

DU PAGE COUNTY

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

Human Services Final Summary

Tuesday, September 3, 2024 9:30 AM Room 3500A

1. CALL TO ORDER

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

2. ROLL CALL

Other Board member present: Member Sheila Rutledge

Staff in attendance: Nick Kottmeyer (Chief Administrative Officer), Joan Olson (Chief Communications Officer), Renee Zerante (State's Attorney Office), Keith Jorstad and Tabassum Haleem (Finance), Nickon Etminan (Procurement), Julie Hamlin and Gina Strafford-Ahmed (Community Services Administrators), Mary Keating (Director of Community Services), and Shauna Berman, remote (Assistant Administrator of the DuPage Care Center).

| PRESENT | Childress, DeSart, Galassi, Garcia, and Schwarze |
|---------|--|
| ABSENT | LaPlante |

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze stated that it is time for the small human services grant. Mr. Schwarze will meet with Mary Keating, County Board staff, our administrative and finance staff, and the Finance Committee on September 13 to discuss the parameters of the 2024 small human services grant. The biggest issue to work out is probably the application process itself to give the finance staff more clarification as they are the ones who go through the applications. More information will be forthcoming.

5. APPROVAL OF MINUTES

5.A. **24-2379**

Human Services Committee - Regular Meeting - Tuesday, August 20, 2024

RESULT: APPROVED

MOVER: Michael Childress

SECONDER: Paula Garcia

6. COMMUNITY SERVICES - MARY KEATING

6.A. **HS-R-0017-24**

Authorization of Applications for the Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) for PY25 and PY26. (Community Services)

RESULT: APPROVED AT COMMITTEE

MOVER: Dawn DeSart SECONDER: Paula Garcia

6.B. **24-2380**

Recommendation for approval of a contract to Piedmont Global Language Solutions (PGLS), to provide interpreter and translation services, for Community Services, for the period of September 11, 2024 through November 30, 2025, for a contract total amount not to exceed \$15,000; per renewal of RFP #23-072-CS, first of three optional renewals. (Community Services)

RESULT: APPROVED

MOVER: Paula Garcia
SECONDER: Dawn DeSart

AYES: Childress, DeSart, Galassi, Garcia, and Schwarze

ABSENT: LaPlante

7. DUPAGE CARE CENTER - JANELLE CHADWICK

7.A. FI-R-0153-24

Acceptance and appropriation of the DuPage Care Center Foundation Music Therapy Grant PY24, Company 5000 - Accounting Unit 2120, \$58,701. (DuPage Care Center)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Dawn DeSart

SECONDER: Michael Childress

7.B. **FI-R-0152-24**

Additional appropriation for the DuPage Care Center Foundation Music Therapy Grant PY22, Company 5000 - Accounting Unit 2120, from \$82,263 to \$89,405, and increase of \$7,142. (DuPage Care Center)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Dawn DeSart
SECONDER: Michael Childress

7.C. **24-2381**

Recommendation for the approval of a contract purchase order issued to Kronos, Inc., for software support services for the Kronos automated time and attendance system and Knowledge Pass (educational services subscription), for the DuPage Care Center, for the period September 28, 2024 through September 27, 2025, for a contract total not to exceed \$26,468.25. Per 55 ILCS 5/5-1022(d) exempt from bidding - IT/Telecom purchases which do not exceed \$35,000.

RESULT: APPROVED

MOVER: Michael Childress
SECONDER: Dawn DeSart

AYES: Childress, DeSart, Galassi, Garcia, and Schwarze

ABSENT: LaPlante

8. BUDGET TRANSFERS

8.A. **24-2382**

Transfer of funds from account no. 5000-1555-53100 (auto liability insurance) to account no. 5000-1555-54100-0700 (IT equipment - capital lease) in the amount of \$720 and to account no. 5000-1555-53800-0001 (copier usage), in the amount of \$200, for a total amount of transfer - \$920. This budget transfer is to cover the monthly Toshiba printer/copier lease and usage costs for the Income Eligible Retro Program Grant. (Community Services)

RESULT: APPROVED

MOVER: Michael Childress

SECONDER: Paula Garcia

9. CONSENT ITEMS

Motion to Combine Items

Member DeSart moved and Member Childress seconded a motion to combine items 9.A. through 9.G. The motion was approved on voice vote, all "ayes".

9.A. **24-2383**

KCI USA, Inc., PO #6266-0001 SERV, this purchase order is decreasing in the amount of \$43,764.67 and closing due to purchase order expiring.

9.B. **24-2384**

Novastaff Healthcare Services - PO #6400-0001 SERV, this purchase order is decreasing in the amount of \$401,947.62 and closing due to purchase order expired.

9.C. **24-2385**

Brightstar Care of Central DuPage - PO #6401-0001 SERV, this purchase order is decreasing in the amount of \$194,813.50 and closing due to purchase order expired.

9.D. **24-2386**

Maxim Healthcare Services - PO #7044-0001 SERV, this purchase order is decreasing in the amount of \$16,836.86 and closing due to purchase order expired.

9.E. **24-2387**

Linde Gas & Equipment - PO #6450-0001 SERV, this purchase order is decreasing in the amount of \$12,060.91 and closing due to purchase order expiring.

9.F. **24-2388**

Warehouse Direct - PO #5893-0001 SERV, this purchase order is decreasing in the amount of \$21,417.76 and closing due to purchase order expired.

9.G. **24-2389**

Ecolab, Inc. - PO #6342-0001 SERV, this purchase order is decreasing in the amount of \$16,858.01 and closing due to purchase order expired.

RESULT: APPROVED THE CONSENT AGENDA

MOVER: Dawn DeSart SECONDER: Paula Garcia

AYES: Childress, DeSart, Galassi, Garcia, and Schwarze

ABSENT: LaPlante

10. INFORMATIONAL

10.A. **24-2390**

GPN 030-24 Community Services Block Grant PY25, Illinois Department of Commerce and Economic Opportunity, U.S. Department of Health and Human Services - \$1,269,609. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Dawn DeSart SECONDER: Kari Galassi

11. RESIDENCY WAIVERS - JANELLE CHADWICK

Shauna Berman, Assistant Administrator at the DuPage Care Center, stated there are eight male beds available and 6 female beds available. There are two offers out to DuPage County residents. Accepting these two applicants will not displace any DuPage County citizens applying for residency at the Care Center.

Out of County Residency Waiver #1

RESULT: APPROVED

MOVER: Dawn DeSart

SECONDER: Kari Galassi

Out of County Residency Waiver #2

RESULT: APPROVED
MOVER: Paula Garcia
SECONDER: Dawn DeSart

12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

The Care Center is experiencing another covid uptick with one unit under isolation. The covid unit is nearly full of residents testing positive or people under observation for covid protocol.

The Care Center recently completed their annual licensure survey by the Illinois Department of Public Health (IDPH). Janelle Chadwick and Anita Rajagopal are currently working on the Plan of Correction, which has to be submitted as part of the survey. For that reason, Ms. Chadwick was not able to attend the September 3, 2024 Human Services Committee meeting.

Ms. Berman gave the committee an update on the renovation at the Care Center, stating they are hoping to have the front circle drive paved today. It looks really nice from the outside.

13. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating stated that the transformational grant planning committee met last week to make the decisive review of the final round of the transformational grant. The recipients will be presented at the October 8, 2024, County Board meeting. Ms. Keating is looking forward to the report on the impact of the grants thus far that will accompany the new grant distribution. Ms. Keating noted that everyone may be impressed by the number of people services, innovative programs, and partnerships that have come out of this grant.

The letters of intent were due for the Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) funding. Community Development received 24 letters of intent from municipalities and units of government for applications pertaining to neighborhood investments. Ms. Keating anticipates being able to fund five to six projects.

The department also received 19 letters of intent for public services coming from nonprofit agencies. Likewise, they anticipate maybe five of these will receive funding.

Townships received an enormous amount of funding from the county in the last four years due to having ARPA funds. The distribution of the CDBG funds will not be as plentiful or flexible moving forward. The mayors, village managers and township officials have been made aware that they should not expect the same volume of funding.

Each letter of intent will be reviewed by staff. If the agency meets the basic eligibility criteria, the applicant will be invited to complete a full application, which will garner more extensive staff review.

The goal is to present the recommendations at the December 3rd CDC Executive Committee meeting. The recommendations will then come through Human Services and County Board in early 2025.

Ms. Keating answered questions from the committee, explaining the number one factor in the neighborhood investments projects will be the percentage of residents that are low or moderate income in the area that will be benefiting. Chair Schwarze commented that you may have the town/village, township, or park district all asking for funding, to which Ms. Keating reminded all that it is the residents' income level that will determine who gets funding, not the type of government entity. Ms. Keating stated that the neighborhood investments include street improvement, streetlights, park improvements, and storm sewer upgrades.

The CDBG is a direct federal government entitlement in the approximate amount of \$3.6M annually, allocated to about 20% planning & administrative, 15% public services, and the remainder for capital expenses. They try to split the funds 50/50 between neighborhood investment (infrastructure by local governments) and facilities from nonprofit organizations.

14. OLD BUSINESS

No old business was discussed.

15. NEW BUSINESS

No new business was discussed.

16. ADJOURNMENT

RESULT: APPROVED

MOVER: Michael Childress

SECONDER: Dawn DeSart

Minutes





File #: 24-2379 Agenda Date: 9/3/2024 Agenda #: 5.A.



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Human Services Final Summary

Tuesday, August 20, 2024 9:30 AM Room 3500A

1. CALL TO ORDER

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

2. ROLL CALL

Staff in attendance: Nick Kottmeyer (Chief Administrative Officer), Joan Olson (Chief Communications Officer), Renee Zerante (State's Attorney Office), Jeff Martynowicz, (Chief Financial Officer), Tim Harbaugh (Deputy Director of Facilities), Donna Weidman and Brian Rovik, (Procurement), Gina Strafford-Ahmed, Joan Fox, and Natasha Belli (Community Services Administrators), Inva Memisha (DPCC Financial Services Manager), Janelle Chadwick (Administrator of the DuPage Care Center), and Mary Keating (Director of Community Services).

| PRESENT | DeSart, Galassi, Garcia, and Schwarze |
|---------|---------------------------------------|
| ABSENT | Childress, and LaPlante |

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

No remarks were offered.

5. LENGTH OF SERVICE AWARD

- 5.A. Length of Service Award Regina Scarpace 10 Years Community Services
- 5.B. Length of Service Award Gina Strafford-Ahmed 30 Years Community Services

6. APPROVAL OF MINUTES

6.A. **24-2259**

Human Services Committee - Regular Meeting - Tuesday, August 6, 2024

RESULT: APPROVED

MOVER: Paula Garcia

SECONDER: Kari Galassi

AYES: DeSart, Galassi, Garcia, and Schwarze

ABSENT: Childress, and LaPlante

7. COMMUNITY SERVICES - MARY KEATING

7.A. **FI-R-0142-24**

Acceptance and appropriation of the HUD 2023 Continuum of Care Planning Grant PY25, Agreement No. IL1887L5T142300, Company 5000 - Accounting Unit 1510, in the amount of \$312,932. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia SECONDER: Kari Galassi

7.B. **FI-R-0143-24**

Acceptance and appropriation of the HUD 2023 Continuum of Care Homeless Management Information System (HMIS) Coordinated Entity Grant PY25, Agreement No. IL1886L5T142300, Company 5000 - Accounting Unit 1480, in the amount of \$80,000. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia SECONDER: Kari Galassi

7.C. **FI-R-0144-24**

Acceptance and appropriation of the HUD 2023 Continuum of Care Homeless Management Information System Grant PY25, Agreement No. IL0306L5T142316, Company 5000 - Accounting Unit 1480, in the amount of \$188,556. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Dawn DeSart SECONDER: Kari Galassi

7.D. **FI-R-0145-24**

Acceptance and appropriation of additional funding for the ILDCEO Community Services Block Grant PY24, Inter-governmental Agreement No. 24-231028, Company 5000 - Accounting Unit 1650, from \$1,196,614 to \$1,274,833, an increase of \$78,219. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia SECONDER: Kari Galassi

8. DUPAGE CARE CENTER - JANELLE CHADWICK

8.A. **24-2260**

Recommendation for the approval of a contract purchase order issued to Direct Supply, Inc., for Joerns replacement bed parts, for the DuPage Care Center, for the period September 5, 2024 through September 4, 2025, for a total contract not to exceed \$15,000; under quote renewal #23-090-DCC, first of three one-year optional renewals.

RESULT: APPROVED

MOVER: Paula Garcia

SECONDER: Kari Galassi

AYES: DeSart, Galassi, Garcia, and Schwarze

ABSENT: Childress, and LaPlante

9. TRAVEL

9.A. **24-2261**

Community Services Manager to attend the National Adult Protective Services Conference in Albuquerque, New Mexico from September 15, 2024 through September 19, 2024. Expenses to include registration, travel, lodging, and per diems for approximate total of \$2,540. Grant funded.

RESULT: APPROVED
MOVER: Dawn DeSart
SECONDER: Kari Galassi

AYES: DeSart, Galassi, Garcia, and Schwarze

ABSENT: Childress, and LaPlante

9.B. **24-2262**

Community Services Case Manager to attend the National Adult Protective Services Conference in Albuquerque, New Mexico from September 15, 2024 through September 19, 2024. Expenses to include registration, travel, lodging, and per diems, for approximate total of \$2,681. Grant funded.

RESULT: APPROVED
MOVER: Dawn DeSart
SECONDER: Kari Galassi

AYES: DeSart, Galassi, Garcia, and Schwarze

ABSENT: Childress, and LaPlante

10. RESIDENCY WAIVERS - JANELLE CHADWICK

No residency waivers were offered.

11. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating congratulated Lisa Snipes, the Community Services' Homelessness Continuum of Care Planner, and Joan Fox, FSS and Housing Supports Administrator, for receiving the Award of Excellence from the National Association of County, Community and Economic Development (NACCED) this week in the category of homelessness assistance coordination. Over the last year, Ms. Snipes has done an amazing job of putting together a Lived Experience Advisory Council. One of the things that HUD wants is for communities to ensure that individuals with past experience in homelessness are involved in the planning process. The individuals' perspective is considered when we are working on ways to do outreach and provide services. Ms. Snipes got creative with putting together this advisory committee. In addition to putting out calls to all the agencies Community Services works with, Ms. Snipes went into the community, distributing flyers in laundromats, train stations, post offices, and coffee shops. We now have five individuals that serve on our CoC Lived Experience Advisory Council. Ms. Snipes took a few of them down to the IL Conference on Homelessness, a valuable experience for everyone.

12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

12.A. 2025 DuPage Care Center Budget Request

Janelle Chadwick gave a presentation for the DuPage Care Center's 2025 budget request, stating they always strive for a break-even budget, which they have achieved again this year. After she completed her presentation, Ms. Chadwick answered questions from the committee.

Nick Kottmeyer, Tim Harbaugh, and Ms. Chadwick are looking at opportunities to complete the renovation of the rest of the 421 building (not including the south wing). They will probably discuss one on one with board members about their plans. There are portions of this current \$31M ARPA project that had to be downsized to meet the budget. They are hopeful that funds may become available to finish those projects. Committee discussed the possibility of renovating the south wing, but until there becomes a waiting list for entry into the Care Center, Ms. Chadwick does not see a need.

Member DeSart asked about a cost analysis to finish the south wing to which Mr. Kottmeyer said a couple of years ago the cost would be a little less than \$20M.

13. OLD BUSINESS

Chair Schwarze stated that last year's budget included an additional year for the small human services grant. He has reached out to the Finance chair, vice-chair and Finance team regarding changes needed to the application process and is waiting for feedback. Jeffrey Martynowicz replied that he will forward the request to Mary Catherine Wells, Deputy Chief Financial Officer, to begin the process and set up a meeting.

Member Galassi asked about a timeline. Nick Kottmeyer stated this is a critical time for ARPA, for all viable projects coming to a close at the end of 2024 and it is the same team administering both funding sources. He added we may have to push back the onset of the small human services grant to accommodate the staff overseeing both grants, but assured the committee the money is absolutely reserved for the small nonprofit grant program. The committee discussed the dates, some feeling that following the same timeline as 2024 may be critical to meet specific needs of the agencies within their district. Mr. Kottmeyer reminded all we just had a big reception for the nonprofits, another round for the same will be held in October. Mary Keating confirmed the 2nd round of transformational grant is \$3.5M. Mr. Kottmeyer stated we have several years of ARPA interest money saved and stated he will be having discussions with all departments heads individually but will schedule a meeting with Mary Keating's staff, the Finance Staff, Vice Chair Garcia, Chair Schwarze, and himself to discuss the timelines and strategies for the small human service grant.

Member Galassi recommended an increase in marketing because some nonprofits were unaware of the funding.

14. **NEW BUSINESS**

No new business was discussed.

15. ADJOURNMENT

RESULT: APPROVED
MOVER: Dawn DeSart
SECONDER: Paula Garcia



AUTHORIZATION OF APPLICATIONS FOR COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING AND EMERGENCY SOLUTIONS GRANT FOR PY 2025 AND 2026

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

WHEREAS, the County Board of DuPage County, Illinois entered in an Agreement with Municipalities lying within DuPage County, on February 18, 1975, by Resolution IR-131-75, to create the DuPage Community Development Commission to administer Federal Grants under Public Law 93-383; and

WHEREAS, under said Law, the County of DuPage is entitled to a Community Development Block Grant (CDBG), of approximately \$3,600,000 annually, under the Housing and Community Development Act of 1974; and

WHEREAS, the DuPage County Department of Community Services, is developing an application to receive \$160,000 annually in CDBG funding to support housing related services in the Housing Supports and Self-Sufficiency Unit; and

WHEREAS, the DuPage County Department of Community Services, is developing an application to receive a total of \$100,000 annually; \$50,000 in Emergency Shelter Grant Funds for emergency rental and utility assistance to rehouse literally homeless persons and to prevent homelessness; \$50,000 to operate a Homeless Management Information System to meet federal data collection and reporting requirements and to provide technical support to agencies awarded funds from this grant.

NOW, THEREFORE, BE IT RESOLVED that the County Board of DuPage County authorizes said application to be submitted by the DuPage County Department of Community Services for PY 2025 and 2026; and

BE IT FURTHER RESOLVED that the Director of Community Services be and is hereby authorized and directed to submit said applications to the DuPage Community Development Commission, together with such additional or revised information, data and reports as may be required.

| File #: HS-R-0017-24 | Agenda Date: 9/3/2024 | Agenda #: 15.A. |
|--|---|--|
| BE IT FURTHER RESO Resolution to the Community Se | DLVED that the County Clerk be directed ervices Department. | d to send a certified copy of this |
| Enacted and appr | roved this 10 th day of September, 2024 a | t Wheaton, Illinois. |
| | | DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD |
| | Attest: | |
| | JEA | AN KACZMAREK, COUNTY CLERK |
| | | |
| | | |





File #: 24-2380 Agenda Date: 9/3/2024 Agenda #: 6.B.



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

| SECTION 1: DESCRIPTION | | | | |
|--|---|---|---|--|
| General Tracking | | Contract Terms | | |
| FILE ID#: | RFP, BID, QUOTE OR RENEWAL #: RFP 23-072-CS | INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS | INITIAL TERM TOTAL COST: \$10,000.00 | |
| COMMITTEE: HUMAN SERVICES | TARGET COMMITTEE DATE: 09/03/2024 | PROMPT FOR RENEWAL: 6 MONTHS | CONTRACT TOTAL COST WITH ALL RENEWALS: \$55,000.00 | |
| | CURRENT TERM TOTAL COST: MAX LENGTH WITH ALL RENEWAL FOUR YEARS | | CURRENT TERM PERIOD: FIRST RENEWAL | |
| Vendor Information | | Department Information | | |
| VENDOR: Piedmont Global Language Solutions (PGLS) VENDOR #: 42756 | | DEPT: Community Services | DEPT CONTACT NAME: Karen Graczyk | |
| VENDOR CONTACT: Brooke Smith | VENDOR CONTACT PHONE: 703-691-6180 Ext. 723 | DEPT CONTACT PHONE #: 630-407-6543 | DEPT CONTACT EMAIL: karen.graczyk@dupagecounty.gov | |
| VENDOR CONTACT EMAIL: bsmith@pglsinc.com | VENDOR WEBSITE: | DEPT REQ #: | | |

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.). To provide face-to-face and telephonic interpreter services, translation services, and American Sign Language, to assist clients in Community Services, primarily the Senior Services' unit. Per RFP # 23-072-CS, this is the optional first of three (3) one (1) year renewals.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Community Services assists clientele that speak many diverse languages. The ability to communicate effectively in order to provide necessary social services as mandated by the State of Illinois requires the assistance of interpreter services.

| | SECTION 2: DECISION MEMO REQUIREMENTS |
|---------------------------------------|--|
| DECISION MEMO NOT REQUIRED | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. |
| DECISION MEMO REQUIRED RENEWAL OF RFP | 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. RFP - # 23-072-CS | | | |
| 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). PGLS' proposal was one of the most cost efficient and responsible offers to meet all the requirements to provide necessary services to our clienteles' services mandated by the State of Illinois Award contract to another vendor per proposals and pay a higher cost for services. Do not award a contract and Community Services will not be able to serve all of our clients due to language barriers. | | | |

Form under revision control 05/17/2024

| | 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: Purcha | ase Requisition Informat | ion | |
|---|------------------------------|--|--|--|
| Send Pure | chase Order To: | Send Invoices To: | | |
| Vendor: Piedmont Global Language Solutions (PGLS) | dmont Global Language | | Division: | |
| Attn: Brooke Smith | Email: bsmith@pglsinc.com | Attn: Karen Graczyk | Email: karen.graczyk@dupagecounty.gov | |
| Address: 1010 N. Glebe Road, Suite 450 | City: Arlington | Address: 421 N. County Farm Road | City: Wheaton | |
| State: VA | Zip: 22201 | State: | Zip: 60187 | |
| Phone: 703-691-6180 ext. 723 | Fax: | Phone: 630-406-6543 | Fax: 630-407-6501 | |
| Send F | Payments To: | Ship to: | | |
| Vendor: Piedmont Global Language Solutions (PGLS) | Vendor#: 42756 | Dept: Community Services | Division: | |
| Attn: Brooke Smith | Email: bsmith@pglsinc.com | Attn: Karen Graczyk | Email: karen.graczyk@dupagecounty.gov | |
| Address: 1010 N. Glebe Road, Suite 450 | City: Arlington | Address: 421 N. County Farm Road | City: Wheaton | |
| State: VA | Zip: 22201 | State: | Zip: 60187 | |
| Phone: 703-691-6180 | Fax: | Phone: 630-407-6543 | Fax: 630-40706591 | |
| Sł | Shipping | | tract Dates | |
| Payment Terms: FOB: PER 50 ILCS 505/1 Destination | | Contract Start Date (PO25): Sep 11, 2024 Contract End Date (PO25): Nov 30, 2025 | | |

Form under revision control 05/17/2024

| | 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 | | Interpreter Services - CS | FY24 | 1000 | 1750 | 53040 | | 1,000.00 | 1,000.00 |
| 2 | 1 | EA | | Interpreter Services - CS | FY25 | 1000 | 1750 | 53040 | | 14,000.00 | 14,000.00 |
| FY is | FY is required, ensure the correct FY is selected. Requisition Total \$ | | | | | | \$ 15,000.00 | | | | |

| 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. | | | |
| APPROVALS | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB. | | | |
| | | | | |

Form under revision control 05/17/2024



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 Piedmont Global Language Solutions located at 1010 N. Glebe Road, STE 450, Arlington, VA 22201, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #23-072-CS which became effective on 10/11/2023 and which will expire 9/10/2024. The contract is subject to a first of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 11/30/2025.

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

| CONTRACTOR | THE COUNTY OF DUPAGE |
|-------------------------|----------------------|
| | |
| SIGNATURE | SIGNATURE |
| Scott T. Swanson | Henry Kocker |
| PRINTED NAME | PRINTED NAME |
| VP, Sales and Marketing | Buyer I |
| PRINTED TITLE | PRINTED TITLE |
| 08/26/2024 | |
| DATE | DATE |

SECTION 8 - BID FORM PRICING

Quantities provided are estimates only. Actual usage shall be on an "as-needed" basis.

| NO | ITEM | UOM | QTY | PRICE | EXTENDED PRICE |
|--------------|-------------------------|-------------|----------|--|-------------------------|
| Face to Face | e Core Languages | | | | |
| 1 | Standard Rate | Hour | 200 | \$65.00 | \$ 13,000 |
| 2 | After Hours Rate | Hour | 50 | \$65.00 | \$3,250 |
| 3 | Minimum Charge | Each | 1 | \$130.00 | \$130.00 |
| 4 | Mileage Charge | Mile | 1 | \$ 0.65* charged at prevailing IRS mileage rate | \$0.65 |
| 5 | Cancellation Charge | Each | 1 | \$ cancelled less than 24 hour prior, 2-hour minimum | \$130.00 |
| ace to Face | e Non-Core Languages | | | | |
| 6 | Standard Rate | Hour | 100 | \$65.00 | \$ 6,500.00 |
| 7 | After Hours Rate | Hour | 25 | \$65.00 | \$1,625.00 |
| 8 | Minimum Charge | Each | 1 | \$130.00 | \$130.00 |
| 9 | Mileage Charge | Mile | 1 | \$0.65* charged at prevailing IRS mileage rate | \$0.65 |
| 10 | Cancellation Charge | Each | 1 | \$ cancelled less than 24 hour prior, 2-hour minimum | \$130.00 |
| [elephonic | Interpretation | | | | |
| 11 | Standard Rate | Minute | 100 | \$ Spanish: \$0.59/minute \$ All Other Languages: \$0.69/mi | nut\$ 69.00 |
| 12 | After Hours Rate | Minute | 20 | \$Spanish: \$0.59/minute All Other Languages; \$0.69/min | _{ute} \$ 13.80 |
| 13 | Minimum Charge | Each | 1 | \$ unscheduled: no minimum scheduled: 30 minute minimun | \$ 20.70 |
| 14 | Mileage Charge | Mile | 1 | \$0.00 | \$0.00 |
| 15 | Cancellation Charge | Each | 1 | \$scheduled cancelled less than 24 hours prior, 30 minute minim | um\$ 20.70 |
| Written Tran | slation | | | 0.14/word - Spanish | |
| 16 | Charges by: WORD | Word | 5000 | | \$900.00 |
| 17 | Charges by: PAGES | Page | 500 | Quote per project for non- core languages n/a | \$ n/a |
| 18 | Charges by: TIME | Hour | 100 | \$60.00 for DTP if need | ed\$6,000.00 |
| American Si | gn Language | • | | | |
| 19 | Standard Rate | Hour | 100 | \$115.00 | \$11,500.00 |
| 20 | After Hours Rate | Hour | 20 | \$115.00 | \$ 2,300 |
| 21 | Minimum Charge | Each | 1 | \$230.00 | \$230.00 |
| 22 | Mileage Charge | Mile | 1 | \$0.65* charged at prevailing IRS mileage rate | \$0.65 |
| 23 | Cancellation Charge | Each | 1 | \$230.00 | \$230.00 |
| | | • | • | GRAND TOTAL | \$ 91,181.15 |
| GRAND TOT | ΓAL ninety-one thousand | , one hundr | ed and e | eighty-one dollars and | fifteen cents |

Signature on File

Pricing is approved by:

Dated: June 27, 2023



THE COUNTY OF DUPAGE FINANCE - PROCUREMENT INTERPRETER, TRANSLATOR, TRANSLATION & AMERICAN SIGN LANGUAGE SERVICES 23-072-CS **BID TABULATION**

| | | V | V | | | | | | | | | |
|--|---------------------|-------------------|--|--------------|--------------|----------------|----------------------------------|-----------------------------------|--------------|------------------------------|----------------|-----------------------------|
| Criteria | Available Points | Piedmont /PGLS | DuPage Federation on Human Services Reform | Interpretnet | Globo | Acutrans, Inc. | Homeland Language Services | Cal Interpreting & Translation | Traduce LLC | Linguistica International | Languagers.com | Global Language Services |
| Firm Qualifications | 30 | 28 | 29 | 28 | 29 | 24 | 27 | 24 | 17 | 23 | 16 | 16 |
| Key Qualifications | 20 | 19 | 19 | 19 | 19 | 16 | 19 | 17 | 12 | 16 | 10 | 11 |
| Project Understanding | 20 | 19 | 19 | 18 | 19 | 16 | 18 | 16 | 12 | 15 | 13 | 10 |
| Price | 30 | 25 | 20 | 18 | 16 | 26 | 14 | 19 | 30 | 17 | 25 | 10 |
| Tota | 100 | 91 | 85 | 83 | 83 | 81 | 77 | 75 | 71 | 70 | 64 | 46 |
| 5 10 10 | | \$ 33,281.15 | \$ 42,498.31 | \$ 47,395.98 | \$ 52,966.90 | \$ 32,737.00 | \$ 61,386.07 | \$ 45,151.65 | \$ 27,863.25 | \$ 49,445.00 | \$ 33,977.57 | \$ 83,100.00 |
| Fee and Rate Proposal Percentage of points | | 84% | 66% | 59% | 53% | 85% | 45% | 62% | 100% | 56% | 82% | 34% |
| Points awarded (wtd against lowest price) | | 25 | 20 | 18 | 16 | 26 | 14 | 19 | 30 | 17 | 25 | 10 |

- 1. Day Translations Inc. is deemed non-responsive for not submitting requested pricing.
- Language Line Services, Inc. is deemed non-responsive for not submitting requested pricing.
 Transfective Language Services LLC is deemed non-responsive for not submitting requested pricing.
- 4. Grand Totals were recalculated to account for internal usage estimates for the following bidders: Traduce LLC, Piedmont /PGLS, Acutrans, Inc., DuPage Federation on Human Services Reform, Global Language Services, Globo, Homeland Language Services, Interpretnet, Languagers.com, and Linguista International.

| RFP Posted on 06/02/2023 | |
|--|--------|
| Bid Opened On 06/27/2023, 2:30 PM CST by | DW, MP |
| Invitations Sent | 24 |
| Total Requesting Documents | 4 |
| Total Bid Responses Received | 14 |

SECTION 9 - PROPOSAL FORM

| (P | LEASE TYPE OR PRINT THE | E FOLLOV | ING INFORMATION) | | |
|---|---|---|--|--|---|
| Full Name of Offeror | PGLS, LLC | | | | |
| Main Business Address | 1010 N. Glebe Rd | | | | |
| | Suite 450 | | | | |
| City, State, Zip Code | Arlington, VA 22201 | | | | |
| Telephone Number | (703) 691-6180 x723 | | | | |
| Fax Number | (703) 691-6180 | | | | |
| Proposal Contact Person | Brooke Smith - Director o | f BD Pro | posal Operations & | Capture | |
| Email Address | bsmith@pglsinc.com | | | | |
| The undersigned certifies that the Owner/Sole Proprietor herein after called the | a Member of the Partnership e Offeror and that the member | | | | nture e as follows: |
| (President or Par | rtner) | Scott | Swanson - Vice P (Vice-F | resident of Sales President or Partner | |
| (Secretary or Par | rtner) | - | (Treas | urer or Partner) | |
| nerein; that this Proposal is median he proposed forms of agreement the office of the Procurement of the documents referred to Addenda No1, | clares that the only person or proposed without collusion with an ent and the contract specificated that Manager, DuPage Center, or mentioned in the contraction, and issupposes and agrees, if this Proposed without contractions. | ny other pentions for the 421 North ct docume tued theret | rson, firm or corporati e above designated p County Farm Road, V nts, specifications an o; | on; that he has full urchase, all of which Wheaton, Illinois 60 d attached exhibits | y examined h are on file 187, and all s, including |
| apparatus and other means or equipment specified or referre Further, the undersigned certiful the Offeror and in accordance | of construction, including tran ed to in the contract document ifies and warrants that he is d with the Partnership Agreem on is binding upon the Offeror | sportation s in the ma uly authori nent or by-l | services necessary tenner and time therein zed to execute this ceaws of the Corporatio | o furnish all the ma prescribed. ertification/affidavit o | aterials and on behalf of |
| ither 720 Illinois Compiled St | fies that the Offeror is not bar tatutes 5/33 E-3 or 5/33E-4, p Illinois Prevailing Wage Act. | red from p roposal rig | roposing on this contr ging or proposal-rotat | act as a result of a ing or as a result of | violation of f a violation |
| he undersigned certifies that efore submitting this proposa | the has examined and carefull, and that the statements cor | illy prepare ntained her | ed this proposal and hein are true and corre | as checked the sar ct. | me in detail |
| a Corporation, the undersign | and further contifies that the re- | امحم مامئنم | | | |

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. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

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

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

| X Scott T. Swanson (Jun 26, 2023 08:04 PDT) | | CORPORATE SEAL |
|---|---------------------------------|----------------------|
| (Signature and Title) | Vice President of Sales & Marke | eting (If available) |
| | PROPOSAL MUST BE SIGNED F | FOR CONSIDERATION |
| Subscribed and sworn to before | me thisday of | AD, 2023 |
| My Commission Evnires | | |

(Notary Public)



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: |
|--------------------|-------|
| Bid/Contract/PO #: | |

| | 5 | | |
|----------------|--------------|---------------------------------------|--|
| Company Name: | PGLS | Company Contact: Attention: Contracts | |
| Contact Phone: | 831-747-7324 | Contact Email: contracts@pgls.com | |

The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

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.

| \checkmark | NONE | (check here) - | If no contributions | have been made |
|--------------|------|----------------|---------------------|----------------|
|--------------|------|----------------|---------------------|----------------|

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

2. All contractors and vendors who have obtained or are seeking contracts with the county shall disclose the names and contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county officers or employees in relation to the contractor bid and shall update such disclosure with any changes that may occur.

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

| Lobbyists, Agents and Representatives and all individuals who are or will be having contact with county officers or employees in relation to the contract or bid | Telephone | Email |
|--|-----------|-------|
| | | |
| | | |
| | | |

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

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

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

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

http://www.dupagecounty.gov/government/county board/ethics at the county/

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

| Authorized Signatu | Signature on File | |
|--------------------|---|--|
| | Scott 1, Swanson (Aug 15, 2024 14:14 PD1) | |
| Printed Name | Scott T. Swanson | |
| Title | VP, Sales and Marketing | |
| Date | 08/15/2024 | |

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



File #: FI-R-0153-24 Agenda Date: 9/3/2024 Agenda #: 7.A.

ACCEPTANCE AND APPROPRIATION OF THE DUPAGE CARE CENTER FOUNDATION-MUSIC THERAPY GRANT PY24 COMPANY 5000 - ACCOUNTING UNIT 2120 \$58.701

(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 \$58,701 (FIFTY-EIGHT THOUSAND, SEVEN HUNDRED ONE 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 August 7, 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, 2024, through January 11, 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 \$58,701 (FIFTY-EIGHT THOUSAND, SEVEN HUNDRED ONE AND NO/100 DOLLARS) be made to establish the DuPage Care Center Foundation-Music Therapy Grant PY24, Company 5000 - Accounting Unit 2120, for the period of January 12, 2024 to January 11, 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

| File #: FI-R-0153-24 | Agenda Date: 9/3/2024 | Agenda #: 7.A. |
|----------------------|--|--|
| | DLVED, that should the Human Service ay recommend action to the County Boa | |
| Enacted and appro | ved this 10 th day of September, 2024 at | Wheaton, Illinois. |
| | _ | DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD |
| | Attest: | N KACZMAREK, COUNTY CLERK |
| | | |

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH THE DUPAGE CARE CENTER FOUNDATION-MUSIC THERAPY GRANT PY24 COMPANY 5000 – ACCOUNTING UNIT 2120 \$58,701

| <u>REVENUE</u> | | | |
|--|--------------|----|--------|
| 46009-0000 - Private Grants | \$ 58,701 | = | |
| TOTAL ANTICIPATED REVENUE | | \$ | 58,701 |
| EXPENDITURES | | | |
| CONTRACTUAL | | | |
| 53090-0000 - Other Professional Services | \$ 58,701 | _ | |
| TOTAL CONTRACTUAL | | \$ | 58,701 |
| TOTAL ADDITIONAL APPROPRIATION | | \$ | 58,701 |



President Debra Giampoli

August 7, 2024

Vice President Robert Kliebhan

Mr. Geoffery Kinczyk & Ms. Hetal Shah

The County of DuPage

Directors

Wheaton, Illinois

Jennifer Chambers Babs Cleary Mark De Iorio Kenneth Moy

RE: Music Therapy Grant (DCCFMTG24)

Grant Dates: 1/12/2024 – 1/11/2025

Tony Reyes

Grant Award: \$58,701.00

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 \$58,701.00 through 1/11/2025 as referenced above for the Music Therapy Grant (DCCFMTG24). The Foundation Board approved the funding of this grant at the Quarterly DCCF Board Meeting on January 25, 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





File #: FI-R-0152-24 **Agenda Date:** 9/3/2024 **Agenda #:** 10.C.

ADDITIONAL APPROPRIATION FOR THE DUPAGE CARE CENTER FOUNDATION-MUSIC THERAPY GRANT PY22 COMPANY 5000 - ACCOUNTING UNIT 2120 FROM \$82,263 TO \$89,405 (AN INCREASE OF \$7,142)

(Under the administrative direction of the DuPage Care Center)

WHEREAS, the County of DuPage, heretofore accepted and appropriated DuPage Care Center Foundation-Music Therapy Grant PY22, Company 5000 - Accounting Unit 2120, pursuant to Resolution FI-R-0179-22, for the period of December 1, 2021, through November 30, 2022, extended to November 30, 2024; and

WHEREAS, the County of DuPage, through the DuPage Care Center Foundation, has been notified additional grant funds in the amount of \$7,141.52 (SEVEN THOUSAND, ONE HUNDRED FORTY-ONE AND FIFTY-TWO/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, no additional County funds are required to receive this additional funding; and

WHEREAS, acceptance of this additional grant funding 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).

Agenda Date: 9/3/2024

File #: FI-R-0152-24

NOW, THEREFORE BE IT RESOLVED by the DuPage County Board that the appropriation relating to the DuPage Care Center Foundation Music Therapy Grant FY22, Company 5000- Accounting Unit 2120 be increased \$7,142.00 (SEVEN THOUSAND, ONE HUNDRED FORTY-TWO AND NO/100 DOLLARS) as reflected on the attached budget sheet (ATTACHMENT I).

Enacted and approved this 10th day of September, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD

Agenda #: 10.C.

Attest:

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION FOR THE DUPAGE CARE CENTER FOUNDATION MUSIC THERAPY GRANT PY22 COMPANY 5000 – ACCOUNTING UNIT 2120 FROM \$82,263 TO \$89,405 (AN INCREASE OF \$7,142)

REVENUE

| 46009-0000 - Private Grants | \$ 7,142 | _ | |
|--|-------------|----|-------|
| TOTAL ANTICIPATED REVENUE | | \$ | 7,142 |
| <u>EXPENDITURES</u> | | | |
| CONTRACTUAL | | | |
| 53090-0000 - Other Professional Services | \$ 7,142 | _ | |
| TOTAL CONTRACTUAL | | \$ | 7,142 |
| TOTAL ADDITIONAL APPROPRIATION | | \$ | 7,142 |

Care Center Requisition Under \$30,000



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

File #: 24-2381 Agenda Date: 9/3/2024 Agenda #: 7.C.



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

| SECTION 1: DESCRIPTION | | | | | |
|---|---|---|---|--|--|
| General Tracking | | Contract Terms | | | |
| FILE ID#: 24-2308 | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS: OTHER | INITIAL TERM TOTAL COST: \$26,468.25 | | |
| COMMITTEE: HUMAN SERVICES | TARGET COMMITTEE DATE: 09/03/2024 | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: \$26,468.25 | | |
| | CURRENT TERM TOTAL COST: \$26,468.25 | MAX LENGTH WITH ALL RENEWALS: ONE YEAR | CURRENT TERM PERIOD: INITIAL TERM | | |
| Vendor Information | | Department Information | | | |
| VENDOR: Kronos Inc., A UKG Company | VENDOR #: 11850 | DEPT: Administration | DEPT CONTACT NAME: Shauna Berman | | |
| VENDOR CONTACT: Endisima Tep | VENDOR CONTACT PHONE: 978-947-7311 | DEPT CONTACT PHONE #: 630-784-4261 | DEPT CONTACT EMAIL: shauna.berman@dupagecounty.go v | | |
| VENDOR CONTACT EMAIL: endisima.tep@UKG.com | VENDOR WEBSITE: | DEPT REQ #: 7467 | | | |

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.). Software support services for the Kronos automated time and attendance system and Knowledge Pass (educational services subscription), for the DuPage Care Center, for the period September 28, 2024 through September 27, 2025, for a contract total not to exceed \$26,468.25, per 55 ILCS 5/5-1022 'COMPETITIVE BIDS' (D) IT/TELECOM PURCHASES UNDER \$35,000.00

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

| | SECTION 2: DECISION MEMO REQUIREMENTS |
|----------------------------------|--|
| DECISION MEMO NOT REQUIRED | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. |
| PER 55 ILCS 5/5-1022 'COMPETITIV | E BIDS' (D) IT/TELECOM PURCHASES UNDER \$35,000.00 |
| 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). |

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| | 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: Purcha | se Requisition Informat | ion | | |
|---|---|---|-----------------------------|--|--|
| Send Pur | rchase Order To: | Send | d Invoices To: | | |
| Vendor: Kronos Inc., A UKG Company | Vendor#: 11850 | Dept: DuPage Care Center | Division: Administration | | |
| Attn: Endisima Tep | Email: endisima.tep@ukg.com | Attn: Email: shauna.berman@dupag | | | |
| Address: 900 Chelmsford Street | City: Lowell | Address: 400 N. County Farm Road | City: Wheaton | | |
| State: MA | Zip: 01851 | State: | Zip: 60187 | | |
| Phone: 978-947-7311 | Fax: | Phone: 630-784-4261 | Fax: | | |
| Send | Payments To: | | Ship to: | | |
| Vendor: Vendor#: Dept: Division: Kronos Inc., A UKG Company 11850 DuPage Care Center Administration | | | | | |
| I Shauna Berman | | Email: shauna.berman@dupagecounty.go v | | | |
| Address: 900 Chelmsford Street | City: Lowell | Address: 400 N. County Farm Road | City: Wheaton | | |
| State: MA | Zip: State: Zip: 11850 IL 60187 | | | | |
| Phone: Fax: 978-947-7311 | | Phone: 630-784-4261 | Fax: | | |
| S | hipping | Cor | ntract Dates | | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): Contract End Date (PO25): September 28, 2024 September 27, 2025 | | | |

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| | | | | | Purchas | se Requisi | ition Lin | e Details | | | |
|------|-----------|-----------|----------------------------|---|---------|------------|-----------|-----------|-----------------------------|-------------------|--------------|
| LN | Qty | UOM | Item Detail (Product #) | Description | FY | Company | AU | Acct Code | Sub-Accts/ Activity Code | Unit Price | Extension |
| 1 | 1 | EA | | software support services for Kronos time and attendance for the DuPage Care Center | FY24 | 1200 | 2000 | 53807 | | 26,468.25 | 26,468.25 |
| FY i | s require | d, ensure | the correct FY i | s selected. | | | | | | Requisition Total | \$ 26,468.25 |

| | Comments |
|----------------------|---|
| HEADER COMMENTS | Provide comments for P020 and P025. Software support services for the Kronos automated time and attendance system and Knowledge Pass (educational services subscription), for the DuPage Care Center, for the period September 28, 2024 through September 27, 2025, for a contract total not to exceed \$26,468.25, per 55 ILCS 5/5-1022 'COMPETITIVE BIDS' (D) IT/TELECOM PURCHASES UNDER \$35,000.00 |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 09/03/24 HS Committee |
| INTERNAL NOTES | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. |
| APPROVALS | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB. |

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Payment Terms:

Customer PO Number:

Currency:

Support Services Quote

Page 1 of 2

Quote Type: Renewal

Customer: DUPAGE CARE CENTER

Solution ID: 6011264

Contract #: 1177969 R30-MAY-24

Date: 30-MAY-2024

Prepared by: Lesa Smith / US Healthcare5

Bill To: DUPAGE CARE CENTER

400 N COUNTY FARM RD WHEATON IL 60187 UNITED STATES

Net 30 Days

USD

Ship To: DUPAGE CARE CENTER

400 N COUNTY FARM RD WHEATON IL 60187 UNITED STATES

Contact: CHRISTINE KLIEBHAN

Email: christine.kliebhan@dupageco.org

CONTRACT SUMMARY

Contract Period: 28-SEP-2024 - 27-SEP-2025

| Description | Support Services | Estimated Tax | Subtotal |
|---------------------------|------------------|---------------|-----------|
| Software Support Services | 23,349.21 | 0.00 | 23,349.21 |
| Educational Services | 3,119.04 | 0.00 | 3,119.04 |
| Total | 26,468.25 | 0.00 | 26,468.25 |

Annualized Contract Value: 26,468.25

The Annualized Contract Value is the value of the contract if all services are priced for 365 days. The Annualized Contract Value does not include estimated tax. Please note that this quote may include services priced for prorated periods.

IMPORTANT NOTES

Support Services are subject to applicable taxes. The tax amount shown on this quote is only an estimate. The actual tax due will be reflected on the invoice.

| DUPAGE CARE CENTER | UKG KRONOS SYSTEMS LLC |
|--------------------|------------------------|
| Signature: | Signature: |
| Name: | Name: |
| Title: | Title: |
| Date: | Date: |



Support Services Quote

Page 2 of 2

Quote Type:

Renewal

Customer:

DUPAGE CARE CENTER

Solution ID:

6011264

Contract #:

1177969 R30-MAY-24

Date:

Prepared by:

Lesa Smith / US Healthcare5

Bill To:

Currency:

Payment Terms:

Customer PO Number:

DUPAGE CARE CENTER 400 N COUNTY FARM RD WHEATON IL 60187 **UNITED STATES**

Ship To:

DUPAGE CARE CENTER 400 N COUNTY FARM RD WHEATON IL 60187 **UNITED STATES**

Contact: Email:

DEFAULT EMAIL CONTACT christine.kliebhan@dupageco.org

Net 30 Days

USD

SOFTWARE SUPPORT SERVICES

| Line | Support Service Level | Covered Product | License Count | Start Date | End Date | Duration (days) |
|------|--------------------------|----------------------------------|------------------|-------------|-------------|-----------------|
| 1 | Gold | KRONOS ENTERPRISE ARCHIVE V8 | 475 | 28-SEP-2024 | 27-SEP-2025 | 365 |
| 2 | Gold | WORKFORCE ABSENCE MANAGER V8 | 475 | 28-SEP-2024 | 27-SEP-2025 | 365 |
| 3 | Gold | WORKFORCE EMPLOYEE V8 | 475 | 28-SEP-2024 | 27-SEP-2025 | 365 |
| 4 | Gold | WORKFORCE INTEGRATION MANAGER V8 | 475 | 28-SEP-2024 | 27-SEP-2025 | 365 |
| 5 | Gold | WORKFORCE MANAGER V8 | 45 | 28-SEP-2024 | 27-SEP-2025 | 365 |
| 6 | Gold | WORKFORCE SCHEDULER V8 | 475 | 28-SEP-2024 | 27-SEP-2025 | 365 |
| 7 | Gold | WORKFORCE TIMEKEEPER V8 | 475 | 28-SEP-2024 | 27-SEP-2025 | 365 |

| | Support Services | Estimated Tax | Subtotal |
|---------------------------|---------------------|---------------|-----------|
| Software Support Services | 23,349.21 | 0.00 | 23,349.21 |

EDUCATIONAL SERVICES

| Line | Support Service Level | Covered Product | License Count | Start Date | End Date | Duration (days) |
|------|-----------------------------|-----------------|------------------|-------------|-------------|-----------------|
| 1 | Ed Services Subscription | KNOWLEDGE PASS | | 28-SEP-2024 | 27-SEP-2025 | 365 |

| | Support Services | Estimated Tax | Subtotal |
|----------------------|---------------------|---------------|----------|
| Educational Services | 3,119.04 | 0.00 | 3,119.04 |



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: | 8.20.2020 |
|-------|-----------|
| | |

Bid/Contract/PO #:

0 26 2026

| Company Name: | UKG Kronos Systems, LLC, a UKG Company | Company Contact: | James Puccini |
|----------------|--|------------------|-----------------------|
| Contact Phone: | (708) 927-7654 | Contact Email: | james.puccini@ukg.com |

The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of \$25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

| Recipient | 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 | Email |
|--|-------|
| | |
| | |
| | |

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

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

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

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

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

| Authorized Signature | Signature on File | |
|----------------------|---------------------------------|--|
| | - | |
| Printed Name | Virginia Gholeston | |
| Title | Sr. Sales Support Administrator | |
| Date | 8.26.2024 | |

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

Budget Transfer



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

 DuPage County, Illinois BUDGET ADJUSTMENT Effective May 29, 2024

| From: | 5000 Company # | - | | From: | Company/Acco | unting Unit Name | gr) | |
|----------|-------------------|--------------|---|------------|-----------------|-------------------|----------------|-------------------------|
| | | | | | | | Dept Use Only | |
| counting | Account | Sub Assessed | 123 | | | | ible Balance | Date of |
| Unit | Account | Sub-Account | Title | | Amount | Prior to Transfe | | Balance |
| 1555 | 53100 | | AUTO LIABILITY INSURANCE | \$ | 920.00 | 4,459.16 | 3,539.16 | 8/27/24 |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | | - | | | | |
| | | | Total | \$ | 920.00 | | | |
| | | | | - | INCOME | ELIGIBLE RETRO F | ROG GRT | 29 |
| To: | 5000 Company # | _01 | | To: Con | npany/Accoun | ing Unit Name | | |
| counting | | | | | | | Dept Use Only | |
| Unit | Account | Sub-Account | Title | | Amount | | ble Balance | Date of |
| 1555 | 54100 | 0700 | IT EQUIPMENT - CAPITAL LEASE | \$ | 720.00 | Prior to Transfer | After Transfer | 8/27/24 |
| 1555 | 53800 | 0001 | COPIER USAGE | \$ | 200.00 | 0 | 200.00 | 8/27/24 |
| | | | | | | | 1 | |
| | | | | | | | | |
| | | | Total | s | 920.00 | | | |
| | Reason for Req | uest: | , | | 320.00 | | | |
| | | Table 1 | o cover monthly Toshiba printer/copier lease & usage of | osts. | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | Ci | gnature o | n Eilo | n | , |
| | | | | اد | griature c | il File | | 8/27/0 |
| | | | | Departm | nenting Sign | gnature on | | 8/27/0 Date 8/28/ |
| | Activity | _ | RETROFITS24 | Chief Fin | iancial Officer | е | | Date Date |
| | | (| optional) ****Please sign in blue ink on | the origin | al form**** | | | |
| Γ | | | Finance Department Use On | ly | | | , | |
| F | iscal Year 2 | 4 Budget Jo | urnal # Acctg Period | | | | | |
| | | | | | | | | |

HS-9/3/24 FIN/CB-9/10/24 X







Procurement Services Division

Attach copies of all prior Change Orders

| ent | |
|------|-------------|
| 913 | |
| 9/10 | |
| | 913 9110 |

Date: Aug 21, 2024
MinuteTrag (IQM2) ID #: 24-2298

| O The state of the | | | aroaq (. Q) | |
|--|--|---|-----------------------|-----------------------------------|
| Purchase Order #: 6266-0001 SERV Order Date | Jan 26, 2023 e: | Change Order #: 4 | Department: Du | ıPage Care Center |
| Vendor Name: KCI USA, Inc. | Vendor #: 28606 | 28606 Dept Contact: Nursing | | |
| Background and/or Reason for Change Order Request: This contract is for the rent Center, for the period 01/2 #1 Decrease and close line #3 Decrease and close line #4 Decrease and close line | 6/23 through 02/23/2 1, 1200-2050-53410 i 2, 1200-2050-52320 i 3, 1200-2050-53410 i | 24. n the amount of \$32,103.5 n the amount of \$861.15 n the amount of \$10,000.0 | 2 | |
| | IN ACCORDANCE V | VITH 720 ILCS 5/33E-9 | | |
| (A) Were not reasonably foreseeable at the t | ime the contract was sig | gned. | | |
| (B) The change is germane to the original co | ntract as signed. | | | |
| (C) Is in the best interest for the County of De | uPage and authorized b | y law. | | |
| | INCREAS | E/DECREASE | | |
| A Starting contract value | | | | \$14,950.00 |
| B Net \$ change for previous Change Orders | | | | \$43,500.00 |
| C Current contract amount (A + B) | | | | \$58,450.00 |
| D Amount of this Change Order | Increase | □ Decrease □ Decrease | | (\$43,764.67) |
| E New contract amount (C + D) | | | | \$14,685.33 |
| F Percent of current contract value this Chai | nge Order represents (D | / C) | | -74.88% |
| G Cumulative percent of all Change Orders (| B+D/A); (60% maximum or | n construction contracts) | | -1.77% |
| | DECISION MEN | O NOT REQUIRED | | |
| Change budget code from: Increase/Decrease quantity from: Price shows: Decrease remaining encumbrance | to: should be: crease encumbrance d close contract | Contract Extension (| | Consent Only ncrease encumbrance |
| | DECISION M | EMO REQUIRED | | |
| Increase (greater than 29 days) contract expi | | to: | | |
| Increase ≥ \$2,500.00, or ≥ 10%, of current co OTHER - explain below: | | ding Source | | |
| cdk Prepared By (Initials) 4208 Phone Ext | Aug 21, 2024 Date | JC Recommended for Approv | al (Initials) Phone | Aug 21, 2024 Date |
| | REVIEWED B | Y (Initials Only) | | |
| | ILL AIL AALD D | · (minuals only) | | |
| | | 8 | | 8/22/2024 |
| Buyer | Date | Procurement Officer | | Date |
| Chief Financial Officer (Decision Memos Over \$25,000) | Date | Chairman's Office (Decision Memos Over \$2 | 5,000) | Date |







Procurement Services Division

Attach copies of all prior Change Orders

Consent HS 913 CB 9110

Aug 21, 2024

MinuteTraq (IQM2) ID #:

24-2299

| Purchase Order # | #: 6400-0001 SERV Original I Order Da | Purchase Apr 13, 2023 | Change Order #: 4 | Department: DuPage | e Care Center | |
|---|---|--|--|-------------------------|-------------------------------|--|
| Vendor Name: N | ovastaff Healthcare Services | | Vendor #: 37419 | Dept Contact: Christin | ne Kliebhan | |
| Background and/or Reason for Change Order Request: | nd/or Reason by Change Brider Request: #1 Decrease and close line 1, 1200-2050-53090 in the amount of \$19,771.00 #2 Decrease and close line 2, 1100-1215-53090-covid-19-DCC in the amount of \$172,315.37 #3 Decrease and close line 3, 1200-2050-53090 in the amount of \$64,861.25 #4 Decrease and close line 4, 1100-1215-53090-covid-19-DCC in the amount of \$145,000.00 - CONTRACT EXPIRED | | | | | |
| | | | WITH 720 ILCS 5/33E-9 | | | |
| (B) The chang | easonably foreseeable at the t e is germane to the original co est interest for the County of D | ntract as signed. | | | | |
| | | INCREAS | E/DECREASE | | | |
| A Starting cor | | | | | \$950,000.00 | |
| | ge for previous Change Orders | | | | (\$113,715.36) | |
| | tract amount (A + B) | | | | \$836,284.64 | |
| | this Change Order | Increase | Decrease | | (\$401,947.62) | |
| | ct amount (C + D) | | (2) | | \$434,337.02 | |
| | urrent contract value this Cha | | | | -48.06% | |
| G Cumulative | percent of all Change Orders | | NOT REQUIRED | | -54.28% | |
| Price shows: | et code from:ease quantity from:ease quantity from:ease quantity from:ease quantity from: | to: should be: crease encumbrance d close contract | Contract Extension (: to: | | Consent Only see encumbrance | |
| | | | EMO REQUIRED | | | |
| | ter than 29 days) contract exp 500.00, or ≥ 10%, of current co in below: | | to: | <u> </u> | | |
| CDK Prepared By (Initia | 4208 Phone Ext | Aug 21, 2024 Date | JC Recommended for Approva | al (Initials) Phone Ext | Aug 21, 2024 Date | |
| | | REVIEWED B | SY (Initials Only) | | | |
| | | | \Q | | | |
| Buyer | | Date | Procurement Officer | | Date | |
| Chief Financial Off (Decision Memos (| | — ———————————————————————————————————— | Chairman's Office (Decision Memos Over \$25 | 5,000) | | |





File #: 24-2385 Agenda Date: 9/3/2024 Agenda #: 9.C.



Procurement Services Division

Attach copies of all prior Change Orders

Consent HS 913 CB 9110

Aug 21, 2024

MinuteTraq (IQM2) ID #:

24-2301

| | Oria | rinal Purchaso | | | | |
|---|--|---|---|-----------------------|------------------------|--|
| Purchase Order #: 6401-0001 SERV Original Purchase Order Date: Apr 13, 2023 | | | Change Order #: 1 | Department: Du | Page Care Center | |
| Vendor Name: B | Brightstar Care of Central | DuPage | Vendor #: 12992 | Dept Contact: Ar | nnabel Leonida | |
| Background and/or Reason for Change Order Request: | #1 Decrease and close line #1, 1200-2050-53090, in the amount of \$21,261.25 #2 Decrease and close line #2, 1100-1215-53090-covid-19_DCC, in the amount of \$97,162.50 #3 Decrease and close line #3, 1200-2050-53090 in the amount of \$11,200.75 | | | | | |
| | | | WITH 720 ILCS 5/33E-9 | | | |
| (A) Were not | reasonably foreseeable a | at the time the contract was si | gned. | | | |
| (B) The chang | ge is germane to the orig | inal contract as signed. | | | | |
| (C) Is in the b | est interest for the Count | y of DuPage and authorized b | oy law. | | | |
| | | INCREAS | SE/DECREASE | | | |
| A Starting co | ntract value | | | | \$450,000.00 | |
| B Net \$ chan | ge for previous Change (| Orders | | | | |
| C Current cor | ntract amount (A + B) | | | | \$450,000.00 | |
| D Amount of | this Change Order | Increase | Decrease | | (\$194,813.50) | |
| E New contra | act amount (C + D) | | | | \$255,186.50 | |
| F Percent of | current contract value th | is Change Order represents ([| D / C) | | -43.29% | |
| G Cumulative | e percent of all Change O | rders (B+D/A); (60% maximum o | n construction contracts) | | -43.29% | |
| | | DECISION ME | MO NOT REQUIRED | | | |
| Cancel entire | order | Close Contract | Contract Extension (29 c | days) 🔀 Cons | ent Only | |
| Change budg | get code from: | | to: | | | |
| Increase/Dec | rease quantity from: | t | 0: | | | |
| Price shows: | | | | | | |
| Decrease rem | naining encumbrance ntract | Increase encumbrance and close contract | Decrease encumbrance | ☐ Increase e | ncumbrance | |
| | | DECISION M | 1EMO REQUIRED | | | |
| Increase (grea | ater than 29 days) contra | ct expiration from: | to: | | | |
| Increase ≥ \$2 | ,500.00, or ≥ 10%, of curr | ent contract amount 🔲 Fur | nding Source | | | |
| OTHER - expla | ain below: | | | | | |
| | | | | | | |
| | | | | | | |
| cdk | 4208 | A 21 2024 | 16 | | | |
| Prepared By (Initia | | Aug 21, 2024 Date | JC Recommended for Approva | al (Initials) Phone | Aug 21, 2024 Ext Date | |
| | | REVIEWED I | BY (Initials Only) | , | | |
| | | | \(\sigma\) | | A 1 (| |
| Buyer | | Date | Procurement Officer | | 8 29 7024 Date | |
| Chief Financial Of (Decision Memos | | Date | Chairman's Office (Decision Memos Over \$2 | 5 000) | Date | |
| (Secision Menios | ~ · C1 723,000) | Date | (Decision Menios Ovel 32 | 5,000) | Date | |





File #: 24-2386 Agenda Date: 9/3/2024 Agenda #: 9.D.

HS Dnly 9/3



Date: Aug 20, 2024
MinuteTraq (IQM2) ID #: 24-2302

| Purchase Order #: 7044-0001SERV | Original Purchase Order Date: Apr 13, 2023 | Change Order #: 6 | Department: DuPage Care Center |
|---|---|---|--|
| Vendor Name: Maxim Healthcare S | Services, Inc. | Vendor #: 13962 | Dept Contact: Nursing |
| and/or Reason | Staffing (CNS's, LPN's & RN's) for t e 1, 1200-2050-53090 in the amo | | or the period 04/13/23 - 04/12/24 RACT HAS EXPIRED |
| | IN ACCORDANCE V | VITH 720 ILCS 5/33E-9 | |
| (A) Were not reasonably forese | eable at the time the contract was sig | | |
| (B) The change is germane to the | ne original contract as signed. | | |
| (C) Is in the best interest for the | County of DuPage and authorized b | y law. | |
| | INCREAS | E/DECREASE | |
| A Starting contract value | | | \$23,441.3 |
| B Net \$ change for previous Ch | ange Orders | | |
| C Current contract amount (A + | - B) | | \$23,441.3 |
| D Amount of this Change Order | r Increase | Decrease | (\$16,836.86 |
| E New contract amount (C + D) | | | \$6,604.5 |
| F Percent of current contract va | alue this Change Order represents (D | / C) | -71.83% |
| G Cumulative percent of all Cha | ange Orders (B+D/A); (60% maximum on | construction contracts) | -71.83% |
| | DECISION MEM | IO NOT REQUIRED | |
| Cancel entire order | Close Contract | Contract Extension | (29 days) Consent Only |
| Change budget code from: | | to: | |
| Increase/Decrease quantity from | m: to: | | |
| Price shows: | should be: | | |
| | | | |
| Decrease remaining encumbrar and close contract | Increase encumbrance and close contract | Decrease encu | mbrance Increase encumbrance |
| | DECISION M | EMO REQUIRED | |
| Increase (greater than 29 days) | contract expiration from: | to: | |
| Increase \geq \$2,500.00, or \geq 10%, | of current contract amount Fun | ding Source | |
| OTHER - explain below: | | | |
| | | | |
| | | | |
| | | | |
| cdk | 4208 Aug 20, 2024 | JC | Aug 20, 2024 |
| Prepared By (Initials) | Phone Ext Date | Recommended for Approv | val (Initials) Phone Ext Date |
| | REVIEWED B | Y (Initials Only) | |
| Buyer | Date | Procurement Officer | 9/22/2024 Date |
| Chief Financial Officer (Decision Memos Over \$25,000) | Date | Chairman's Office (Decision Memos Over \$2 | 25,000) Date |





File #: 24-2387 Agenda Date: 9/3/2024 **Agenda #:** 9.E.

HS only 913



Date: Aug 21, 2024
MinuteTraq (IQM2) ID #: 24-2307

| Purchase Order | #: 6450-0001 SERV Original P | urchase Jun 1, 2023 | Change Order #: 1 | Department: Duf | Page Care Center | |
|---|---|--|---|---------------------------|------------------------|--|
| T dicilase Order | Order Dat | e: | | Department: Dur | rage Care Center | |
| Vendor Name: L | inde Gas & Equipment | | Vendor #: 26576 | Dept Contact: Cli | nical Support | |
| Background and/or Reason for Change Order Request: | nd/or Reason by Change #4 Degrees and close line 3, 1200-2075-52320 in the amount of \$3,510.23 #4 Degrees and close line 4, 1200-2075-523410 in the amount of \$3,510.23 | | | | | |
| | | IN ACCORDANCE | WITH 720 ILCS 5/33E-9 | | | |
| (A) Were not | reasonably foreseeable at the ti | ime the contract was si | gned. | | | |
| (B) The chang | e is germane to the original co | ntract as signed. | | | | |
| (C) Is in the be | est interest for the County of Du | uPage and authorized l | oy law. | | | |
| | | INCREAS | SE/DECREASE | | | |
| | ntract value | | | | \$23,500.00 | |
| B Net \$ chang | ge for previous Change Orders | | | | | |
| C Current cor | ntract amount (A + B) | | | | \$23,500.00 | |
| D Amount of | this Change Order | Increase | □ Decrease | | (\$12,060.91) | |
| | ict amount (C + D) | | | | \$11,439.09 | |
| | current contract value this Char | - | | | -51.32% | |
| G Cumulative | percent of all Change Orders (i | | | | -51.32% | |
| | | | MO NOT REQUIRED | | | |
| Cancel entire Change budg | order CI jet code from: | ose Contract | Contract Extension (| 29 days) | Consent Only | |
| | rease quantity from: | to: | | | | |
| Price shows: | | should be: | | | | |
| Decrease rem | | crease encumbrance d close contract | Decrease encun | nbrance 🔲 In | crease encumbrance | |
| | | DECISION M | 1EMO REQUIRED | | | |
| Increase (grea | ater than 29 days) contract expi | ration from: | to: | | | |
| Increase ≥ \$2, | 500.00, or ≥ 10%, of current co | ntract amount 🔲 Fur | nding Source | | | |
| OTHER - expla | in below: | | | | | |
| | | | | | | |
| | | | | | | |
| - dl. | 4200 | A 21 2024 | IC | | | |
| cdk Prepared By (Initia | als) 4208 Phone Ext | Aug 21, 2024 Date | JC Recommended for Approva | al (Initials) Phone | Aug 21, 2024 Ext Date | |
| | There exe | | BY (Initials Only) | ar (irritalis) - i riorie | LAC Dute | |
| Buyer | | Date | Procurement Officer | | 8/27/2024 Date | |
| Chief Financial Of (Decision Memos | | Date | Chairman's Office (Decision Memos Over \$2 | 5,000) | Date | |





File #: 24-2388 Agenda Date: 9/3/2024 Agenda #: 9.F.



Procurement Services Division

Attach copies of all prior Change Orders

consent HS 913 CB 9110

Date: Aug 21, 2024
MinuteTraq (IQM2) ID #: 24-2309

| Purchase Order # | 5893-0001 SERV Original P | Purchase Jun 29, 2022 te: | Change Order #: 2 | Department: DuPa | age Care Center | | |
|---|--|--|---|-------------------------|------------------------------|--|--|
| Vendor Name: W | arehouse Direct | | Vendor#: 10068 | Dept Contact: Vinit | t Patel | | |
| Background and/or Reason for Change Order Request: | and/or Reason for Change #2 Decrease and close line 3, 1200-2035-52280 in the amount of \$10,566.49 #3 Decrease and close line 4, 1200-2035-52280 in the amount of \$2,325.78 - CONTRACT EXPIRED | | | | | | |
| | Decrease line 4, 1200-2035 | | | | | | |
| | 11.6 | | WITH 720 ILCS 5/33E-9 | | | | |
| | easonably foreseeable at the t | | gned. | | | | |
| | e is germane to the original co | o kradi de karaling Toursaine delbugat | | | | | |
| | st interest for the County of D | | E/DECREASE | | | | |
| A Starting cor | ntract value | INCREAS | E/DECREASE | | \$68,813.54 | | |
| | je for previous Change Orders | | | | | | |
| | tract amount (A + B) | | | | (\$17,000.00) \$51,813.54 | | |
| | :his Change Order | Increase | Decrease | | (\$21,417.76) | | |
| | ct amount (C + D) | mereuse | N pecieuse | | \$30,395.78 | | |
| | urrent contract value this Char | nge Order represents (D | 1/C) | | -41.34% | | |
| | percent of all Change Orders (| | | | -55.83% | | |
| | , | | 10 NOT REQUIRED | | 33.0370 | | |
| Cancel entire | order CI | ose Contract | Contract Extension (| (29 days) 💢 | Consent Only | | |
| Change budge | | | to: | |] | | |
| | ease quantity from: | to: | | | | | |
| Price shows: | | should be: | | | | | |
| _ | | | | | | | |
| and close con | | crease encumbrance d close contract | Decrease encur | nbrance Inc | rease encumbrance | | |
| | | DECISION M | EMO REQUIRED | | | | |
| Increase (grea | ter than 29 days) contract expi | ration from: | to: | | | | |
| Increase ≥ \$2,5 | 500.00, or ≥ 10%, of current co | ntract amount 🔲 Fun | ding Source | | | | |
| OTHER - explai | in below: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| repared By (Initia | Is) 4208 Phone Ext | Aug 21, 2024 Date | Accommended for Approve | | Aug 21, 2024 Date | | |
| Trepared by (IIIIIa | 110 THOREE EXT | | | | At Date | | |
| | | KEVIEWED | SY (Initials Only) | | 0 A f | | |
| | | | | | 8/22/2024 | | |
| Buyer | | Date | Procurement Officer | | Pate | | |
| | | | | | | | |
| Chief Financial Off (Decision Memos (| | — ———————————————————————————————————— | Chairman's Office (Decision Memos Over \$2 | 5,000) | Date | | |
| | | | | | | | |





File #: 24-2389 Agenda Date: 9/3/2024 Agenda #: 9.G.



Procurement Services Division

Attach copies of all prior Change Orders

consent HS 9/3 CB 9/10

Date: Aug 21, 2024 MinuteTraq (IQM2) ID #: 24-2310

| Purchase Order #: 6342-0001 SERV Original Pu | archase Apr 24, 2023 | Change Order #: 2 | Department: DuPag | ge Care Center |
|---|-------------------------------------|--------------------------|--------------------------|------------------|
| Oraci Bate | : | | | |
| Vendor Name: Ecolab, Inc. | Vendor #: 10335 | Dept Contact: Vinit I | Patel | |
| Background and/or Reason for Change Order Request: Laundry Chemicals for the DuPage Care Center for the period 04/24/23 - 04/23/24 #1 Decrease and close line 1, 1200-2030-52280 in the amount of \$4,718.31 #2 Decrease and close line 2, 1200-2030-52280 in the amount of \$12,139.70 - CONTRACT EXPIRED | | | | |
| | IN ACCORDANCE V | VITH 720 ILCS 5/33E-9 | | |
| (A) Were not reasonably foreseeable at the tir | me the contract was sig | ned. | | |
| (B) The change is germane to the original con | tract as signed. | | | |
| (C) Is in the best interest for the County of Dul | Page and authorized by | y law. | | |
| | INCREASI | E/DECREASE | | |
| A Starting contract value | | | | \$32,000.00 |
| B Net \$ change for previous Change Orders | | | | |
| C Current contract amount (A + B) | | | | \$32,000.00 |
| D Amount of this Change Order | Increase | Decrease | | (\$16,858.01) |
| E New contract amount (C + D) | | | | \$15,141.99 |
| F Percent of current contract value this Chang | ge Order represents (D | / C) | | -52.68% |
| G Cumulative percent of all Change Orders (B- | +D/A); (60% maximum on | construction contracts) | | -52.68% |
| | DECISION MEM | O NOT REQUIRED | | |
| Cancel entire order Clo | se Contract | Contract Extension (| 29 days) | Consent Only |
| Change budget code from: | | to: | | |
| Increase/Decrease quantity from: | to: | | | |
| Price shows: | should be: | _ | | |
| | | | | |
| IXI | rease encumbrance close contract | Decrease encun | nbrance Incre | ease encumbrance |
| | DECISION M | EMO REQUIRED | | |
| Increase (greater than 29 days) contract expira | ation from: | to: | | |
| Increase \geq \$2,500.00, or \geq 10%, of current con | tract amount Fun | ding Source | | |
| OTHER - explain below: | | | | |
| | | | | |
| | | | | |
| | | | 1 | |
| cdk 4208 | Aug 21, 2024 | JC | | Aug 21, 2024 |
| Prepared By (Initials) Phone Ext | Date | Recommended for Approve | al (Initials) Phone Ex | t Date |
| | REVIEWED B | Y (Initials Only) | | |
| | | | | 8/20/2024 |
| Buyer | Date | Procurement Officer | | Date |
| | | | | 1 |
| Chief Financial Officer | _ | Chairman's Office | | |
| (Decision Memos Over \$25,000) | Date | (Decision Memos Over \$2 | 5,000) | Date |

Action Item





File #: 24-2390 Agenda Date: 9/3/2024 Agenda #: 10.C.1.

| GPN Number: 030-24 | | Date of Notification: | 08/02/2024 | | | | |
|---------------------------------|---|--|---------------|--|--|--|--|
| (Completed by Finance Departmen | nt) | | (MM/DD/YYYY) | | | | |
| Parent Committee Agenda Date | | | 09/15/2024 | | | | |
| (Completed by Finance Departmer | it) (MM/DD/YYYY) | | (MM/DD/YYYY) | | | | |
| Name of Grant: | Community Services Block Grant PY25 | | | | | | |
| Name of Grantor: | IL Dept. of Commerce and Economic Opportunity | | | | | | |
| Originating Entity: | <u> </u> | of Health & Human Service the funding originates, if Grantor is a pass-t | | | | | |
| County Department: | Community Services | | | | | | |
| Department Contact: | Gina Strafford-Ahmed, Administrator of I & R, x6444 (Name, Title, and Extension) | | | | | | |
| Parent Committee: | | Human Services | | | | | |
| Grant Amount Requested: | | \$ 1,269,609.00 | | | | | |
| Type of Grant: | | Formula | | | | | |
| | (Competitive, Continuation, F | Formula, Project, Direct Payment, Other – Pl | ease Specify) | | | | |
| Is this a new non-recurring Gra | nt: Yes | ✓ No | | | | | |
| Source of Grant: | ✓ Federa | | Corporate | | | | |
| If Federal, provide CFDA:9 | 3.569 If State, provide CSFA: 420-70-0091 | | | | | | |

| 1. | Justify the department's need for this grant. |
|----|--|
| | Provides funding to address the needs of low-income county residents as determined by a community wide needs assessment for the following services: emergency shelter for homeless residents in times of disaster or eviction; clothing and household items for those impacted by disaster; staff that conduct comprehensive assessments for all programs in Community services; provides funding for case management services for sub-grantees and the Family Self-Sufficiency; scholarships to low income residents to attend college or technical schools to obtain a degree or certification; information and referral services; financial counseling and debt management program via a sub grantee; job skills and life skills training via sub grantees. |
| 2. | Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation. |
| | Community Well-being - The funding helps residents of DuPage County escape poverty, maintain independence and achieve economic self-sufficiency. |
| | Safe Community - The funding supports the programs, services, and partnerships that keep people safe in their home, environment, and relationships. |
| 3. | What is the period covered by the grant? $ \frac{01/01/2025}{\text{(MM/DD/YYYY)}} \text{ to: } \frac{12/31/2025}{\text{(MM/DD/YYYY)}} $ |
| | (MM/DD/YYYY) (MM/DD/YYYY) |
| | 3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration: |
| | 3.1.1 and (Duration) |
| 4. | Will the County provide "seed" or startup funding to initiate grant project? (Yes or No) |
| | 4.1. If yes, please identify the Company-Accounting Unit used for the funding |
| 5. | If grant is awarded, how is funding received? (select one): |
| | 5.1. Prior to expenditure of costs (lump-sum reimbursement upfront) |
| | 5.2. After expenditure of costs (reimbursement-based) |

| 6. | Does the grant allow for Perso | nnel Costs? (Yes or No) | | Yes | |
|----|--|---|------------------------------------|-----------------------|--|
| | 6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%. | | | | |
| | 6.1.1. Total salary | \$1,056,083.06 | _ Percentage covered by grant | 54.5% | |
| | 6.1.2. Total fringe benefits | \$401,660.73 | _ Percentage covered by grant | 63.3% | |
| | 6.1.3. Are any of the Coun | ty-provided fringe benefits | disallowed? (Yes or No): | No | |
| | 6.1.3.1. If yes, whi | ch ones are disallowed? | | | |
| | _ | t does not cover 100% of th ficit be paid? | ne personnel costs, from what Cor | mpany-Accounting Unit | |
| | 6.2. Will receipt of this grant r | equire the hiring of additio | nal staff? (Yes or No): | No | |
| | 6.2.1. If yes, how many ne | w positions will be created | ? | | |
| | 6.2.1.1. Full-time | Part-time | Temporary | _ | |
| | 6.2.1.2. Will the he | eadcount of the new position | on(s) be placed in the grant accou | nting unit?(Yes or No | |
| | 6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed? | | | | |

| | 6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) | | | No | |
|---|---|--|--|------|--|
| 6.3.1. If yes, please answer the following: | | | | | |
| | 6.3.1.1. | How many years beyond the grant term? | | | |
| | 6.3.1.2. | What Company-Accounting Unit(s) will be used? | | | |
| | 6.3.1.3. | Total annual salary | | | |
| | 6.3.1.4. | Total annual fringe benefits | | | |
| 7. | Does the grant allo | ow for direct administrative costs? (Yes or No) | | Yes | |
| | 7.1. If yes, please | | | | |
| | 7.1.1. Total estimated direct administrative costs for project | | | .00 | |
| | 7.1.2. Percenta | age of direct administrative costs covered by grant | | 100% | |
| 7.1.3. What percentage of the grant total is the portion covered by the grant | | | | | |
| 3. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? | | | | | |
| Э. | Are matching funds required? (Yes or No): | | | No | |
| | 9.1. If yes, please | answer the following: | | | |
| | 9.1.1. What pe | ercentage of match funding is required by granting entity? | | | |
| | 9.1.2. What is | the dollar amount of the County's match? | | | |

| 9.1.3. | What Company-Accounting Unit(s) will provide the matching requirement? | |
|----------------|---|-------|
| 10. What amo | \$0.00 | |
| 10.1. | If allocated, in what Company-Accounting Unit are the funds located? | |
| 10.2. | Will the project proceed if the funding opportunity is not awarded? (Yes or N | No No |
| 11. What is th | \$1,269,609.00 | |