPAGE COUNTY BOARD

BY _____
LISA HORNE
EXECUTIVE DIRECTOR

ATTEST BY:

ATTEST BY: _____
Signature on File

JEAN KACZMAREK
COUNTY CLERK

JANET ORTEGA
PROGRAM DIRECTOR

EXHIBIT A SCOPE OF SERVICES

This exhibit includes the scope of work for the services of Family Shelter Service, Inc. consisting of providing advocacy for victims of family violence and provision of other related services to the DuPage County Department of Human Services as herein described.

CONSULTANT shall provide the following:

1. Advocates employed by CONSULTANT will follow up on police-reported incidents of domestic violence, hereinafter referred to as Police Responses. Advocates will contact victims following a police report in order to assess safety, provide information about legal remedies, CONSULTANT'S programs, and community resources. CONSULTANT will also offer emotional support.
2. Advocates employed by CONSULTANT will provide assistance to victims of domestic violence seeking Orders of Protection. Advocates will support victims throughout the court process, including both the Emergency Order of Protection and the Plenary Order.
3. Advocates employed by CONSULTANT will provide support to victims throughout the Bond Court and Criminal Court process, as needed and as staffing permits.
4. CONSULTANT will provide the 40-Hour Domestic Violence Training at no charge to Psychological Services employees and other COUNTY employees as requested.
5. CONSULTANT will develop outcomes for the above-described services and report to COUNTY in a form acceptable to COUNTY.

The COUNTY and CONSULTANT shall coordinate all activities undertaken pursuant to this AGREEMENT in accordance with the following:

1. CONSULTANT'S Director of Safer Communities and COUNTY'S Director of the Family Center will coordinate efforts to refine the referral process between the OOP Courtroom and Supervised Visits and Neutral Exchange Program at the Family Center.
2. CONSULTANT'S Director of Safer Communities and COUNTY'S Director of the Family Center will coordinate the effort to provide information to victims of domestic violence and to facilitate the referral process to CONSULTANT'S programs.
3. The clinical staff of COUNTY'S Family Center and CONSULTANT'S advocacy staff shall identify further opportunities for collaboration and to implement cross-training.

4. Advocates employed by CONSULTANT will facilitate referrals to other CONSULTANT programs, such as emergency shelter and intermediate housing, individual and group counseling, support and education groups for adults and children, and 24-hour hotline for victims of domestic violence in DuPage County.

EXHIBIT B DELIVERABLES

Deliverables shall consist of reports on outcomes of services provided and coordination activities. CONSULTANT shall submit all reports to COUNTY before final payment is made by COUNTY pursuant to this AGREEMENT.

CONSULTANT shall report on outcomes of the services provided by CONSULTANT in accordance with the following:

1. Outcome: 90% of victims of domestic violence who obtain an Emergency Order of Protection will report that the information and support provided by advocates employed by CONSULTANT assisted them in securing their personal safety.

Measures:

- Clients report having a safety plan
- Clients report knowing how to enforce their Emergency Order of Protection

2. Outcome: 90% of victims of domestic violence surveyed at the time of their hearing to request a Plenary Order of Protection will report that the services provided to them by the advocates employed by the CONSULTANT were “very helpful” or “helpful.”

Measures:

- Clients report that CONSULTANT’S advocates were “very helpful” or “helpful” in preparing them for their court hearings
- Clients report that written materials provided by CONSULTANT’S advocates were “very helpful” or “helpful”
- Clients report that emotional support provided by CONSULTANT’S advocates was “very helpful” or “helpful”

3. Outcome: 90% of victims of domestic violence who have contact with CONSULTANT as a result of a Police Response will report that they have knowledge of ways to increase their safety.

Measures:

- Clients report knowledge of how to obtain an Order of Protection
- Clients report knowledge of services offered by CONSULTANT
- Clients report having discussed a safety plan with CONSULTANT

CONSULTANT shall report on coordination activities as described in Exhibit A, Scope of Services.

**EXHIBIT C
SCHEDULE OF FEES**

The CONSULTANT will bill the COUNTY for all tasks, assignments, and work performed in accordance with the following costs and payment terms.

Project Cost:

The Project Cost shall not exceed Eighty-Five Thousand (\$85,000.00) and 00/100 dollars. COUNTY shall be responsible for payment of a maximum of Eighty-Five Thousand (\$85,000.00) and 00/100 dollars for the support of activities described in Exhibit A, Scope of Services.

Payment Terms:

Requests for drawdown of payments shall be evidenced by monthly invoices for services based on the following rate schedule and showing hours worked by each category of position on each of the items listed in Exhibit A, Scope of Services.

Category	Hourly Rate
Director of Safer Communities	\$46.24
Domestic Violence Program Supervisor	\$35.635
DV Court Advocate	\$23.19

→ DV Program Director.
GH

An updated Vendor Ethics Disclosure form has been requested.



HS Requisition under \$30,000

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

File #: 25-0169

Agenda Date: 1/7/2025

Agenda #: 6.E.



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

SECTION 1: DESCRIPTION			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 25-0152	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 01/07/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$15,869.17
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: WellSky Corporation	VENDOR #: 30141	DEPT: Community Services	DEPT CONTACT NAME: Julie Burdick
VENDOR CONTACT: Marsha Blankenship	VENDOR CONTACT PHONE: (318) 524-7611	DEPT CONTACT PHONE #: 630-407-6462	DEPT CONTACT EMAIL: julie.burdick@dupagecounty.gov
VENDOR CONTACT EMAIL: Marsha.Blankenship@WellSky.com	VENDOR WEBSITE: https://wellsky.com	DEPT REQ #:	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Implementation, use, and professional services to support the move to Connect 211 resource database where the current platform will no longer be supported by WellSky. In addition, purchase of an API to supplement loss of functionality as a result of this change that allows organizations to submit changes to their resource record through the public website.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To continue to provide real time community resource data to those in DuPage County while also meeting National accreditation standards as a 2-1-1 entity.			

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. SOLE SOURCE PER DUPAGE ORDINANCE, SECTION 2-350 (MUST FILL OUT SECTION 4)
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	
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. SOFTWARE MANUFACTURER AND SOLE MAINTENANCE/UPDATE PROVIDER
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. WellSky provides a HMIS and 211 compliant software, mandated reports, and report writing capabilities that we share with another Continuum of Care (CoC). This software is used by multiple CoC's in our region and statewide, which allows for improved service and system management collaboration. It also hosts our resource database, 211dupage.gov, and is used to track and report on the 211 DuPage call and need data.
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. We continue to monitor for HMIS software vendors who meet all of the minimum Federal requirements and are also 211 compliant. At this time, WellSky is the only vendor offering both solutions.
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. We participate in national, statewide, and regional collaborations, which gives us an opportunity to speak with HMIS and 211 customers and vendors in formal and informal settings to better assess what options are available to meet our needs. We have yet to find another vendor who offers software that is compliant with both HMIS and 211.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: WellSky Corporation	Vendor#: 30141	Dept: Community Services	Division: Intake and Referral
Attn: Marsha Blankenship	Email: Marsha.Blankenship@WellSky.com	Attn: Julie Burdick	Email: julie.burdick@dupagecounty.gov
Address: 11300 Switzer Rd.	City: Overland Park	Address: 421 N County Farm Rd.	City: Wheaton
State: KS	Zip: 66210	State: IL	Zip: 60187
Phone: (318) 524-7611	Fax:	Phone: 630-407-6462	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: WellSky Corporation	Vendor#: 30141	Dept: Community Services	Division: Intake and Referral
Attn:	Email:	Attn: Julie Burdick	Email: julie.burdick@dupagecounty.gov
Address: PO Box 204176	City: Dallas	Address: 421 N County Farm Rd.	City: Wheaton
State: TX	Zip: 75320-4176	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-6462	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Nov 1, 2024	Contract End Date (PO25): Oct 31, 2025

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	1	EA		Software, API - COVID-19_INT		1100	1215	53807	COVID-19_INT	13,291.67	13,291.67
2	1	EA		Support - COVID-19_INT		1100	1215	53090	COVID-19_INT	2,577.50	2,577.50
										Requisition Total \$	15,869.17

FY is required, ensure the correct FY is selected.

Comments

HEADER COMMENTS	Provide comments for P020 and P025.
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. Contact Julie Burdick x6461 for program-related questions, or David Barnes x6191 for fiscal questions
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

**WELLSKY CORPORATION
ORDER FORM**

This Order Form ("Order") is effective as of the date of last signature below ("Effective Date") between **Alliance to End Homelessness in Suburban Cook County ("Client")**, with offices at 4415 W. Harrison St., Suite 228 Hillside, IL 60162 and **WellSky Corporation**, with offices at 11300 Switzer Road, Overland Park, KS 66210 ("**WellSky**") for the products and services set forth herein. This Order is subject to and hereby incorporates the terms and conditions of the Master Agreement entered into between the parties, dated November 1, 2014 ("**Agreement**"), except to the extent explicitly identified in this Order.

This Order consists of the following Attachments:

- Attachment 1 – Term and Payment Terms
- Attachment 2 – Pricing
- Attachment 3 – Additional Terms
- Attachment 4 – Professional Services

Any questions or changes to this Order, please contact Bill Bartek at william.bartek@wellsky.com

Ordering Procedure:

Scan or fax this signed Order to WellSky's Corporate Contracts Department as follows:

[Bill Bartek, Regional Account Representative](mailto:Bill.Bartek.Regional.Account.Representative@wellsky.com)
and/or LegalContracts@wellsky.com
Fax: (913) 871-9571 or 9138719571@fax2mail.com

ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY		WELLSKY CORPORATION:
Signature: <i>Signature on File</i>		Signature: <i>Signature on File</i>
Name: <i>Jennifer C. Hill</i>		Name: Stephen Greenberg
Title: <i>Executive Director</i>		Title: SVP Human and Social Services
Date: <i>11/18/24</i>		Date: 11/20/2024 2:15 PM CST

**ORDER FORM
ATTACHMENT 1
TERM AND PAYMENT TERMS**

1. Scope of Use - Quantity: All Recurring Professional Services and Cloud Services are subject to the scope of use limits - quantity set forth on Attachment 2.

2. Term:

Cloud Services and Professional Services Recurring Fees: The Cloud Services and Professional Services Recurring Fees under this Order shall begin on the Effective Date and run coterminous with the existing term and renew according to the prior Order Form.

3. Payment Terms. Payment terms on purchases are net thirty (30) days.

a. Cloud Services Recurring Fees: Client shall pay the pro-rated annual recurring Cloud Services fees beginning on the Effective Date, and 100% of the annual Cloud Services fees annually thereafter.

b. Professional Services Recurring Fee: Client shall pay the pro-rated annual recurring Professional Services fees beginning on the Effective Date, and 100% of the annual Professional Services fees annually thereafter.

c. Increases: All annual fees may be increased by WellSky once annually commencing one (1) year following the Effective Date of the Order at a rate not to exceed 6%.

Please provide your accounts payable or billing contact information.

Name: DuPage County Community Services – GP# ILB15354
Contact Title: Julie Burdick, HMIS Manager
E-mail: Julie.burdick@dupageco.org
Phone: 630-407 - 6462
Billing Address: 421 North County Farm Road, Wheaton, Illinois 60187

*For DuPage – ILB15354

**ORDER FORM
ATTACHMENT 2
PRICING**

GP# ILB15354

Current Contract Term: 11/1/2023 – 10/31/2024

ANNUAL FEES			
Cloud Services Annual Fees			
Qty.	Per Unit	Item	Annual
1	\$2,500	Community Services – Provider API – Site License – Annual	\$2,500
Total Cloud Services Annual Fees:			\$2,500.00

ANNUAL FEES			
Professional Services Annual Fees			
Qty.	Per Unit	Item	Annual
1	\$630	Professional Services – Provider API – Annual Fee	\$630
Total Professional Services Annual Fees:			\$630.00
Total Annual Fee			\$3,130.00

**ORDER FORM
ATTACHMENT 3
ADDITIONAL TERMS**

Payment Terms will be enforced as indicated in ATTACHMENT 1 TERM AND PAYMENT TERMS.

One-Time Fees are waived for the additional Provider API.

**ORDER FORM
ATTACHMENT 4
PROFESSIONAL SERVICES**

Services: 12311

Client has requested that WellSky Corporation ("WellSky") perform the following services ("Services") as set forth in this Order Form.

Purpose

To enable and configure the Provider API on the Client's Live *WellSky Community Services* site with one (1) API User at <https://wscs.wellsky.com/nil/>. To allow for addition of up to three (3) new API Users per renewal year.

Services

WellSky Professional Services will enable and configure the Provider API on the Client's Live *WellSky Community Services* site. This initial configuration of the Provider API for a Client includes the creation of the Initial API User. Up to three (3) additional users can be requested over the course of a renewal year. Contact WellSky Professional Services via a Client Portal case to request the addition of any new API Users.

Client Responsibility

Prior to enabling the Provider API, the Client will need to create a user within *WellSky Community Services* that will be used as the Initial API User. This user will be used to execute API calls on the *WellSky Community Services* site and requires no *WellSky Community Services* license. Just as a standard *WellSky Community Services* user's access to records is audited, the API User's access to records will be audited. Similarly, any calls made by the Initial API user will have the *WellSky Community Services* visibility model enforced accordingly. If - based on the Initial API User's provider and user role - the user would be unable to see certain data in *WellSky Community Services*, that same behavior will apply to data returned by the Provider API calls.

For those reasons, it is important that the Client choose a logical provider and user role for the Initial API User; and equally important for any subsequent API Users that may be created. Note that API Users do not require a *WellSky Community Services* license to be used for API calls; the user must simply exist in *WellSky Community Services*.

WellSky Professional Services Execution

Once the Initial API User has been created by the Client in *WellSky Community Services*, that username will be communicated to the WellSky Professional Services team. WellSky Professional Services will then begin configuration of the Provider API.

After configuration is complete, WellSky will provide the Client contact with the connection details required to access the API using the Initial API User. This includes:

1. Tenant ID
2. User Token

**ORDER FORM
ATTACHMENT 4
PROFESSIONAL SERVICES**

Both elements are required to be included in the header of any API request for the call to be successful. Additional technical specifications on making API calls can be found in the "Open Referral API Specification.pdf" document available in the Client Portal.

Assumptions and Limitations

1. Payment Terms will be enforced as indicated in Attachment 1.
2. Cloud and/or Professional Services Annual Fees will be prorated from date of signature ("Effective Date") and are not in any way dependent upon Professional Services implementation. This may result in Cloud and/or Professional Services Annual Fees being incurred prior to execution of the scoped Professional Services work.
3. Technical assistance in using the Provider API is outside the scope of this Order Form.
4. Annual fees will be used exclusively towards WellSky Professional Services creating additional API User(s) during the renewal period. A maximum of three (3) API Users may be requested each renewal. Adding additional API users beyond the maximum are outside the scope of this Order Form and will require WellSky Professional Services to generate a new Order Form based on the scope of the changes.



INVOICE NO.	PAGE
CTR1500009433	1

INVOICE DATE	TERMS
12/1/2024	Net 60

TYPE	PURCHASE ORDER NO.
Invoice	

ACCOUNT NO.	CONTRACT NO.
ILB15354	0000003576

Bill To:
DuPage County Community Services
Julie.Burdick@dupageco.org
421 N County Farm Road
Wheaton IL 60187-3978

DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	EXT PRICE
COMMUNITY SERVICES - PROVIDER API - SITE LICENSE - ANNUAL	ANNUAL	1.00	\$2,291.67	\$2,291.67
PROFESSIONAL SERVICES - PROVIDER API - ANNUAL FEE	ANNUAL	1.00	\$577.50	\$577.50
PRORATED TERM: 12/1/2024-10/31/2025 CONTRACT 4282458	ANNUAL	1.00	\$0.00	\$0.00
PROFESSIONAL SERVICES - COMMUNITY SERVICES - INTEGRATION	ANNUAL	1.00	\$11,000.00	\$11,000.00
TERM: 11/1/2024-10/31/2025 CONTRACT 4271014	Each	1.00	\$0.00	\$0.00

Pay By: Electronic funds transfer (EFT/ACH/Wire) Or Check Account name WellSky Bank name Wells Fargo Bank ACH routing # (ABA) 121000248 Bank account # (DDA) 4000069922 SWIFT code (wire transfer) WFBIUS6S		SUBTOTAL	\$13,869.17
		SALES TAX	\$0.00
		TOTAL DUE	\$13,869.17

Include WellSky invoice number(s) in the descriptive field of your electronic funds transfer payment, or Email Accountsreceivable@WellSky.com to submit remittance detail



INVOICE

Invoice No: PJ150000001217
 Invoice Date: 11/27/2024
 Customer No: ILB15354
 Terms: **Net 60**
 Contract No: 4271014
 Page: 1

DuPage County Community Services
 Julie.Burdick@dupageco.org
 421 N County Farm Road
 Wheaton, IL 60187-3978

Description	Purchase Order No	Amount
Professional Services - Community Services - Integration w/ Connect 211 - Implementation		
PROFESSIONAL SERVICE FEES		\$2,000.00

		\$2,000.00

TOTAL DUE THIS INVOICE: \$2,000.00

LINE BILLING AMOUNTS \$2,000.00

Pay by:

Electronic funds transfer (EFT/ACH/Wire)	Or	Check
ACH routing # (ABA) 121000248		WellSky
Bank account # (DDA) 4000069922		PO Box 204176
SWIFT code (wire transfer) WFBIUS6S		Dallas, TX 75320-4176

SALES TAX: \$0.00

SUBTOTAL: \$2,000.00

TOTAL: \$2,000.00

Include WellSky invoice number(s) in the descriptive field of your electronic funds transfer payment, or Email Accountsreceivable@WellSky.com to submit your remittance detail



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: January 3, 2025

Bid/Contract/PO #: 00093222

Company Name: WellSky Corporation	Company Contact: Marsha Blankenship
Contact Phone: 318-524-7611	Contact Email: marsha.blankenship@wellsky.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

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

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

Add Line	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
x			

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 Stephen Greenberg
 Title SVP Human & Social Services
 Date 1/3/2025

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



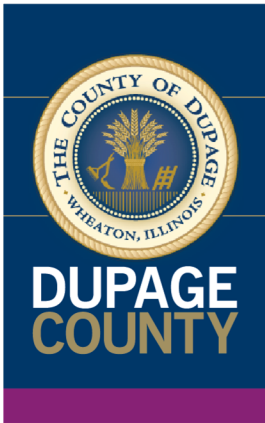
Action Item

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

File #: 25-0170

Agenda Date: 1/7/2025

Agenda #: 7.A.



COMMUNITY SERVICES

630-407-6500
Fax: 630-407-6501
csprograms@dupagecounty.gov
www.dupagecounty.gov/community

TO: Greg Schwarze, Chairman and Committee Members
Human Services Committee

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

DATE: December 13, 2024

**SUBJECT: CD23-SFR Memorandum of Understanding Modification Two –
Second Time Extension**

Per CDC procedures, this item is being presented directly to HS for approval.

Action Requested: CDC staff recommends approval of Modification Two to MOU CD23-SFR to allow for a second time extension, which will extend the timeframe of the MOU from 09/30/2024 to 05/31/2025.

Details: CD23-SFR MOU was adopted by Resolution HS-R-0040-23 on February 14, 2023, to grant funding in the amount of \$200,000.00 for rehabilitation of income eligible owner-occupied single-family residences. The original time period ran from 04/01/2023 through 03/31/2024. On 03/26/2024, a first time extension was approved by the Community Services Director, extending the time period to 09/30/2024. A balance of \$7,621.82 remains under the CD23-SFR MOU, and a second time extension is requested to allow for full expenditure of the funds.

All expenses to date have met the requirements of the MOU.

Community Development
630-407-6600
Fax: 630-407-6601

Family Center
422 N. County Farm Rd.
Wheaton, IL 60187
630-407-2450
Fax: 630-407-2451

Housing Supports and Self-Sufficiency
630-407-6500
Fax: 630-407-6501

Intake and Referral
630-407-6500
Fax: 630-407-6501

Senior Services
630-407-6500
Fax: 630-407-6501

MODIFICATION ONE TO COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM MEMORANDUM OF UNDERSTANDING BETWEEN THE COUNTY OF
DUPAGE AND DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
PROJECT NUMBER CD23-SFR

THIS MODIFICATION TWO TO MEMORANDUM OF UNDERSTANDING (MOU) is entered into this XX day of January, 2025 by and between the COUNTY OF DU PAGE, Illinois (hereinafter called "COUNTY") and DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES, with a principal place of business located at 421 N County Farm Rd., Wheaton, IL 60187, (hereinafter called "DEPARTMENT"). The purpose of this MODIFICATION TWO TO MOU is to modify an existing agreement between the above parties known as Community Development Commission Agreement CD23-SFR, which was adopted by Resolution HS-R-0040-23 on February 14, 2023, to grant funding in the amount of \$200,000.00, of which \$7,621.82 is unexpended, further modified under Modification One on March 26, 2024 as a first time extension to extend the time period covered to September 30, 2024, for the purpose of rehabilitation of single-family residences, belonging to income qualified homeowners, located in DuPage County's CDBG jurisdiction area which includes property within DuPage County and the Will County portion of the Village of Woodridge, but excluding property located in the municipalities of Aurora, Bolingbrook, Elk Grove Village, Naperville, or Schaumburg, all in IL (hereinafter, together with any previous modifications thereto, called "Agreement").

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

1. The time period covered by the Agreement is hereby extended to May 31, 2025.
2. Section IV. A. is hereby amended to reflect the grant term covering 04/01/2023 – 05/31/2025.
3. Section IV. B. is hereby amended to reflect a date of 05/31/2025.

In all other respects, the terms and conditions of the Agreement shall remain in full force and effect.

It is acknowledged that the MOU Modification is being requested after the extended MOU time period through September 30, 2024. All expenses to date have met the requirements under Section II. of the MOU.

IN WITNESS WHEREOF, the parties hereto have executed this Modification on the dates recited below:

DuPage County
Community Services Department

By: _____
Mary A. Keating
Community Services Director

Date: _____

Attest: _____

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

By: _____
Deborah A. Conroy
DuPage County Board Chair

Date: _____

Attest: _____
Jean Kaczmarek, County Clerk



Finance Resolution

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

File #: FI-R-0002-25

Agenda Date: 1/7/2025

Agenda #: 8.A.

ACCEPTANCE AND APPROPRIATION OF
THE DUPAGE CARE CENTER FOUNDATION -
FOUNDATION COORDINATOR GRANT PY25
COMPANY 5000 - ACCOUNTING UNIT 2120
\$31,192

(Under the administrative direction of
the DuPage Care Center)

WHEREAS, the County of DuPage has been notified by the DuPage Care Center Foundation that grant funds in the amount of \$31,192 (THIRTY-ONE THOUSAND, ONE HUNDRED NINETY-TWO AND NO/100 DOLLARS) are available to be used to provide partial funding for a part-time Foundation Coordinator whose responsibilities include planning and coordination of fundraising events, promoting community awareness, pursuing grant and sponsorship funding, and management of donations; and

WHEREAS, to receive said grant funds, the County of DuPage on behalf of the DuPage Care Center must accept a letter dated December 1, 2024 from the DuPage Care Center Foundation, a copy of which is attached to and incorporated as a part of this resolution by reference (ATTACHMENT II); and

WHEREAS, the term of the grant award is from December 1, 2024, through November 30, 2025; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$31,192 (THIRTY-ONE THOUSAND, ONE HUNDRED NINETY-TWO AND NO/100 DOLLARS) be made to establish the DuPage Care Center Foundation - Foundation Coordinator Grant PY25, Company 5000 - Accounting Unit 2120, for the period of December 1, 2024 to November 30, 2025; and

BE IT FURTHER RESOLVED by the DuPage County Board that the Administrator of the DuPage Care Center is approved as the County's Authorized Representative; and

BE IT FURTHER RESOLVED by the DuPage County Board, that should local funding cease for this grant, the Human Services Committee shall review the need for continuing the specified program; and

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

Enacted and approved this 14th day of January, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH
DUPAGE CARE CENTER FOUNDATION - FOUNDATION COORDINATOR GRANT PY25
COMPANY 5000 – ACCOUNTING UNIT 2120
\$31,192

REVENUE

46009-0000 - Private Grants \$ 31,192

TOTAL ANTICIPATED REVENUE \$ 31,192

EXPENDITURES

PERSONNEL

50040-0000 - Part Time Help \$ 23,805

51010-0000 - Employer Share I.M.R.F. 2,121

51030-0000 - Employer Share Social Security 1,821

51040-0000 - Employee Med & Hosp Insurance 3,445

TOTAL PERSONNEL \$ 31,192

TOTAL ADDITIONAL APPROPRIATION \$ 31,192



DuPage Care Center
FOUNDATION

President
Debra Giampoli

December 1, 2024

Vice President
Robert Kliebhan

Mr. Geoffery Kinczyk & Ms. Hetal Shah

The County of DuPage

Wheaton, Illinois

Directors
Jennifer Chambers
Babs Cleary
Mark De Iorio
Kenneth Moy
Tony Reyes

RE: Foundation Coordinator Grant (DCCFCG25)

Grant Dates: 12/1/2024 – 11/30/2025

Grant Award: \$31,192.00

**Foundation
Coordinator**
Connor Brown

Mr. Kinczyk & Ms. Shah,

Please be advised that the DuPage Care Center Foundation (DCCF) Board of Directors approved the Grant Award of \$31,192.00 through 11/30/2025 as referenced above for the Foundation Coordinator Grant (DCCFFCG25). The Foundation Board approved the funding of this grant at the Quarterly DCCF Board Meeting on October 16, 2024. The DCCF Board is continuing the payment schedule as approved for the DCCF Fiscal Year 2025.

Respectfully submitted,
Signature on File

Debra Giampoli, DCCF President

Cc: Janelle Chadwick

Shauna Berman

Christine Kliebhan



Finance Resolution

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

File #: FI-R-0003-25

Agenda Date: 1/7/2025

Agenda #: 8.B.

ACCEPTANCE AND APPROPRIATION OF THE
DUPAGE CARE CENTER FOUNDATION-MUSIC THERAPY GRANT PY25
COMPANY 5000 - ACCOUNTING UNIT 2120
\$60,462

(Under the administrative direction of
the DuPage Care Center)

WHEREAS, the County of DuPage has been notified by the DuPage Care Center Foundation that grant funds in the amount of \$60,462 (SIXTY THOUSAND, FOUR HUNDRED SIXTY-TWO AND NO/100 DOLLARS) are available to be used to provide funding for music therapy services to address the physical, emotional, cognitive, and social needs of DuPage Convalescent Center residents; and

WHEREAS, to receive said grant funds, the County of DuPage on behalf of the DuPage Care Center must accept a letter dated December 1, 2024, from the DuPage Care Center Foundation, a copy of which is attached to and incorporated as a part of this resolution by reference (ATTACHMENT II); and

WHEREAS, the term of the grant award is from January 12, 2025 through December 31, 2025; and

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

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

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

NOW, THEREFORE, BE IT FURTHER RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$60,462 (SIXTY THOUSAND, FOUR HUNDRED SIXTY-TWO AND NO/100 DOLLARS) be made to establish the DuPage Care Center Foundation-Music Therapy Grant PY25, Company 5000 - Accounting Unit 2120, for the period of January 12, 2025 to December 31, 2025; and

BE IT FURTHER RESOLVED by the DuPage County Board that the Administrator of the DuPage Care Center is approved as the County's Authorized Representative; and

BE IT FURTHER RESOLVED by the DuPage County Board, that should local funding cease for this grant, the Human Services Committee shall review the need for continuing the specified program; and

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

Enacted and approved this 14th day of January, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH
THE DUPAGE CARE CENTER FOUNDATION-MUSIC THERAPY GRANT PY25
COMPANY 5000 – ACCOUNTING UNIT 2120
\$60,462

REVENUE

46009-0000 - Private Grants \$ 60,462

TOTAL ANTICIPATED REVENUE \$ 60,462

EXPENDITURES

CONTRACTUAL

53090-0000 - Other Professional Services \$ 60,462

TOTAL CONTRACTUAL \$ 60,462

TOTAL ADDITIONAL APPROPRIATION \$ 60,462



DuPage Care Center
FOUNDATION

President
Debra Giampoli

December 1, 2024

Vice President
Robert Kliebhan

Mr. Geoffery Kinczyk & Ms. Hetal Shah

The County of DuPage

Wheaton, Illinois

Directors
Jennifer Chambers

Babs Cleary

Mark De Iorio

Linda Linford

Kenneth Moy

Tony Reyes

RE: Music Therapy Grant (DCCFMTG25)

Grant Dates: 1/12/2025 – 12/31/2025

Grant Award: \$60,462.00

**Foundation
Coordinator**
Connor Brown

Mr. Kinczyk & Ms. Shah,

Please be advised that the DuPage Care Center Foundation (DCCF) Board of Directors approved the Grant Award of \$60,462.00 through 1/11/2025 as referenced above for the Music Therapy Grant (DCCFMTG25). The Foundation Board approved the funding of this grant at the Quarterly DCCF Board Meeting on October 16, 2024. The DCCF Board is continuing the payment schedule as approved for the DCCF Fiscal Year 2025.

Respectfully submitted,
Signature on File

Debra Giampoli, DCCF President

Cc: Janelle Chadwick

Shauna Berman

Christine Kliebhan



Finance Resolution

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

File #: FI-R-0004-25

Agenda Date: 1/7/2025

Agenda #: 8.C.

ACCEPTANCE AND APPROPRIATION OF
THE DUPAGE CARE CENTER FOUNDATION
RECREATION THERAPY GRANT PY25
COMPANY 5000 - ACCOUNTING UNIT 2120
\$29,435

(Under the administrative direction of the DuPage Care Center)

WHEREAS, the County of DuPage has been notified by the DuPage Care Center Foundation that grant funds in the amount of \$29,435 (TWENTY-NINE THOUSAND, FOUR HUNDRED THIRTY-FIVE AND NO/100 DOLLARS) are available to be used to continue funding for two part-time Recreation Therapy Aid positions to support the All-House Program; and

WHEREAS, to receive said grant funds, the County of DuPage on behalf of the DuPage Care Center must accept a letter dated December 1, 2024 from the DuPage Care Center Foundation, a copy of which is attached to and incorporated as a part of this resolution by reference (ATTACHMENT II); and

WHEREAS, the term of the grant award is from December 1, 2024 through November 30, 2025; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$29,435 (TWENTY-NINE THOUSAND, FOUR HUNDRED THIRTY-FIVE AND NO/100 DOLLARS) be made to establish the DuPage Care Center Foundation Recreation Therapy Grant PY25, Company 5000 - Accounting Unit 2120, for the period December 1, 2024 through November 30, 2025; and

BE IT FURTHER RESOLVED by the DuPage County Board that the Administrator of the Care Center is approved as the County's Authorized Representative; and

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

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

Enacted and approved this 14th day of January, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH
THE DUPAGE CARE CENTER FOUNDATION-RECREATION THERAPY GRANT PY25
COMPANY 5000 – ACCOUNTING UNIT 2120
\$29,435

REVENUE

46009-0000 - Private Grants \$ 29,435

TOTAL ANTICIPATED REVENUE \$ 29,435

EXPENDITURES

PERSONNEL

50040-0000 - Part Time Help \$ 27,343
51030-0000 - Employer Share Social Security 2,092

TOTAL PERSONNEL \$ 29,435

TOTAL ADDITIONAL APPROPRIATION \$ 29,435



DuPage Care Center
FOUNDATION

President
Debra Giampoli

December 1, 2024

Vice President
Robert Kliebhan

Mr. Geoffery Kinczyk & Ms. Hetal Shah

The County of DuPage

Directors
Jennifer Chambers
Babs Cleary
Mark De Iorio
Kenneth Moy
Tony Reyes

Wheaton, Illinois

RE: Recreation Therapy Grant (DCCFRTG25)

Grant Dates: 12/1/2024 – 11/30/2025

Grant Award: \$29,435.00

**Foundation
Coordinator**
Connor Brown

Mr. Kinczyk & Ms. Shah,

Please be advised that the DuPage Care Center Foundation (DCCF) Board of Directors approved the Grant Award of \$29,435.00 through 11/30/2024 as referenced above for the Recreation Therapy Grant (DCCFRTG25). The Foundation Board approved the funding of this grant at the Quarterly DCCF Board Meeting on October 16, 2024. The DCCF Board is continuing the payment schedule as approved for the DCCF Fiscal Year 2025.

Respectfully submitted,
Signature on File

Debra Giampoli, DCCF President

Cc: Janelle Chadwick

Shauna Berman

Christine Kliebhan



Care Center Resolution

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

File #: HS-R-0002-25

Agenda Date: 1/7/2025

Agenda #: 8.D.

ACCEPTANCE OF AN EXTENSION OF THE
DUPAGE CARE CENTER FOUNDATION-
FOUNDATION COORDINATOR GRANT PY24
COMPANY 5000 - ACCOUNTING UNIT 2120

(Under the administrative direction of
the DuPage Care Center)

WHEREAS, the County of DuPage heretofore accepted and appropriated the DuPage Care Center Foundation-Foundation Coordinator Grant PY24, Company 5000 - Accounting Unit 2120, pursuant to Resolution FI-R-0004-24 for the period December 1, 2023 through November 30, 2024, as amended; and

WHEREAS, the County of DuPage has been notified by the DuPage Care Center Foundation that the grant may be extended to December 31, 2024.

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the expiration date of this grant be extended until December 31, 2024.

Enacted and approved this 14th day of January, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0003-25

Agenda Date: 1/7/2025

Agenda #: 8.E.

AWARDING RESOLUTION ISSUED TO
PERFORMANCE FOODSERVICE CHICAGO
FOR SECONDARY FOOD AND SUPPLIES
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT \$55,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to Performance Foodservice Chicago, for secondary food and supplies, for the period of March 1, 2025 through February 28, 2026, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is for secondary food and supplies, for the period of March 1, 2025 through February 28, 2026, for the DuPage Care Center under bid renewal #23-020-DCC, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Performance Foodservice Chicago, 5030 Baseline Road, Montgomery, Illinois 60538, for a contract total amount of \$55,000.00.

Enacted and approved this 14th day of January, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



Procurement Review Comprehensive Checklist

Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 25-0086	RFP, BID, QUOTE OR RENEWAL #: 23-020-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$122,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 01/07/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$173,000.00
	CURRENT TERM TOTAL COST: \$55,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Performance Foodservice Chicago	VENDOR #: 38749	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Dennis Mitchell	VENDOR CONTACT PHONE: 331-212-1352	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: Mario.Plata@dupagecounty.gov
VENDOR CONTACT EMAIL: dennis.mitchell@PFGC.com	VENDOR WEBSITE:	DEPT REQ #: 7486	

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.). Secondary food and supplies for the DuPage Care Center, for the period March 1, 2025 through February 28, 2026, for a contract total not to exceed \$55,000.00, under bid renewal #23-020-DCC, second of three one-year optional renewal.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To have in place and utilize a secondary food and supplies supplier to use when primary does not have items available and to be prepared and have other options should an emergency arise due to supply/demand and transportation issues that could impact our nation.

SECTION 2: DECISION MEMO REQUIREMENTS

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

DECISION MEMO REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Performance Foodservice Chicago	Vendor#: 38749	Dept: DuPage Care Center	Division: Dining Services
Attn: Dennis Mitchell	Email: dennis.mitchell@pfgc.com	Attn: Mario Plata	Email: Mario.plata@dupagecounty.gov
Address: 5030 Baseline Road	City: Montgomery	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60538	State: IL	Zip: 60187
Phone: 331-212-1352	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Performance Foodservice Chicago	Vendor#: 38749	Dept: DuPage Care Center	Division: Dining Services
Attn:	Email:	Attn:	Email: dupagecounty.gov
Address: 5030 Baseline Road	City: Montgomery	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60538	State: IL	Zip: 60187
Phone: 331-212-1352	Fax:	Phone: 630-784-4416	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 1, 2025	Contract End Date (PO25): February 28, 2026



AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Fox River Foods Inc dba Performance Foodservice Chicago located at 5030 Baseline Road, Montgomery, IL 60538, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #23-020-DCC which became effective on 3/1/2023 and which will expire 2/28/2025. The contract is subject to a second of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 2/28/2026.

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

CONTRACTOR
Signature on File

THE COUNTY OF DUPAGE

SIGNATURE

SIGNATURE

Daniel Gilroy

Brian Rovik

PRINTED NAME

PRINTED NAME

President

Buyer I

PRINTED TITLE

PRINTED TITLE

DATE

DATE

12/2/2024



THE COUNTY OF DUPAGE
 FINANCE - PROCUREMENT
 SECONDARY FOOD SUPPLIES AND CHEMICALS 23-020-DCC
 BID TABULATION



				FOX RIVER FOODS INC. DBA PERFORMANCE FOODSERVICE CHICAGO		GORDON FOOD SERVICE, INC.	
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
PART 1 - MEAT AND PRODUCE							
1	Beef Ground Bulk Fine 81/19, 8/10# average	CASE	7	\$ 196.00	\$ 1,372.00	\$ 190.40	\$ 1,332.80
2	Beef Patties Raw 80/20	CASE	21	\$ 59.56	\$ 1,250.76	\$ 83.20	\$ 1,747.20
3	Beef Stew Meat Diced (size and shape may vary) 85% lean	CASE	35	\$ 41.10	\$ 1,438.50	\$ 54.10	\$ 1,893.50
4	Beef Certified Angus Flat Raw Boneless Bottom Round 171B (meat buyers guide number)	CASE	5	\$ 183.43	\$ 917.15	\$ 158.08	\$ 790.40
5	Carrots Grade A Diced (3/8" pieces)	CASE	19	\$ 30.00	\$ 570.00	\$ 34.49	\$ 655.31
6	Chicken Breast 4oz boneless/skinless in controlled vacuum packaging	CASE	11	\$ 71.56	\$ 787.16	\$ 81.50	\$ 896.50
7	Chicken breast 4oz B/S (boneless/skinless) IFZ (Individually quick frozen) in Ziplock Bags	CASE	11	\$ 37.57	\$ 413.27	\$ 42.93	\$ 472.23
8	Chicken Meat Diced 80D/20W (80% dark meat / 20% white meat)	CASE	25	\$ 42.19	\$ 1,054.75	\$ 29.36	\$ 734.00
9	Turkey Breast Raw BNLS (boneless/skinless) foil wrapped	CASE	10	\$ 89.60	\$ 896.00	\$ 95.00	\$ 950.00
PART 1 TOTAL					\$ 8,699.59		\$ 9,471.94

PART 2 - MISCELLANEOUS ITEMS

				FOX RIVER FOODS INC. DBA PERFORMANCE FOODSERVICE CHICAGO		GORDON FOOD SERVICE, INC.	
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
1	Coffee Decaf Ground 30/6.3oz packages	CASE	18	\$ 57.88	\$ 1,041.84	\$ 119.07	\$ 2,143.26
2	Containers Foam Hinged 3 Compartment Double Tab 8x8x3	CASE	29	\$ 17.89	\$ 518.81	\$ 18.89	\$ 547.81
3	Eggs Whole Liquid Fresh with Citric Acid TFF (Trans Fat Free) 15/2LB containers	CASE	28	\$ 61.73	\$ 1,728.44	\$ 55.38	\$ 1,550.64
4	Ice Cream Cups Vanilla 4oz	CASE	49	\$ 18.37	\$ 900.13	\$ 18.15	\$ 889.35
5	Orange Juice Cup Frozen 6oz	CASE	57	\$ 24.57	\$ 1,400.49	\$ 13.81	\$ 787.17
6	Margarine Soft Buttery Spread (non-dairy) 600/5gm	CASE	35	\$ 17.40	\$ 609.00	\$ 28.26	\$ 989.10
7	Milk 2% Dairy Nectar Thickened Consistency L2 (mildly thick) 24/8oz per case	CASE	76	\$ 11.51	\$ 874.76	\$ 21.40	\$ 1,626.40
8	Milk 2% Dairy Honey Thick Consistency L3 (moderately thick) 24/8oz per case	CASE	50	\$ 31.98	\$ 1,599.00	\$ 21.40	\$ 1,070.00
9	Plastic Lid for Shoreline Collection (fits 5oz bowl/8oz mug)	CASE	13	\$ 57.47	\$ 747.11	\$ 35.39	\$ 460.07
10	Potatoes Mashed Complete (w/Vitamin C) Dried in a Plastic Safety Resealable Can 6/5.1LB per case	CASE	12	\$ 69.71	\$ 836.52	\$ 58.88	\$ 706.56
11	Soup Base Instant Cream Gluten Free / No Added MSG	CASE	17	\$ 61.15	\$ 1,039.55	\$ 51.55	\$ 876.35
12	Supplement MedPlus Vanilla 2.0 (2 calories per milliliter) Nectar Consistency L2 (mildly thick) 12/32oz	CASE	27	\$ 29.18	\$ 787.86	\$ 47.27	\$ 1,276.29
13	Supplement Nutritional Treat Orange Flavor L4 (extremely thick)	CASE	19	\$ 32.58	\$ 619.02	\$ 29.11	\$ 553.09
14	Supplement Nutritional Treat Wild Berry Flavor L4 (extremely thick)	CASE	18	\$ 30.12	\$ 542.16	\$ 29.11	\$ 523.98
15	Yogurt Low Fat Strawberry Pouch	CASE	14	\$ 37.68	\$ 527.52	\$ 31.53	\$ 441.42
16	Yogurt Low Fat Vanilla Pouch	CASE	16	\$ 34.08	\$ 545.28	\$ 31.53	\$ 504.48
PART 2 TOTAL					\$ 7,073.47		\$ 8,533.73
GRAND TOTAL					\$ 15,773.06		\$ 18,005.67

PART 3 – CATEGORY MARK-UP RATE SHEET

Category	Product Category	FOX RIVER FOODS INC. DBA PERFORMANCE FOODSERVICE CHICAGO	GORDON FOOD SERVICE, INC. CHICAGO
1	Meat General (poultry, seafood, pork, beef, etc.) Fresh and Frozen	12.00%	8.95%
2	Produce	8.00%	11.20%
3	Non-Fluid Dairy	9.00%	9.45%
4	Frozen	11.00%	9.45%
5	Juices	12.00%	10.20%
6	Coffee	12.00%	10.20%
7	Fluid Dairy	9.00%	9.45%
8	Dairy Other	9.00%	9.45%
9	Dietary Supplements	11.00%	9.45%
10	Chemicals and Cleaning	15.00%	10.20%
11	Dry Goods	11.00%	9.45%
12	Smallwares and Disposables	10.00%	10.20%

NOTES:

1. Fox River Foods Inc. dba Performance Foodservice Chicago's bid submission included items that were not included on the County's Bid Form Pricing. Those items were not included on the Bid Tabulation.
2. The following adjustments were made to Fox River Foods Inc. dba Performance Foodservice Chicago's prices to adjust for casepack quantity exceptions:
 - a) Part 1, Item 2: Requested case of 80 EA. Bid is for case of 40 EA. \$29.78 per case bid price /40 = \$0.7445 EA. \$0.7445 X 80 = \$59.56 adjusted case price.
 - b) Part 1, Item 5: Requested case of 30 LBS. Bid is for case of 24 LBS. \$24.02 per case bid price /24 = \$1.00/LB. \$1.00 X 30 = \$30.00 adjusted case price.
 - c) Part 1, Item 9: Requested case of 20 LBS. Bid is for case of 22 LBS. \$98.52 per case bid price /22 = \$4.48/LB. \$4.48 X 20 = \$89.60 adjusted case price.
 - d) Part 2, Item 2: Requested case of 150 EA. Bid is for case of 200 EA. \$23.85 per case bid price /200 = \$0.11925/EA. \$0.11925 X 150 = \$17.89 adjusted case price.
 - e) Part 2, Item 6: Requested case of 600 EA. Bid is for case of 900 EA. \$26.39 per case bid price /900 = \$0.029/EA. \$0.029 X 600 = \$17.40 adjusted case price.
 - f) Part 2, Item 11: Requested case of 28 OZ X 6 = 168 OZ. Bid is for case of 25.22 OZ X 6 = 151.32 OZ. \$55.04 per case bid price /151.32 OZ = \$0.364/OZ. \$0.364 X 168 = \$61.15 adjusted case price.
 - g) Part 2, Item 12: Requested case of 23 OZ X 12 = 384 OZ. Bid is for case of 6 OZ X 50 = 300 OZ. \$22.81 per case bid price /300 OZ = \$0.076/OZ. \$0.076 X 384 = \$29.18 adjusted case price.
 - h) Part 2, Item 15: Requested case of 4 LB X 6 = 24 LBS. Bid is for case of 5 LB X 4 = 20 LBS. \$31.34 per case bid price /20 LBS = \$1.57/LB. \$1.57 X 24 = \$37.68 adjusted case price.
 - i) Part 2, Item 16: Requested case of 4 LB X 6 = 24 LBS. Bid is for case of 5 LB X 4 = 20 LBS. \$28.31 per case bid price /20 LBS = \$1.42/LB. \$1.42 X 24 = \$34.08 adjusted case price.

3. The following adjustments were made to Gordon Food Service Inc.'s prices to adjust for casepack quantity exceptions:
- a) Part 1, Item 1: Requested case of 10 LB X 8 = 80 LBS. Bid is for case of 10 LB X 6 = 60 LBS. \$142.60 per case bid price /60 LBS = \$2.38/LB. $\$2.38 \times 80 = \190.40 adjusted case price.
 - b) Part 1, Item 2: Requested case of 4 OZ X 80 = 320 OZ. Bid is for case of 4 OZ X 64 = 256 OZ. \$65.37 per case bid price /256 OZ = \$0.26/OZ. $\$0.26 \times 80 = \83.20 adjusted case price.
 - c) Part 1, Item 3: Requested case of 5 LB X 2 = 10 LBS. Bid is for case of 5 LB X 4 = 20 LBS. \$108.28 per case bid price /20 LBS = \$5.41/LB. $\$5.41 \times 10 = \54.10 adjusted case price.
 - d) Part 1, Item 4: Requested case of 13 LB X 4 = 52 LBS. Bid is for case of 15 LB X 4 = 60 LBS. \$182.40 per case bid price /60 LBS = \$3.04/LB. $\$3.04 \times 52 = \158.08 adjusted case price.
 - e) Part 2, Item 1: Requested case of 6.3 OZ X 30 = 189 OZ. Bid is for case of 6 OZ X 32 = 192 OZ. \$120.89 per case bid price /192 OZ = \$0.63/OZ. $\$0.63 \times 189 = \119.07 adjusted case price.

Bid Opening 2/10/2023 @ 2:30 PM	DW, NE
Invitations Sent	26
Total Vendors Requesting Documents	2
Total Bid Responses	2

PART 1 - MEAT AND PRODUCE

Quantities are usage estimates per month.																
Alternate items will be considered and nutritional labels and/or samples shall be provided upon request. Any and all exceptions or variances from Item description, Casepack Quantity, Item Size or Brand are to be noted on the line below each item. If no exceptions are noted, the item is understood to be an exact match.																
Tabulations shall be based on Case Price provided. Price per unit is requested for comparison and clarification purposes.																
NO	ITEM	BRAND	PFG #	ITEM SIZE	UOM	QTY	CASEPACK QTY	1/6/2023		1/13/2023		1/20/2023		AVERAGE CASE PRICE BASED ON 3 DATES: (1/6/2023 PRICE + 1/13/2023 PRICE + 1/20/2023 PRICE) ÷ 3	AVERAGE PRICE PER UNIT BASED ON 3 DATES: (1/6/2023 PRICE + 1/13/2023 PRICE + 1/20/2023 PRICE) ÷ 3	EXTENDED PRICE (QTY X AVERAGE CASE PRICE)
								CASE PRICE	PRICE PER UNIT	CASE PRICE	PRICE PER UNIT	CASE PRICE	PRICE PER UNIT			
1	Bananas Fresh Ripe/Ready	PACKER / ANTHONY MARANO CO.	425859	40 LB	CASE	15	1	\$ 26.96	\$ 26.96	\$ 26.96	\$ 26.96	\$ 26.96	\$ 26.96	\$ 26.96	\$ 26.96	\$ 404.40
Exceptions:																
2	Beef Ground Bulk Fine 81/19, 8/10# average	PACKER / NATIONAL BEEF	296565	10 LB	CASE	7	8	\$ 160.00	\$ 2.33	\$ 210.40	\$ 2.63	\$ 217.60	\$ 2.72	\$ 196.00	\$ 2.56	\$ 1,372.00
Exceptions:																
3	Beef Patties Raw 80/20	FIRE CLASSIC / CARGILL MEAT SOLUTIONS	158850	4 OZ	CASE	21	80	\$ 29.78	\$ 29.78	\$ 29.78	\$ 29.78	\$ 29.78	\$ 29.78	\$ 29.78	\$ 29.78	\$ 625.38
Exceptions: westcreek 40																
4	Beef Stew Meat Diced (size and shape may vary) 85% lean	BUCKHEAD MEAT	230071	5 LB	CASE	35	2	\$ 41.10	\$ 4.11	\$ 41.10	\$ 4.11	\$ 41.10	\$ 4.11	\$ 41.10	\$ 4.11	\$ 1,438.50
Exceptions: packer \$ - \$ - \$ -																
5	Beef Certified Angus Flat Raw Boneless Bottom Round 171B (meat buyers guide number)	CERTIFIED ANGUS BEEF / NATIONAL BEEF	965882	10-13 LB	CASE	5	4	\$ 173.18	\$ 2.87	\$ 185.24	\$ 3.07	\$ 191.88	\$ 3.18	\$ 183.43	\$ 3.04	\$ 917.17
Exceptions:																
6	Carrots Grade A Diced (3/5" pieces)	NATIONAL FROZEN FOODS	463974	30LB	CASE	19	1	\$ 24.02	\$ 24.02	\$ 24.02	\$ 24.02	\$ 24.02	\$ 24.02	\$ 24.02	\$ 24.02	\$ 456.38
Exceptions: simplot 2# 12																
7	Chicken Breast 4oz boneless/skinless in controlled vacuum packaging	KOCH FOODS	158771	5 LB	CASE	11	4	\$ 71.56	\$ 71.56	\$ 71.56	\$ 71.56	\$ 71.56	\$ 71.56	\$ 71.56	\$ 71.56	\$ 787.16
Exceptions: 10lb 2																
8	Chicken breast 4oz B/S (boneless/skinless) IFZ (Individually quick frozen) in Ziplock Bags	KOCH FOODS	872519	4 OZ	CASE	11	48	\$ 37.57	\$ 37.57	\$ 37.57	\$ 37.57	\$ 37.57	\$ 37.57	\$ 37.57	\$ 37.57	\$ 413.27
Exceptions:																
9	Chicken Meat Diced 80D/20W (80% dark meat / 20% white meat)	RENAISSANCE	197446	5 LB	CASE	25	2	\$ 42.19	\$ 42.19	\$ 42.19	\$ 42.19	\$ 42.19	\$ 42.19	\$ 42.19	\$ 42.19	\$ 1,054.75
Exceptions: KOCH FOODS 10 lb 1																

10	Chicken Meat Fully Cooked Diced (1/2") WT/DK (white & dark meat)	TYSON	333759	5 LB	CASE	8	2	\$ 40.81	\$ 40.81	\$ 40.81	\$ 40.81	\$ 40.81	\$ 40.81	\$ 40.81	\$ 40.81	\$ 40.81	\$ 326.48
Exceptions:		brakebush															
11	Chicken Quarters IF (individually frozen)	TYSON FOODS	210759	12 OZ	CASE	6	40	\$ 24.12	\$ 24.12	\$ 24.12	\$ 24.12	\$ 24.12	\$ 24.12	\$ 24.12	\$ 24.12	\$ 24.12	\$ 144.72
Exceptions:		KOCH FOODS		10lb			4										
12	Green Beans Frozen Cut Grade A	LAKESIDE FOODS	283228	30 LB	CASE	14	1	\$ 32.44	\$ 32.44	\$ 32.44	\$ 32.44	\$ 32.44	\$ 32.44	\$ 32.44	\$ 32.44	\$ 32.44	\$ 454.16
Exceptions:		westcreek		2lb			12										
13	Pork Loin CC (center cut) BNLS (boneless) STRP/ON (side strap intact)	BUTCHER BLOCK / JBS	439004	6-10#	CASE	6	4	\$ 64.46	\$ 1.58	\$ 64.46	\$ 1.58	\$ 66.10	\$ 1.62	\$ 65.01	\$ 1.59	\$ 390.04	
Exceptions:		indiana		6.68#			6										
14	Pork Sausage LNK (link) SKLS (skinless) Mild	HILLSHIRE BRANDS	314827	1 OZ	CASE	9	160	\$ 38.50	\$ 38.50	\$ 38.50	\$ 38.50	\$ 38.50	\$ 38.50	\$ 38.50	\$ 38.50	\$ 38.50	\$ 346.50
Exceptions:		westcreek		12#			1										
15	Sausage Pork Patty Mild CKD (cooked)	HILLSHIRE BRANDS	18753	1 OZ	CASE	11	160	\$ 31.62	\$ 31.62	\$ 31.62	\$ 31.62	\$ 31.62	\$ 31.62	\$ 31.62	\$ 31.62	\$ 31.62	\$ 347.82
Exceptions:		Jones dairy		1.5oz			107										
16	Turkey Breast Raw BNLS (boneless/skinless) foil wrapped	BUTTERBALL	467593	8-10#	CASE	10	2	\$ 98.52	\$ 4.34	\$ 98.52	\$ 4.34	\$ 98.52	\$ 4.34	\$ 98.52	\$ 4.34	\$ 98.52	\$ 985.20
Exceptions:		jennie o		11#			2										
17	Veal Fritter Beer Breaded Raw Frozen w/BF (beef trimmings)	ADVANCE PIERRE FOODS	871661	4 OZ	CASE	9	40	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 373.95
Exceptions:																	
TOTAL PART 1 - MEAT AND PRODUCE																	\$ 10,837.88

21	Plastic Lid Disposable for Shoreline Collection 9oz Bowl	259350	CAMBRO	1000CT	CASE	1*	1	\$ 48.42	\$ 48.42	\$ 532.62
Exceptions:										
22	Potatoes Mashed Complete (w/Vitamin C) Dried in a Plastic Safety Resealable Can 6/5.1LB per case	892085	BASIC AMERICAN FOODS	5.1 LB	CASE	12	6	\$ 69.71	\$ 69.71	\$ 836.52
Exceptions:			whipp							
23	Soup Base Instant Cream Gluten Free / No Added MSG	329728	VENTURA FOODS	28 OZ	CASE	17	6	\$ 55.04	\$ 55.04	\$ 935.68
Exceptions:			legout	25.22oz			6			
24	Supplement MedPlus Vanilla 2.0 (2 calories per milliliter) Nectar Consistency L2 (mildly thick) 12/32oz	879294	LYONS MAGNUS	32 OZ	CASE	27	12	\$ 22.81	\$ 22.81	\$ 615.87
Exceptions:				6oz			50			
25	Supplement Nutritional Treat Orange Flavor L4 (extremely thick)	944308	LYONS MAGNUS	4 OZ	CASE	19	48	\$ 32.58	\$ 32.58	\$ 619.02
Exceptions:										
26	Supplement Nutritional Treat Wild Berry Flavor L4 (extremely thick)	944296	LYONS MAGNUS	4 OZ	CASE	18	48	\$ 30.12	\$ 30.12	\$ 542.16
Exceptions:										
27	Yogurt Low Fat Strawberry Pouch	333991	YOPLAIT / GENERAL MILLS	4 LB	CASE	14	6	\$ 31.34	\$ 31.34	\$ 438.76
Exceptions:			upst farms	5lb			4			
28	Yogurt Low Fat Vanilla Pouch	858029	YOPLAIT / GENERAL MILLS	4 LB	CASE	16	6	\$ 28.31	\$ 28.31	\$ 452.96
Exceptions:			upst farms	5lb			4			
TOTAL PART 2 - MISCELLANEOUS ITEMS										\$ 20,355.29

PART 3 – CATEGORY MARK-UP RATE SHEET

Offeror shall submit applicable Percent Mark-Up on Cost for the categories listed below.		
Category	Product Category	Percent Mark-Up On Cost (Cost Defined as: Direct Product Cost including freight charge, less all vendor invoice allowances, discounts & promotions.)
1	Meat General (poultry, seafood, pork, beef, etc.) Fresh and Frozen	12%
2	Produce	8%
3	Non-Fluid Dairy	9%
4	Frozen	11%
5	Juices	12%
6	Coffee	12%
7	Fluid Dairy	9%
8	Dairy Other	9%
9	Dietary Supplements	11%
10	Chemicals and Cleaning	15%
11	Dry Goods	11%
12	Smallwares and Disposables	10%

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 _____ *contracts manager*
(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_____

(Notary Public) My Commission Expires: _____

SEAL

**SECTION 9 - MANDATORY FORM
PRIMARY AND SECONDARY FOOD SERVICE 22-082-DCC**

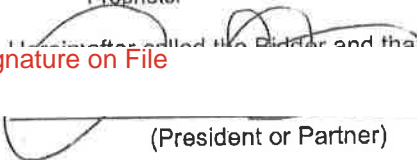
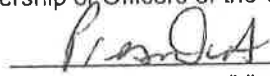
(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Performance Food Service		
Main Business Address	5030 Baseline Rd		
City, State, Zip Code	Montgomery, IL 60538		
Telephone Number	Email Address	Cheryl.ferentaps@cf.com	
Bid Contact Person	Christine Lee		

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

Signature on File: _____ the members of the Partnership or Officers of the Corporation are as follows:

 _____ (President or Partner)
 _____ (Vice-President or Partner)

_____ (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.



Required Vendor Ethics Disclosure Statement

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

Date: 12-2-24

Bid/Contract/PO #: _____

Company Name: Performance Foodservice	Company Contact: Dennis Mitchell
Contact Phone: 331-212-1352	Contact Email: Dennis.Mitchell@pfgc.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.

Signature on File

Authorized Signature

[Signature]

Printed Name

Daniel Gilroy

Title

President

Date

12-2-24

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



Budget Transfer

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

File #: 25-0171

Agenda Date: 1/7/2025

Agenda #: 9.A.

FY25

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

ADMINISTRATION

From: 1200
Company #

From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
2000	53828		CONTINGENCIES	\$ 260,090.00	1,780,000.00	1,439,900.00	12/17/24	1200-9100
Total				\$ 260,090.00				

MAINTENANCE & CAPITAL

To: 1200
Company #

To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
2040	54110		EQUIPMENT AND MACHINERY	\$ 250,090.00	0	260,090.00	12/17/24	1200-9100
Total				\$ 250,090.00				

Reason for Request:

Transfer FY25 monies for Aseptic Barrier Washers for Laundry - this was unanticipated, as project was to be completed in November, 2024

Signature on File

Department Head _____
Signature on File

Chief Financial Officer

12/17/24
Date
12/19/24
Date

Activity _____
(optional)

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

Finance Department Use Only

Fiscal Year 25 Budget Journal # _____ Acctg Period _____

Entered By/Date _____ Released & Posted By/Date _____

HS - 1/7/25
FIN/CB - 1/14/25
Committee/Board.





Budget Transfer

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

File #: 25-0172

Agenda Date: 1/7/2025

Agenda #: 9.B.

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1000
Company #

HUMAN SERVICES
From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
1750	50000		REGULAR SALARIES	\$ 203.00	2,882.89	2,679.89	1/2/25	1000-9100
Total				\$ 203.00				

To: 1000
Company #

FAMILY CENTER
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
1540	50040		PART TIME HELP	\$ 203.00	(6,633.33)	(6,430.33)	1/2/25	1000-9100
Total				\$ 203.00				

Reason for Request:

Amount transferred covers deficits in the Family Center General Fund's part time help line.

Signature on File

Department Head

Signature

Chief Financial Officer

1/2/25
Date

1/2/2025
Date

Activity

(optional)

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

Finance Department Use Only

Fiscal Year 24 Budget Journal # _____ Acctg Period _____

Entered By/Date _____ Released & Posted By/Date _____

HS - 1/7/25
FIN/CB - 1/14/25



Budget Transfer

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

File #: 25-0173

Agenda Date: 1/7/2025

Agenda #: 9.C.

FY24

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 1000
Company #

FAMILY CENTER
From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
1640	50010		OVERTIME	\$ 286.00	286.72	0.72	1/2/25
1640	52280		CLEANING SUPPLIES	\$ 12.00	12.09	0.09	1/2/25
1640	53090		OTHER PROFESSIONAL SERVICES	\$ 3,670.00	3,670.38	0.38	1/2/25
1640	53300		REPAIR & MTCE FACILITIES	\$ 1,550.00	1,550.65	0.65	1/2/25
1640	53500		MILEAGE EXPENSE	\$ 250.00	250.00	0	1/2/25
1640	53800		PRINTING	\$ 490.00	490.25	0.25	1/2/25
1640	52200		OPERATING SUPPLIES & MATERIALS	\$ 1.00	1.67	0.67	1/2/25
1640	53600		DUES & MEMBERSHIPS	\$ 75.00	75.00	0	1/2/25
1640	53610		INSTRUCTION & SCHOOLING	\$ 1.00	1.90	0.90	1/2/25
1640	53804		POSTAGE & POSTAL CHARGES	\$ 96.00	96.58	0.58	1/2/25
Total				\$ 6,431.00			

To: 1000
Company #

FAMILY CENTER
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
1640	50040		PART TIME HELP	\$ 6,431.00	(6,633.33)	202.33	1/2/25
Total				\$ 6,431.00			

Reason for Request:

Amount transferred covers deficits in the part time help line that were unanticipated.

Signature on File
 Department Head _____ Date 1/2/25
Signature on File
 Chief Financial Officer _____ Date 1/2/2025

Activity _____
(optional)

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

Finance Department Use Only

Fiscal Year 24 Budget Journal # _____ Acctg Period _____

Entered By/Date _____ Released & Posted By/Date _____

HS - 1/7/25
FIN/CB - 1/14/25



Authorization to Travel

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

File #: 25-0174

Agenda Date: 1/7/2025

Agenda #: 10.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

Employee Email Address: dupagecounty.gov

Department: CS-Weatherization

Supervisor Email: gina.strafford@dupagecounty.gov

Secondary Department Contact (Department Admin or Accounts Payable):
david.watkins@dupagecounty.gov

Description of the Requested Business Travel

Description of conference, training or other out of town event: National Home Performance Conference, New Orleans, LA To obtain latest updates on policy & procedures, best practice and new procedures and equipment applicable to the Weatherization Program.

Start date of conference, training or other out of town event: 04-07-2025

End date of conference, training or other out of town event: 04-10-2025

Departure travel date: 04-06-2025

Return travel date: 04-10-2025

If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: Conference registration starts at 0700 on 04/07/2025. Preconference networking opportunities available on the evening of 04/06/2025.

Estimate of costs for the requested business travel

Budget Account Code: 030 5000 1400

Registration fees for conference, training or event: \$995

Form of Payment: Invoiced to county

Estimated transportation cost to and from location: \$736

Describe methods of transportation to and from location: RT flight 636. Ground transportation to and from airport 100.

Rental Vehicle request:

Provide estimated rental car cost: \$

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: \$1309

Description of lodging needs, including number of nights and cost per night: 4 nights @ block rate of 327.20 with tax for lodging at Conference Hotel.

Meal Per Diem Policy

See **Business Travel Expense Policy Section 6.0** regarding meal per diems. Individual meals, **including room service**, are not reimbursable and meal receipts are not required or accepted. Tips are included in the per diem and are not reimbursable. Per diems are paid at 100% of applicable GSA CONUS rates for non-travel days and at 75% of applicable GSA CONUS rates for the travel day at the beginning of the trip and the travel day for returning from the trip.

See the per diem rates at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

Estimate Total Per Diem expenses: \$300

Estimate such additional expenses: \$100

Describe expected additional expenses: Discounted specials for industry specific publications.

Estimated total cost of the requested Overnight Business Travel: \$3440

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: 12/11/24

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 #: 25-0175

Agenda Date: 1/7/2025

Agenda #: 10.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:

Employee Email Address: @dupagecounty.gov

Department: Community Services

Supervisor Email: Gina.Strafford@dupagecounty.gov

Secondary Department Contact (Department Admin or Accounts Payable):

Description of the Requested Business Travel

Description of conference, training or other out of town event: National Human Services Data Consortium (NHSDC) conference in New Orleans, LA that brings Federal Partners, HMIS System Administrators, direct service providers, and persons with lived experience together to learn about data uses and collaborations across the Country as well as Federal updates as it pertains to HMIS. Related costs are grant funded.

Start date of conference, training or other out of town event: 04-28-2025

End date of conference, training or other out of town event: 04-30-2025

Departure travel date: 04-27-2025

Return travel date: 05-01-2025

If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: Arriving the day before and planning to leave the day after the conference to ensure that I don't miss any portion of the conference.

Estimate of costs for the requested business travel

Budget Account Code: 5000-1470

Registration fees for conference, training or event: \$750

Form of Payment: Employee reimbursement

Estimated transportation cost to and from location: \$625

Describe methods of transportation to and from location: Airfare and ride service to and from airport.

Rental Vehicle request:

Provide estimated rental car cost: \$

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: \$1200

Description of lodging needs, including number of nights and cost per night: 4 nights at \$229/night + taxes and fees.

Meal Per Diem Policy

See **Business Travel Expense Policy Section 6.0** regarding meal per diems. Individual meals, **including room service**, are not reimbursable and meal receipts are not required or accepted. Tips are included in the per diem and are not reimbursable. Per diems are paid at 100% of applicable GSA CONUS rates for non-travel days and at 75% of applicable GSA CONUS rates for the travel day at the beginning of the trip and the travel day for returning from the trip.

See the per diem rates at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

Estimate Total Per Diem expenses: \$300

Estimate such additional expenses: \$0

Describe expected additional expenses:

Estimated total cost of the requested Overnight Business Travel: \$2875

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: 12/16/24

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: _____