



# DU PAGE COUNTY

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

## Human Services

### Final Regular Meeting Agenda

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Tuesday, September 3, 2024

9:30 AM

Room 3500A

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1. CALL TO ORDER
2. ROLL CALL
3. PUBLIC COMMENT
4. CHAIR REMARKS - CHAIR SCHWARZE
5. APPROVAL OF MINUTES
  - 5.A. [24-2379](#)  
Human Services Committee - Regular Meeting - Tuesday, August 20, 2024
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)
  - 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)
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)
  - 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)

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.

**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)

**9. CONSENT ITEMS**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.

**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)

**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](http://www.dupagecounty.gov)

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**File #:** 24-2379

**Agenda Date:** 9/3/2024

**Agenda #:** 5.A.

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# DU PAGE COUNTY

421 N. COUNTY FARM ROAD  
WHEATON, IL 60187  
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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).

|                |                                       |
|----------------|---------------------------------------|
| <b>PRESENT</b> | DeSart, Galassi, Garcia, and Schwarze |
| <b>ABSENT</b>  | 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

|                  |                                       |
|------------------|---------------------------------------|
| <b>RESULT:</b>   | APPROVED                              |
| <b>MOVER:</b>    | Paula Garcia                          |
| <b>SECONDER:</b> | Kari Galassi                          |
| <b>AYES:</b>     | DeSart, Galassi, Garcia, and Schwarze |
| <b>ABSENT:</b>   | 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)

|                  |                              |
|------------------|------------------------------|
| <b>RESULT:</b>   | APPROVED AND SENT TO FINANCE |
| <b>MOVER:</b>    | Paula Garcia                 |
| <b>SECONDER:</b> | 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)

|                  |                              |
|------------------|------------------------------|
| <b>RESULT:</b>   | APPROVED AND SENT TO FINANCE |
| <b>MOVER:</b>    | Paula Garcia                 |
| <b>SECONDER:</b> | 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)

|                  |                              |
|------------------|------------------------------|
| <b>RESULT:</b>   | APPROVED AND SENT TO FINANCE |
| <b>MOVER:</b>    | Dawn DeSart                  |
| <b>SECONDER:</b> | 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)

|                  |                              |
|------------------|------------------------------|
| <b>RESULT:</b>   | APPROVED AND SENT TO FINANCE |
| <b>MOVER:</b>    | Paula Garcia                 |
| <b>SECONDER:</b> | 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.

|                  |                                       |
|------------------|---------------------------------------|
| <b>RESULT:</b>   | APPROVED                              |
| <b>MOVER:</b>    | Paula Garcia                          |
| <b>SECONDER:</b> | Kari Galassi                          |
| <b>AYES:</b>     | DeSart, Galassi, Garcia, and Schwarze |
| <b>ABSENT:</b>   | 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.

|                  |                                       |
|------------------|---------------------------------------|
| <b>RESULT:</b>   | APPROVED                              |
| <b>MOVER:</b>    | Dawn DeSart                           |
| <b>SECONDER:</b> | Kari Galassi                          |
| <b>AYES:</b>     | DeSart, Galassi, Garcia, and Schwarze |
| <b>ABSENT:</b>   | 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.

|                  |                                       |
|------------------|---------------------------------------|
| <b>RESULT:</b>   | APPROVED                              |
| <b>MOVER:</b>    | Dawn DeSart                           |
| <b>SECONDER:</b> | Kari Galassi                          |
| <b>AYES:</b>     | DeSart, Galassi, Garcia, and Schwarze |
| <b>ABSENT:</b>   | 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**

|                  |              |
|------------------|--------------|
| <b>RESULT:</b>   | APPROVED     |
| <b>MOVER:</b>    | Dawn DeSart  |
| <b>SECONDER:</b> | Paula Garcia |



## HS Resolution

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

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**File #:** HS-R-0017-24

**Agenda Date:** 9/3/2024

**Agenda #:** 6.A.

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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.

BE IT FURTHER RESOLVED that the County Clerk be directed to send a certified copy of this Resolution to the Community Services Department.

Enacted and approved this 10<sup>th</sup> day of September, 2024 at Wheaton, Illinois.

\_\_\_\_\_  
DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

Attest: \_\_\_\_\_

JEAN KACZMAREK, COUNTY CLERK



## HS Requisition under \$30,000

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-2380

**Agenda Date:** 9/3/2024

**Agenda #:** 6.B.

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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 #:<br>RFP 23-072-CS | INITIAL TERM WITH RENEWALS:<br>1 YR + 3 X 1 YR TERM PERIODS | INITIAL TERM TOTAL COST:<br>\$10,000.00               |
| COMMITTEE:<br>HUMAN SERVICES  | TARGET COMMITTEE DATE:<br>09/03/2024           | PROMPT FOR RENEWAL:<br>6 MONTHS                             | CONTRACT TOTAL COST WITH ALL RENEWALS:<br>\$55,000.00 |
|   | CURRENT TERM TOTAL COST:<br>\$15,000.00        | MAX LENGTH WITH ALL RENEWALS:<br>FOUR YEARS                 | CURRENT TERM PERIOD:<br>FIRST RENEWAL                 |
| <i>Vendor Information</i>   |  | <i>Department Information</i>                               |   |
| VENDOR:<br>Piedmont Global Language Solutions (PGLS)  | VENDOR #:<br>42756                             | DEPT:<br>Community Services                                 | DEPT CONTACT NAME:<br>Karen Graczyk                   |
| VENDOR CONTACT:<br>Brooke Smith   | VENDOR CONTACT PHONE:<br>703-691-6180 Ext. 723 | DEPT CONTACT PHONE #:<br>630-407-6543                       | DEPT CONTACT EMAIL:<br>karen.graczyk@dupagecounty.gov |
| VENDOR CONTACT EMAIL:<br>bsmith@pplsinc.com   | 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.). 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<br>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     | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.     |
| RENEWAL OF RFP             |  |

SECTION 3: DECISION MEMO

|                                     |  |
|-------------------------------------|--|
| SOURCE SELECTION                    | Describe method used to select source.<br>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).<br>PGLS' proposal was one of the most cost efficient and responsible offers to meet all the requirements to provide necessary services to our clientele's services mandated by the State of Illinois<br>Award contract to another vendor per proposals and pay a higher cost for services.<br>Do not award a contract and Community Services will not be able to serve all of our clients due to language barriers. |

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

|                                      |   |
|--------------------------------------|---|
| <b>JUSTIFICATION</b>                 | Select an item from the following dropdown menu to justify why this is a sole source procurement.   |
| <b>NECESSITY AND UNIQUE FEATURES</b> | 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. |
| <b>MARKET TESTING</b>                | 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.   |
| <b>AVAILABILITY</b>                  | 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.               |

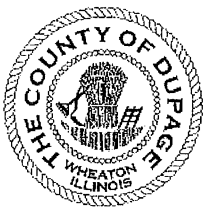
## SECTION 5: Purchase Requisition Information

|  |                              |   |   |
|--|------------------------------|---|---|
| <i>Send Purchase Order To:</i>                       |                              | <i>Send Invoices To:</i>                    |   |
| Vendor:<br>Piedmont Global Language Solutions (PGLS) | Vendor#:<br>42756            | Dept:<br>Community Services                 | Division:                                 |
| Attn:<br>Brooke Smith                                | Email:<br>bsmith@pglsinc.com | Attn:<br>Karen Graczyk                      | Email:<br>karen.graczyk@dupagecounty.gov  |
| Address:<br>1010 N. Glebe Road, Suite 450            | City:<br>Arlington           | Address:<br>421 N. County Farm Road         | City:<br>Wheaton                          |
| State:<br>VA   | Zip:<br>22201                | State:<br>IL                                | Zip:<br>60187                             |
| Phone:<br>703-691-6180 ext. 723                      | Fax:                         | Phone:<br>630-406-6543                      | Fax:<br>630-407-6501                      |
| <i>Send Payments To:</i>                             |                              | <i>Ship to:</i>                             |   |
| Vendor:<br>Piedmont Global Language Solutions (PGLS) | Vendor#:<br>42756            | Dept:<br>Community Services                 | Division:                                 |
| Attn:<br>Brooke Smith                                | Email:<br>bsmith@pglsinc.com | Attn:<br>Karen Graczyk                      | Email:<br>karen.graczyk@dupagecounty.gov  |
| Address:<br>1010 N. Glebe Road, Suite 450            | City:<br>Arlington           | Address:<br>421 N. County Farm Road         | City:<br>Wheaton                          |
| State:<br>VA   | Zip:<br>22201                | State:<br>IL                                | Zip:<br>60187                             |
| Phone:<br>703-691-6180                               | Fax:                         | Phone:<br>630-407-6543                      | Fax:<br>630-40706591                      |
| <b>Shipping</b>                                      |                              | <b>Contract Dates</b>                       |   |
| Payment Terms:<br>PER 50 ILCS 505/1                  | FOB:<br>Destination          | Contract Start Date (PO25):<br>Sep 11, 2024 | Contract End Date (PO25):<br>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  |                         | 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    |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                         |                           |      |         |      |           |                         | Requisition Total | \$ 15,000.00 |

| <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. |



**AMENDMENT FOR CONTRACT RENEWAL**

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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

**Scott T. Swanson**

PRINTED NAME

**VP, Sales and Marketing**

PRINTED TITLE

**08/26/2024**

DATE

SIGNATURE

Henry Kocker

PRINTED NAME

Buyer I

PRINTED TITLE

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 |
|--|---------------------|--------|------|--|----------------|
| <b>Face to Face Core Languages</b>   |                     |        |      |  |                |
| 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      |
| <b>Face to Face Non-Core Languages</b>   |                     |        |      |  |                |
| 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      |
| <b>Telephonic Interpretation</b>   |                     |        |      |  |                |
| 11   | Standard Rate       | Minute | 100  | \$ Spanish: \$0.59/minute<br>All Other Languages: \$0.69/minute                              | \$ 69.00       |
| 12   | After Hours Rate    | Minute | 20   | \$ Spanish: \$0.59/minute<br>All Other Languages: \$0.69/minute                              | \$ 13.80       |
| 13   | Minimum Charge      | Each   | 1    | \$ unscheduled: no minimum<br>scheduled: 30 minute minimum                                   | \$ 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 minimum                           | \$ 20.70       |
| <b>Written Translation</b>   |                     |        |      |  |                |
| 16   | Charges by: WORD    | Word   | 5000 | 0.14/word - Spanish<br>0.20/word - Core Language<br>Quote per project for non-core languages | \$ 900.00      |
| 17   | Charges by: PAGES   | Page   | 500  | \$ n/a   | \$ n/a         |
| 18   | Charges by: TIME    | Hour   | 100  | \$ 60.00 for DTP if needed   | \$ 6,000.00    |
| <b>American Sign Language</b>  |                     |        |      |  |                |
| 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      |
| <b>GRAND TOTAL</b>   |                     |        |      |  | \$ 91,181.15   |
| <b>GRAND TOTAL</b> ninety-one thousand, one hundred and eighty-one dollars and fifteen cents |                     |        |      |  |                |
| (In words)   |                     |        |      |  |                |

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

| Criteria              | Available Points | ✓              | ✓  | Interpretnet | Globo | Acutrans, Inc. | Homeland Language Services | Cal Interpreting & Translation | Traduce LLC | Linguistica International | Languagers.com | Global Language Services |
|-----------------------|------------------|----------------|--|--------------|-------|----------------|----------------------------|--------------------------------|-------------|---------------------------|----------------|--------------------------|
|                       |                  | Piedmont /PGLS | DuPage Federation on Human Services Reform |              |       |                |                            |                                |             |                           |                |                          |
| 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                       |
| Total                 | 100              | 91             | 85   | 83           | 83    | 81             | 77                         | 75                             | 71          | 70                        | 64             | 46                       |

|   |              |              |              |              |              |              |              |              |              |              |              |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Fee and Rate Proposal                     | \$ 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 |
| 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           |

NOTES  
 1. Day Translations Inc. is deemed non-responsive for not submitting requested pricing.  
 2. Language Line Services, Inc. is deemed non-responsive for not submitting requested pricing.  
 3. 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**

(PLEASE TYPE OR PRINT THE FOLLOWING 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 of BD   Proposal Operations & Capture |
| Email Address           | bsmith@pglsinc.com  |

The undersigned certifies that he is:

- the Owner/Sole                     
  a Member of the Partnership                     
  an Officer of the Corporation                     
  a Member of the Joint Venture

Proprietor herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

|                                 |   |
|---------------------------------|---|
| _____<br>(President or Partner) | <u>Scott Swanson - Vice President of Sales &amp; Marketing</u><br>(Vice-President or Partner) |
| _____<br>(Secretary or Partner) | _____<br>(Treasurer or Partner)   |

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal 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 Manager, DuPage Center, 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.   1  , \_\_\_\_\_, and \_\_\_\_\_ issued thereto;

Further, the undersigned proposes and agrees, if this Proposal 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 Offeror 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 Offeror and is true and accurate.

Further, the undersigned certifies that the Offeror is not barred from proposing on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, proposal rigging or proposal-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 proposal and has checked the same in detail before submitting this proposal, 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. (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)  
(Signature and Title)

Vice President of Sales & Marketing

CORPORATE SEAL  
(If available)

**PROPOSAL MUST BE SIGNED FOR CONSIDERATION**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ AD, 2023

\_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
(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 #: \_\_\_\_\_

|                             |                                       |
|-----------------------------|---------------------------------------|
| 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:

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/](http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/)

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

Authorized Signature **Signature on File**

SCOTT T. SWANSON (AUG 15, 2024 14:14 PM)

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)



## Finance Resolution

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

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**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

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 10<sup>th</sup> day of September, 2024 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 PY24  
COMPANY 5000 – ACCOUNTING UNIT 2120  
\$58,701

REVENUE

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





DuPage Care Center  
FOUNDATION

**President**  
Debra Giampoli

August 7, 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: Music Therapy Grant (DCCFMTG24)  
Grant Dates: 1/12/2024 – 1/11/2025  
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

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

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**File #:** FI-R-0152-24

**Agenda Date:** 9/3/2024

**Agenda #:** 7.B.

---

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).

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 10<sup>th</sup> day of September, 2024 at Wheaton, Illinois.

---

DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

EXPENDITURES

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](http://www.dupagecounty.gov)

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**File #:** 24-2381

**Agenda Date:** 9/3/2024

**Agenda #:** 7.C.

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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#: 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                  |
| <i>Vendor Information</i>   |                                      | <i>Department Information</i>          |  |
| 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.gov |
| VENDOR CONTACT EMAIL: endisima.tep@UKG.com  | VENDOR WEBSITE:                      | DEPT REQ #: 7467                       |  |
| <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.). 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.<br>PER 55 ILCS 5/5-1022 'COMPETITIVE 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). |

### SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

|                                      |   |
|--------------------------------------|---|
| <b>JUSTIFICATION</b>                 | Select an item from the following dropdown menu to justify why this is a sole source procurement.   |
| <b>NECESSITY AND UNIQUE FEATURES</b> | 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. |
| <b>MARKET TESTING</b>                | 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.   |
| <b>AVAILABILITY</b>                  | 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:<br>Kronos Inc., A UKG Company | Vendor#:<br>11850              | Dept:<br>DuPage Care Center                       | Division:<br>Administration                     |
| Attn:<br>Endisima Tep                 | Email:<br>endisima.tep@ukg.com | Attn:<br>Shauna Berman                            | Email:<br>shauna.berman@dupagecounty.gov        |
| Address:<br>900 Chelmsford Street     | City:<br>Lowell                | Address:<br>400 N. County Farm Road               | City:<br>Wheaton                                |
| State:<br>MA                          | Zip:<br>01851                  | State:<br>IL                                      | Zip:<br>60187                                   |
| Phone:<br>978-947-7311                | Fax:                           | Phone:<br>630-784-4261                            | Fax:  |
| <i>Send Payments To:</i>              |                                | <i>Ship to:</i>                                   |   |
| Vendor:<br>Kronos Inc., A UKG Company | Vendor#:<br>11850              | Dept:<br>DuPage Care Center                       | Division:<br>Administration                     |
| Attn:                                 | Email:                         | Attn:<br>Shauna Berman                            | Email:<br>shauna.berman@dupagecounty.gov        |
| Address:<br>900 Chelmsford Street     | City:<br>Lowell                | Address:<br>400 N. County Farm Road               | City:<br>Wheaton                                |
| State:<br>MA                          | Zip:<br>11850                  | State:<br>IL                                      | Zip:<br>60187                                   |
| Phone:<br>978-947-7311                | Fax:                           | Phone:<br>630-784-4261                            | Fax:  |
| Shipping                              |                                | Contract Dates                                    |   |
| Payment Terms:<br>PER 50 ILCS 505/1   | FOB:<br>Destination            | Contract Start Date (PO25):<br>September 28, 2024 | Contract End Date (PO25):<br>September 27, 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 support services for Kronos time and attendance for the DuPage Care Center | FY24 | 1200    | 2000 | 53807     |                          | 26,468.25         | 26,468.25    |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                         |   |      |         |      |           |                          | Requisition Total | \$ 26,468.25 |

*Comments*

|                      |   |
|----------------------|---|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>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.<br>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.  |





Payment Terms: Net 30 Days
Currency: USD
Customer PO Number:

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

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

Table with 4 columns: Description, Support Services, Estimated Tax, Subtotal. Rows include Software Support Services, Educational Services, and a Total row.

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:
Name:
Title:
Date:

Signature:
Name:
Title:
Date:



Payment Terms: Net 30 Days
Currency: USD
Customer PO Number:

Quote Type: Renewal
Customer: DUPAGE CARE CENTER
Solution ID: 6011264
Contract #: 1177969 R30-MAY-24
Date:
Prepared by: Lesa Smith / US Healthcare5

Bill To: 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: DEFAULT EMAIL CONTACT
Email: christine.kliebhan@dupageco.org

SOFTWARE SUPPORT SERVICES

Table with 7 columns: Line, Support Service Level, Covered Product, License Count, Start Date, End Date, Duration (days). Rows include KRONOS ENTERPRISE ARCHIVE V8, WORKFORCE ABSENCE MANAGER V8, WORKFORCE EMPLOYEE V8, WORKFORCE INTEGRATION MANAGER V8, WORKFORCE MANAGER V8, WORKFORCE SCHEDULER V8, WORKFORCE TIMEKEEPER V8.

Summary table for Software Support Services with columns: Support Services, Estimated Tax, Subtotal. Values: 23,349.21, 0.00, 23,349.21.

EDUCATIONAL SERVICES

Table with 7 columns: Line, Support Service Level, Covered Product, License Count, Start Date, End Date, Duration (days). Row includes KNOWLEDGE PASS.

Summary table for Educational Services with columns: Support Services, Estimated Tax, Subtotal. Values: 3,119.04, 0.00, 3,119.04.



# Required Vendor Ethics Disclosure Statement

Date: 8.26.2026

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

Bid/Contract/PO #: \_\_\_\_\_

|  |                                      |
|--|--------------------------------------|
| 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.

**NONE (check here) - If no contributions have been made**

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

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

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

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

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

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

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

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

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

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

Authorized Signature Signature on File

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](http://www.dupagecounty.gov)

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**File #:** 24-2382

**Agenda Date:** 9/3/2024

**Agenda #:** 8.A.

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DuPage County, Illinois  
 BUDGET ADJUSTMENT  
 Effective May 29, 2024

From: 5000  
 Company #

INCOME ELIGIBLE RETRO PROG GRT  
 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 |                 |
| 1555            | 53100   |             | AUTO LIABILITY INSURANCE | \$ 920.00 | 4,459.16                                | 3,539.16       | 8/27/24         |
|                 |         |             |                          |           |   |                |                 |
|                 |         |             |                          |           |   |                |                 |
|                 |         |             |                          |           |   |                |                 |
|                 |         |             |                          |           |   |                |                 |
| Total           |         |             |                          | \$ 920.00 |   |                |                 |

To: 5000  
 Company #

INCOME ELIGIBLE RETRO PROG GRT  
 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 |                 |
| 1555            | 54100   | 0700        | IT EQUIPMENT - CAPITAL LEASE | \$ 720.00 | 0                                       | 720.00         | 8/27/24         |
| 1555            | 53800   | 0001        | COPIER USAGE                 | \$ 200.00 | 0                                       | 200.00         | 8/27/24         |
|                 |         |             |                              |           |   |                |                 |
|                 |         |             |                              |           |   |                |                 |
|                 |         |             |                              |           |   |                |                 |
| Total           |         |             |                              | \$ 920.00 |   |                |                 |

Reason for Request:

To cover monthly Toshiba printer/copier lease & usage costs.

Signature on File

Department Head Signature on File

Activity RETROFITS24  
 (optional)

Chief Financial Officer

8/27/24  
 Date

8/28/24  
 Date

\*\*\*\*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 - 9/3/24  
 FIN/CB - 9/10/24



## Consent Item

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-2383

**Agenda Date:** 9/3/2024

**Agenda #:** 9.A.

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Consent  
HS 9/13  
CB 9/10



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Aug 21, 2024

MinuteTraq (IQM2) ID #: 24-2298

|   |   |                              |                                       |
|---|---|------------------------------|---------------------------------------|
| <b>Purchase Order #:</b> 6266-0001 SERV | <b>Original Purchase Order Date:</b> Jan 26, 2023 | <b>Change Order #:</b> 4     | <b>Department:</b> DuPage Care Center |
| <b>Vendor Name:</b> KCI USA, Inc.       | <b>Vendor #:</b> 28606                            | <b>Dept Contact:</b> Nursing |                                       |

**Background and/or Reason for Change Order Request:**

This contract is for the rental of Wound Vac Therapy & Medical supplies for wound & skin care, for the DuPage Care Center, for the period 01/26/23 through 02/23/24.

#1 Decrease and close line 1, 1200-2050-53410 in the amount of \$32,103.52  
 #2 Decrease and close line 2, 1200-2050-52320 in the amount of \$861.15  
 #3 Decrease and close line 3, 1200-2050-53410 in the amount of \$10,000.00  
 #4 Decrease and close line 4, 1200-2050-52320 in the amount of 800.00 - CONTRACT EXPIRED

**IN ACCORDANCE WITH 720 ILCS 5/33E-9**

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

| INCREASE/DECREASE |  |               |
|-------------------|--|---------------|
| A                 | Starting contract value  | \$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 <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$43,764.67) |
| E                 | New contract amount (C + D)  | \$14,685.33   |
| F                 | Percent of current contract value this Change Order represents (D / C)                                     | -74.88%       |
| G                 | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)                   | -1.77%        |

**DECISION MEMO NOT REQUIRED**

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

**DECISION MEMO REQUIRED**

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

|                        |           |              |                                     |                |
|------------------------|-----------|--------------|-------------------------------------|----------------|
| cdk                    | 4208      | Aug 21, 2024 | JC                                  | Aug 21, 2024   |
| Prepared By (Initials) | Phone Ext | Date         | Recommended for Approval (Initials) | Phone Ext Date |

**REVIEWED BY (Initials Only)**

|   |      |   |                     |                  |
|---|------|---|---------------------|------------------|
| Buyer   | Date |   | Procurement Officer | <u>8/22/2024</u> |
| Chief Financial Officer<br>(Decision Memos Over \$25,000) | Date | Chairman's Office<br>(Decision Memos Over \$25,000) | Date                |                  |



## Consent Item

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-2384

**Agenda Date:** 9/3/2024

**Agenda #:** 9.B.

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# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Consent  
HS 9/3  
CB 9/10

Date: Aug 21, 2024

MinuteTraq (IQM2) ID #: 24-2299

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>Purchase Order #:</b> 6400-0001 SERV           | <b>Original Purchase Order Date:</b> Apr 13, 2023 | <b>Change Order #:</b> 4 | <b>Department:</b> DuPage Care Center   |
| <b>Vendor Name:</b> Novastaff Healthcare Services |   | <b>Vendor #:</b> 37419   | <b>Dept Contact:</b> Christine Kliebhan |

**Background and/or Reason for Change Order Request:**

Supplemental Staffing (CNA's, LPN's & RN's) for the Nursing Department for the period April 13, 2023 through April 12, 2024.

#1 Decrease 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

**IN ACCORDANCE WITH 720 ILCS 5/33E-9**

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

| INCREASE/DECREASE |  |                |
|-------------------|--|----------------|
| A                 | Starting contract value  | \$950,000.00   |
| B                 | Net \$ change for previous Change Orders   | (\$113,715.36) |
| C                 | Current contract amount (A + B)  | \$836,284.64   |
| D                 | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$401,947.62) |
| E                 | New contract amount (C + D)  | \$434,337.02   |
| F                 | Percent of current contract value this Change Order represents (D / C)                                     | -48.06%        |
| G                 | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)                   | -54.28%        |

**DECISION MEMO NOT REQUIRED**

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

**DECISION MEMO REQUIRED**

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

|                        |           |              |                                     |                |
|------------------------|-----------|--------------|-------------------------------------|----------------|
| CDK                    | 4208      | Aug 21, 2024 | JC                                  | Aug 21, 2024   |
| Prepared By (Initials) | Phone Ext | Date         | Recommended for Approval (Initials) | Phone Ext Date |

**REVIEWED BY (Initials Only)**

|   |      |   |      |
|---|------|---|------|
| Buyer   | Date | Procurement Officer                                 | Date |
| Chief Financial Officer<br>(Decision Memos Over \$25,000) | Date | Chairman's Office<br>(Decision Memos Over \$25,000) | Date |



## Consent Item

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-2385

**Agenda Date:** 9/3/2024

**Agenda #:** 9.C.

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Consent  
HS 9/13  
CB 9/10



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Aug 21, 2024

MinuteTraq (IQM2) ID #: 24-2301

|   |  |                          |                                       |
|---|--|--------------------------|---------------------------------------|
| <b>Purchase Order #:</b> 6401-0001 SERV                   | <b>Original Purchase Order Date:</b> Apr 13, 2023  | <b>Change Order #:</b> 1 | <b>Department:</b> DuPage Care Center |
| <b>Vendor Name:</b> Brightstar Care of Central DuPage     |  | <b>Vendor #:</b> 12992   | <b>Dept Contact:</b> Annabel Leonida  |
| <b>Background and/or Reason for Change Order Request:</b> | Supplemental Staffing (CNA's, LPN's & RN's) for Nursing Department for the period 04/13/23 - 04/12/24<br>#1 Decrease and close line #1, 1200-2050-53090, in the amount of \$21,261.25<br>#2 Decrease and close line #2, 1100-1215-53090-covid-19_DCC, in the amount of \$97,162.50<br>#3 Decrease and close line #3, 1200-2050-53090, in the amount of \$11,389.75<br>#4 Decrease and close line #4, 1100-1215-53090-covid-19_DCC, in the amount of \$65,000.00 - CONTRACT EXPIRED |                          |                                       |
| <b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>                |  |                          |                                       |

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

| INCREASE/DECREASE                 |  |                |
|-----------------------------------|--|----------------|
| A                                 | Starting contract value  | \$450,000.00   |
| B                                 | Net \$ change for previous Change Orders   |                |
| C                                 | Current contract amount (A + B)  | \$450,000.00   |
| D                                 | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$194,813.50) |
| E                                 | New contract amount (C + D)  | \$255,186.50   |
| F                                 | Percent of current contract value this Change Order represents (D / C)                                     | -43.29%        |
| G                                 | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)                   | -43.29%        |
| <b>DECISION MEMO NOT REQUIRED</b> |  |                |

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

|  |   |
|--|---|
| <b>DECISION MEMO REQUIRED</b>  |   |
| <input type="checkbox"/> Increase (greater than 29 days) contract expiration from: _____ to: _____                                 |   |
| <input type="checkbox"/> Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount <input type="checkbox"/> Funding Source _____ |   |
| <input type="checkbox"/> OTHER - explain below:  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

|   |           |              |                                     |                     |
|---|-----------|--------------|-------------------------------------|---------------------|
| cdk   | 4208      | Aug 21, 2024 | JC                                  | Aug 21, 2024        |
| Prepared By (Initials)                                    | Phone Ext | Date         | Recommended for Approval (Initials) | Phone Ext<br>Date   |
| <b>REVIEWED BY (Initials Only)</b>                        |           |              |                                     |                     |
| Buyer   | Date      |              |                                     | Procurement Officer |
| Chief Financial Officer<br>(Decision Memos Over \$25,000) | Date      |              |                                     | Date                |



## Consent Item

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-2386

**Agenda Date:** 9/3/2024

**Agenda #:** 9.D.

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HS Only 9/3



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Aug 20, 2024

MinuteTraq (IQM2) ID #: 24-2302

|   |  |                          |                                       |
|---|--|--------------------------|---------------------------------------|
| <b>Purchase Order #:</b> 7044-0001SERV                    | <b>Original Purchase Order Date:</b> Apr 13, 2023  | <b>Change Order #:</b> 6 | <b>Department:</b> DuPage Care Center |
| <b>Vendor Name:</b> Maxim Healthcare Services, Inc.       |  | <b>Vendor #:</b> 13962   | <b>Dept Contact:</b> Nursing          |
| <b>Background and/or Reason for Change Order Request:</b> | Supplemental Staffing (CNS's, LPN's & RN's) for the Nursing Department for the period 04/13/23 - 04/12/24<br>#1 Decrease line 1, 1200-2050-53090 in the amount of \$16,836.86 - CONTRACT HAS EXPIRED |                          |                                       |
| <b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>                |  |                          |                                       |

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

| INCREASE/DECREASE                 |  |               |
|-----------------------------------|--|---------------|
| A                                 | Starting contract value  | \$23,441.36   |
| B                                 | Net \$ change for previous Change Orders   |               |
| C                                 | Current contract amount (A + B)  | \$23,441.36   |
| D                                 | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$16,836.86) |
| E                                 | New contract amount (C + D)  | \$6,604.50    |
| F                                 | Percent of current contract value this Change Order represents (D / C)                                     | -71.83%       |
| G                                 | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)                   | -71.83%       |
| <b>DECISION MEMO NOT REQUIRED</b> |  |               |

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

### DECISION MEMO REQUIRED

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

|   |           |   |                                     |                   |
|---|-----------|---|-------------------------------------|-------------------|
| cdk   | 4208      | Aug 20, 2024  | JC                                  | Aug 20, 2024      |
| Prepared By (Initials)                                    | Phone Ext | Date  | Recommended for Approval (Initials) | Phone Ext<br>Date |
| <b>REVIEWED BY (Initials Only)</b>                        |           |   |                                     |                   |
| Buyer   | Date      | Procurement Officer                                 | Date                                |                   |
| Chief Financial Officer<br>(Decision Memos Over \$25,000) | Date      | Chairman's Office<br>(Decision Memos Over \$25,000) | Date                                |                   |



## Consent Item

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-2387

**Agenda Date:** 9/3/2024

**Agenda #:** 9.E.

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HS only 913



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Aug 21, 2024

MinuteTraq (IQM2) ID #: 24-2307

|   |  |                          |                                       |
|---|--|--------------------------|---------------------------------------|
| <b>Purchase Order #:</b> 6450-0001 SERV   | <b>Original Purchase Order Date:</b> Jun 1, 2023 | <b>Change Order #:</b> 1 | <b>Department:</b> DuPage Care Center |
| <b>Vendor Name:</b> Linde Gas & Equipment |  | <b>Vendor #:</b> 26576   | <b>Dept Contact:</b> Clinical Support |

**Background and/or Reason for Change Order Request:**

Oxygen, Helium and Carbon Dioxide for the period 06/01/23 - 05/31/24.  
 #1 Decrease and close line 1, 1200-2075-52320 in the amount of \$4,049.10  
 #2 Decrease and close line 2, 1200-2075-53410 in the amount of \$1,976.46  
 #3 Decrease and close line 3, 1200-2075-52320 in the amount of \$3,510.23  
 #4 Decrease and close line 4, 1200-2075-53410 in the amount of \$2,525.12 - CONTRACT EXPIRED

### IN ACCORDANCE WITH 720 ILCS 5/33E-9

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

| INCREASE/DECREASE |  |               |
|-------------------|--|---------------|
| A                 | Starting contract value  | \$23,500.00   |
| B                 | Net \$ change for previous Change Orders   |               |
| C                 | Current contract amount (A + B)  | \$23,500.00   |
| D                 | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$12,060.91) |
| E                 | New contract amount (C + D)  | \$11,439.09   |
| F                 | Percent of current contract value this Change Order represents (D / C)                                     | -51.32%       |
| G                 | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)                   | -51.32%       |

### DECISION MEMO NOT REQUIRED

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

### DECISION MEMO REQUIRED

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

\_\_\_\_\_

|                        |           |              |                                     |           |              |
|------------------------|-----------|--------------|-------------------------------------|-----------|--------------|
| cdk                    | 4208      | Aug 21, 2024 | JC                                  |           | Aug 21, 2024 |
| Prepared By (Initials) | Phone Ext | Date         | Recommended for Approval (Initials) | Phone Ext | Date         |

### REVIEWED BY (Initials Only)

|   |      |   |      |
|---|------|---|------|
| Buyer   | Date | Procurement Officer                                 | Date |
| Chief Financial Officer<br>(Decision Memos Over \$25,000) | Date | Chairman's Office<br>(Decision Memos Over \$25,000) | Date |



## Consent Item

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-2388

**Agenda Date:** 9/3/2024

**Agenda #:** 9.F.

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consent  
HS 9/3  
CB 9/10



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Aug 21, 2024

MinuteTraq (IQM2) ID #: 24-2309

|   |   |                          |                                       |
|---|---|--------------------------|---------------------------------------|
| <b>Purchase Order #:</b> 5893-0001 SERV | <b>Original Purchase Order Date:</b> Jun 29, 2022 | <b>Change Order #:</b> 2 | <b>Department:</b> DuPage Care Center |
| <b>Vendor Name:</b> Warehouse Direct    | <b>Vendor #:</b> 10068                            |                          | <b>Dept Contact:</b> Vinit Patel      |

**Background and/or Reason for Change Order Request:**

Hand soap and personal care items for the DuPage Care Center, for the period 06/29/22 through 06/28/24.  
 #1 Decrease and close line 1, 1200-2035-52280 in the amount of \$8,525.49  
 #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, 1200-2035-52280 in the amount of \$17,000.00

**IN ACCORDANCE WITH 720 ILCS 5/33E-9**

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

| INCREASE/DECREASE |  |               |
|-------------------|--|---------------|
| A                 | Starting contract value  | \$68,813.54   |
| B                 | Net \$ change for previous Change Orders   | (\$17,000.00) |
| C                 | Current contract amount (A + B)  | \$51,813.54   |
| D                 | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | (\$21,417.76) |
| E                 | New contract amount (C + D)  | \$30,395.78   |
| F                 | Percent of current contract value this Change Order represents (D / C)                                     | -41.34%       |
| G                 | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)                   | -55.83%       |

**DECISION MEMO NOT REQUIRED**

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

**DECISION MEMO REQUIRED**

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

|                        |           |              |                                     |              |
|------------------------|-----------|--------------|-------------------------------------|--------------|
| cdk                    | 4208      | Aug 21, 2024 | JC                                  | Aug 21, 2024 |
| Prepared By (Initials) | Phone Ext | Date         | Recommended for Approval (Initials) | Phone Ext    |

**REVIEWED BY (Initials Only)**

|   |      |   |                     |      |      |
|---|------|---|---------------------|------|------|
| Buyer   | Date |   | Procurement Officer |      | Date |
| Chief Financial Officer<br>(Decision Memos Over \$25,000) | Date | Chairman's Office<br>(Decision Memos Over \$25,000) | Date                | Date | Date |



## Consent Item

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
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**File #:** 24-2389

**Agenda Date:** 9/3/2024

**Agenda #:** 9.G.

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Consent  
HS 9/3  
CB 9/10



**Request for Change Order**  
**Procurement Services Division**  
 Attach copies of all prior Change Orders

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

|   |   |                                  |                                       |
|---|---|----------------------------------|---------------------------------------|
| <b>Purchase Order #:</b> 6342-0001 SERV                   | <b>Original Purchase Order Date:</b> Apr 24, 2023   | <b>Change Order #:</b> 2         | <b>Department:</b> DuPage Care Center |
| <b>Vendor Name:</b> Ecolab, Inc.                          | <b>Vendor #:</b> 10335  | <b>Dept Contact:</b> Vinit Patel |                                       |
| <b>Background and/or Reason for Change Order Request:</b> | Laundry Chemicals for the DuPage Care Center for the period 04/24/23 - 04/23/24<br>#1 Decrease and close line 1, 1200-2030-52280 in the amount of \$4,718.31<br>#2 Decrease and close line 2, 1200-2030-52280 in the amount of \$12,139.70 - CONTRACT EXPIRED |                                  |                                       |
| <b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>                |   |                                  |                                       |

- (A) Were not reasonably foreseeable at the time the contract was signed.
- (B) The change is germane to the original contract as signed.
- (C) Is in the best interest for the County of DuPage and authorized by law.

| INCREASE/DECREASE |   |
|-------------------|---|
| A                 | Starting contract value <span style="float: right;">\$32,000.00</span>  |
| B                 | Net \$ change for previous Change Orders  |
| C                 | Current contract amount (A + B) <span style="float: right;">\$32,000.00</span>  |
| D                 | Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <span style="float: right;">(\$16,858.01)</span> |
| E                 | New contract amount (C + D) <span style="float: right;">\$15,141.99</span>  |
| F                 | Percent of current contract value this Change Order represents (D / C) <span style="float: right;">-52.68%</span>   |
| G                 | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts) <span style="float: right;">-52.68%</span>                         |

**DECISION MEMO NOT REQUIRED**

Cancel entire order     
  Close Contract     
  Contract Extension (29 days)     
  Consent Only

Change budget code from: \_\_\_\_\_ to: \_\_\_\_\_

Increase/Decrease quantity from: \_\_\_\_\_ to: \_\_\_\_\_

Price shows: \_\_\_\_\_ should be: \_\_\_\_\_

Decrease remaining encumbrance and close contract     
  Increase encumbrance and close contract     
  Decrease encumbrance     
  Increase encumbrance

**DECISION MEMO REQUIRED**

Increase (greater than 29 days) contract expiration from: \_\_\_\_\_ to: \_\_\_\_\_

Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount     
 Funding Source \_\_\_\_\_

OTHER - explain below: \_\_\_\_\_

|   |           |   |                                     |              |
|---|-----------|---|-------------------------------------|--------------|
| cdk   | 4208      | Aug 21, 2024  | JC                                  | Aug 21, 2024 |
| Prepared By (Initials)                                    | Phone Ext | Date  | Recommended for Approval (Initials) | Phone Ext    |
| <b>REVIEWED BY (Initials Only)</b>                        |           |   |                                     |              |
| Buyer   | Date      | Procurement Officer                                 | Date                                |              |
| Chief Financial Officer<br>(Decision Memos Over \$25,000) | Date      | Chairman's Office<br>(Decision Memos Over \$25,000) | Date                                |              |



## Action Item

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-2390

**Agenda Date:** 9/3/2024

**Agenda #:** 10.A.

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# Grant Proposal Notification

GPN Number: 030-24  
(Completed by Finance Department)

Date of Notification: 08/02/2024  
(MM/DD/YYYY)

Parent Committee Agenda Date: 09/03/2024  
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 09/15/2024  
(MM/DD/YYYY)

Name of Grant: Community Services Block Grant PY25

Name of Grantor: IL Dept. of Commerce and Economic Opportunity

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

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, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant:  Yes  No

Source of Grant:  Federal  State  Private  Corporate

If Federal, provide CFDA: 93.569

If State, provide CSFA: 420-70-0091



## Grant Proposal Notification

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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?

01/01/2025 to: 12/31/2025  
(MM/DD/YYYY) (MM/DD/YYYY)

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

3.1.1. \_\_\_\_\_ and \_\_\_\_\_  
(MM/YY) (Duration)

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

No

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

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

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

5.2. After expenditure of costs (reimbursement-based)

## Grant Proposal Notification

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

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

6.1.1. Total salary \$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 County-provided fringe benefits disallowed? (Yes or No): No

6.1.3.1. If yes, which ones are disallowed?

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

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

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

6.2.1.1. Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

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

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



## Grant Proposal Notification

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 allow for direct administrative costs? (Yes or No) Yes

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project \$48,140.00

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

7.1.3. What percentage of the grant total is the portion covered by the grant 3.8%

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 34%

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

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? \_\_\_\_\_

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



## Grant Proposal Notification

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- 9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? \_\_\_\_\_
10. What amount of funding is already allocated for the project?                     \$0.00
- 10.1. If allocated, in what Company-Accounting Unit are the funds located? \_\_\_\_\_
- 10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No):                     No
11. What is the total project cost (Grant Award + Match + Other Allocated Funding)?                     \$1,269,609.00