



DU PAGE COUNTY

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

Human Services

Final Regular Meeting Agenda

Tuesday, June 2, 2026

9:30 AM

Room 3500A

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **PUBLIC COMMENT**

4. **CHAIR REMARKS - CHAIR SCHWARZE**

5. **APPROVAL OF MINUTES**

5.A. [26-1617](#)

Human Services Committee - Regular Meeting - Tuesday, May 5, 2026

6. **LENGTH OF SERVICE AWARD**

6.A. Length of Service Award - Eredai Vivanco - 10 Years - Community Services

7. **COMMUNITY SERVICES - MARY KEATING**

7.A. [FI-R-0087-26](#)

Acceptance and appropriation of the Caregiver Program Grant PY26, Company 5000 - Accounting Unit 1765, in the amount of \$1,500. (Community Services)

7.B. [FI-CO-0003-26](#)

Amendment to Resolution FI-R-0202-23, for an Intergovernmental Agreement with the Village of Addison, for the Addison Consolidated Dispatch Center to provide 2-1-1 services overnight, holidays, and weekends for DuPage County, to increase the contract in the amount of \$15,851.50. (Community Services)

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

8.A. [HS-P-0022-26](#)

Recommendation for the approval of a purchase order issued to Standard Textile, for various linens, for the DuPage Care Center, for the period of August 10, 2026 through August 9, 2027, for a total contract amount not to exceed \$35,000; per bid #26-028-DCC. (Care Center)

- 8.B. [26-1618](#)
Recommendation for the approval of a purchase order issued to Now Linens, LLC, for various linens, for the DuPage Care Center, for the period of August 10, 2026 through August 9, 2027, for a total contract amount not to exceed \$16,000; per bid #26-028-DCC. (Care Center)
- 8.C. [26-1626](#)
Recommendation for the approval of a DuPage Care Center Purchase Requisition in the amount \$1,163.71 and Payment Voucher in the amount of \$267.72 for purchases made to celebrate National Nurses' Week.

9. BUDGET TRANSFERS

- 9.A. [26-1619](#)
Transfer funds from 5000-1765-50000 (regular salaries), 5000-1765-51010 (employer share I.M.R.F.), 5000-1765-51030 (employer share social security), 5000-1765-51040 (employee medical & hospital insurance), and 5000-1765-52240 (promotion materials), to 5000-1765-53807 (subscription IT arrangements), in the amount of \$6,500, for the 211 Illinois Program Grants to cover the subscription software costs. (Community Services)
- 9.B. [26-1620](#)
Transfer of funds from 5000-1770-50000 (regular salaries) to 5000-1770-53807 (subscription IT arrangements) in the amount of \$5,000 to reclassify FY25 prepaid expense to FY26 expense, for Neighborly Software, invoice 13264. (Community Services)

10. INFORMATIONAL

- 10.A. [26-1621](#)
GPN 020-26 PY27 Supportive Housing Program, Illinois Department of Human Services, Community Services - \$102,786.
- 10.B. [26-1622](#)
GPN 021-26 PY27 IDHS Rapid Rehousing Program, Illinois Department of Human Services, Community Services - \$120,124.
- 10.C. [26-1623](#)
GPN 022-26 PY27 Homeless Prevention Program, Illinois Department of Human Services, Community Services - \$384,000.

11. RESIDENCY WAIVERS - JANELLE CHADWICK

12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

13. COMMUNITY SERVICES UPDATE - MARY KEATING

14. PRESENTATION - Hinsdale Lake Terrace Community Engagement

15. OLD BUSINESS

16. NEW BUSINESS

17. ADJOURNMENT



Minutes

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

File #: 26-1617

Agenda Date: 6/2/2026

Agenda #: 5.A.



DU PAGE COUNTY

421 N. COUNTY FARM ROAD
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Human Services Final Summary

Tuesday, May 5, 2026

9:30 AM

Room 3500A

1. CALL TO ORDER

9:30 AM meeting was called to order by Chair Greg Schwarze at 9:30 AM. A physical quorum was physically present, and Chair Schwarze entertained a motion for those members not physically present due to illness, disability, employment purposes or for the business of the Board or family or other emergency or unexpected childcare obligations to participate via video or teleconference. Member Garcia so moved, Member Galassi seconded, motion carried, all ayes.

PRESENT	DeSart, Galassi, Garcia, LaPlante, and Schwarze
REMOTE	Cronin Cahill

2. ROLL CALL

Staff in Attendance: Nick Kottmeyer (Chief Administrative Officer); Renee Zerante (State's Attorney's Office); Gina Strafford-Ahmed (Community Services); Natasha Belli (Community Services); Keith Jorstad (Finance); Sara Rogers (Finance).

PRESENT	DeSart, Galassi, Garcia, LaPlante, and Schwarze
REMOTE	Cronin Cahill

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze thanked the Members who attended the Food Summit in April, hosted by the Northern Illinois Food Bank. He noted that he, Member Garcia and Community Services Director Mary Keating are meeting with potential food bank donors at the DuPage Foundation in early June with the intention of discussing how the DuPage County Transformation Challenge Grant may potentially assist collaboration with food bank partners. Member Galassi asked if the information presented at the summit might be made available to County Board members to share with the pantries in their districts. Chair Schwarze replied that a summary of the presentation is forthcoming from the Northern Illinois Food Bank and will be shared with the Board. Member Garcia noted that there were two major topics of discussion among most of the attendees - the possibility of opening a second hub to facilitate food transport in other areas of the County, and software improvements to allow a better flow of information among the food pantries. Member DeSart mentioned the upcoming groundbreaking for Loaves and Fishes' new Hub 2.0 expansion in Aurora.

5. APPROVAL OF MINUTES

5.A. [26-1386](#)

Human Services Committee - Regular Meeting - Tuesday, April 21, 2026

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Kari Galassi

6. COMMUNITY SERVICES - MARY KEATING

6.A. [26-1387](#)

HS-P-0035A-25 - Amendment to County Contract 7852-0001 SERV issued to Nortek Environmental, Inc., for the Low Income Home Energy Assistance Program (LIHEAP), to increase the contract in the amount of \$75,000, for a new contract amount not to exceed \$164,999. (Community Services)

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

7. BUDGET TRANSFERS

7.A. [26-1388](#)

Transfer of funds from account no. 5000-1440-50040 (part-time help) to account no. 5000-1440 50010 (overtime), in the amount of \$2,921, to cover unexpected expenses in the overtime personnel expense account for the Community Development Block Grant (CDBG), which was not included in the original budget. (Community Services)

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Kari Galassi

7.B. [26-1389](#)

Transfer of funds from account no. 1200-2025-54110 (equipment and machinery) to account no. 1200-2025-52000 (furniture/machinery/equipment small value) in the amount of \$9,500 for small value supplies for dining services. (DuPage Care Center)

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Kari Galassi

8. INFORMATIONAL**8.A. [26-1390](#)**

GPN 012-26 Weatherization DOE Grant PY27 Illinois Department of Commerce and Economic Opportunity, U.S. Department of Energy, in the amount of \$673,394. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia

SECONDER: Kari Galassi

8.B. [26-1391](#)

GPN 013-26 Weatherization HHS Grant PY27 Illinois Department of Commerce and Economic Opportunity, U.S. Department of Health and Human Services, in the amount of \$974,465. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia

SECONDER: Dawn DeSart

8.C. [26-1392](#)

GPN 014-26 Weatherization State Grant PY27 Illinois Department of Commerce and Economic Opportunity, in the amount of \$609,599. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia

SECONDER: Kari Galassi

8.D. [26-1393](#)

GPN 015-26 LIHEAP HHS Grant PY27 Illinois Department of Commerce and Economic Opportunity, U.S. Department of Health and Human Services, in the amount of \$3,657,594. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia

SECONDER: Kari Galassi

8.E. [26-1394](#)

GPN 016-26 LIHEAP State Supplemental Grant PY27 Illinois Department of Commerce and Economic Opportunity, in the amount of \$4,699,341. (Community Services)

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

9. RESIDENCY WAIVERS - JANELLE CHADWICK

One out-of-county residency waiver request was presented to the committee for approval. Janelle Chadwick stated that the Care Center currently has twelve male beds and sixteen female beds available. Six beds have been offered to DuPage County residents, so no DuPage County residents will be displaced with the acceptance of this candidate.

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Kari Galassi

10. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick stated that there are currently no cases or units at the Care Center in isolation and no masking. Construction logistics are a challenge right now, with only one center elevator to access the rehab, recreation and dining areas, but construction is progressing well. This week the Care Center is celebrating Nursing Week, and Ms. Chadwick noted that last quarter the Care Center hired eight nurses. Ms. Chadwick also mentioned the annual Care Center Golf Outing and Dinner, coming up on Friday, June 26.

11. COMMUNITY SERVICES UPDATE - MARY KEATING

No remarks were offered.

12. OLD BUSINESS

Member LaPlante noted that since the DuPage County Small Non-profit Grant Program is now closed, she asked where constituents that are small organizations can find resources. Nick Kottmeyer suggested that they start by going to the County Board office and seeking direction in obtaining referrals to resources that could help them. Likewise, if a Board member has an individual constituent with a need for immediate assistance for such things as rent, car repair, utility shut-off, etc., besides referring the constituent to the 211 helpline, he recommended that Board members reach out directly to Mary Keating in Community Services, with the objective of getting the appropriate referrals in Community Services to the constituent as quickly as possible.

13. NEW BUSINESS

No new business was discussed.

14. ADJOURNMENT

With no further business, the meeting was adjourned.



Finance Resolution

421 N. COUNTY FARM
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WHEATON, IL 60187
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File #: FI-R-0087-26

Agenda Date: 6/2/2026

Agenda #: 7.A.

ACCEPTANCE AND APPROPRIATION OF THE
CAREGIVER PROGRAM GRANT PY26
COMPANY 5000 - ACCOUNTING UNIT 1765
\$1,500

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage has been notified by 211 Illinois that grant funds in the amount of \$1,500 (ONE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS) are available to be used to identify 211 callers as Family Caregivers, offer and deliver Family Caregiver resources to the identified clients, upload monthly reports regarding Caregiver program services delivered to 211 Illinois database; and

WHEREAS, to receive said grant funds, the County of DuPage must enter into a Subcontractor Agreement with 211 Illinois, a copy of which is attached to and incorporated as a part of this resolution by reference (ATTACHMENT II); and

WHEREAS, the period of the Subcontractor Agreement is from May 1, 2026 through March 31, 2027; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the Subcontractor Agreement (ATTACHMENT II) between DuPage County and 211 Illinois is hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$1,500 (ONE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS) be made to establish the 211 ILLINOIS CAREGIVER PROGRAM GRANT PY26, Company 5000 - Accounting Unit 1765, for the period May 1, 2026 through March 31, 2027; and

BE IT FURTHER RESOLVED by the DuPage County Board that the Director of Community Services is approved as the County's Authorized Representative; and

BE IT FURTHER RESOLVED that should state and/or federal funding cease for this grant, the Human Services Committee shall review the need for continuing the specified program and related head count; 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 9th day of June, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH THE
CAREGIVER PROGRAM GRANT PY26
COMPANY 5000 – ACCOUNTING UNIT 1765
\$1,500

REVENUE

41400-0002 - State Operating Grant - IDHS \$ 1,500

TOTAL ANTICIPATED REVENUE \$ 1,500

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries \$ 1,150
51010-0000 - Employer Share I.M.R.F. 111
51030-0000 - Employer Share Social Security 86
51040-0000 - Employee Med & Hosp Insurance 153

TOTAL PERSONNEL \$ 1,500

TOTAL ADDITIONAL APPROPRIATION \$ 1,500

ATTACHMENT II

CAREGIVER PROGRAM SUBCONTRACTOR AGREEMENT

2-1-1 Illinois NFP to 2-1-1 DuPage

This Caregiver Program Subcontractor Agreement (“**Agreement**”), between 2-1-1 Illinois NFP (“**211 Illinois**”), an Illinois not-for-profit corporation with offices located at 330 South Greenleaf Street, Gurnee, IL 60031, and 2-1-1 DuPage (from now on referred to as "**Subcontractor**") with its principal place of business located at 421 N. County Farm Road, Wheaton, IL 60187 each a “**Party**” and together the “**Parties**” is made effective as of May 1, 2026 (“**Effective Date**”).

1 RECITALS

WHEREAS, 211 Illinois works collaboratively statewide with the United Way, Health Department, and government partners to advocate, market, promote, and outreach to the local community around 2-1-1 services.

WHEREAS, AARP and United Way Worldwide (“**UWW**”) have collaborated around the creation of a family caregiver support program (“**Caregiver Program**”) designed to expand access to resources for persons caring for adults or children with special needs (“**Family Caregivers**”).

WHEREAS, UWW has granted funds to 211 Illinois to participate in the Caregiver Program and provide assistance to Family Caregivers in the state of Illinois, pursuant to that certain Grant Award by United Way Worldwide for the Caregiver Program entered between UWW and 211 Illinois and dated April 1, 2026 (“**UWW Grant**”).

WHEREAS, Subcontractor currently provides 211 services in the state of Illinois as part of the 211 Illinois statewide network coordinated by 211 Illinois.

WHEREAS, 211 Illinois wishes to engage Subcontractor’s services in carrying out the Caregiver Program, and Subcontractor wishes to provide such services pursuant to the terms of this Agreement.

NOW, THEREFORE, in consideration of the mutual promises, covenants, and agreements herein contained, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows.

2 TERM

The term of the Agreement (“**Term**”) shall begin on the Effective Date and end on March 31, 2027 (the “**Expiration Date**”) unless terminated at an earlier date under the provisions of Section 5.1. By written agreement, the Parties may agree to extend the Term for agreed-upon period of time.

3 PROGRAM SERVICES

In exchange for 211 Illinois’s payment of the Total Compensation (defined below), Subcontractor shall provide the services set forth in Exhibit A (the “**Program Services**”). As more fully detailed in Exhibit A, the Program Services shall include but not be limited to (1) identifying 211 callers as Family Caregivers by means of a caregiver identification question, (2) offering and delivering Family Caregiver resources to Family Caregivers so identified, (3) uploading Family Caregiver resources to the 211 Illinois database and updating same, (4) uploading monthly reports regarding Caregiver Program services delivered to the 211 Illinois database, and (5) using reasonable best efforts to

provide one client impact story with client consent and one staff testimonial with staff consent to 211 during the Term.

4 COMPENSATION

In exchange for Subcontractor's provision of the Program Services during the Term, 211 Illinois agrees to pay Subcontractor a total amount of \$1,500 United States Dollars (\$1,500), which shall be inclusive of compensation for the Program Services and all expenses incurred by Subcontractor for the purpose of, and in connection with, Subcontractor's performance of the Program Services for 211 Illinois under this Agreement ("**Total Compensation**"). In no case shall 211 Illinois be obligated to pay compensation, expense reimbursement, or other amounts in excess of the Total Compensation. Payment of Total Compensation to Subcontractor will be due upon execution of this Agreement and completion of Subcontractor's Caregiver Program onboarding, and shall be made by check, ACH, wire transfer, or such other method of payment agreed upon by the Parties.

5 TERMINATION

5.1 Termination for Cause

211 Illinois may terminate this Agreement prior to the Expiration Date by written notice to the Subcontractor if the Subcontractor breaches any representation, warranty, covenant, promise, or other obligation under this Agreement in strict accordance with its terms (each, a "**Breach**"), and Subcontractor fails to cure such Breach after receiving written notice from 211 Illinois ("**Show Cause Notice**") identifying the defect and the Subcontractor does not cure the defect within thirty (30) days. In the event of termination for cause under this Section 5.1, Subcontractor shall return the Total Compensation and any income earned thereon within thirty (30) days of termination.

5.2 UWW Grant Termination

If UWW terminates the UWW Grant, 211 Illinois may terminate this Agreement immediately upon written notice to Subcontractor. In the event of termination under this Section 5.2, Subcontractor shall return all amounts of Total Compensation not expended in delivery of the Program Services as of the termination date, or incurred in delivery of the Program Services as of the termination date, within thirty (30) days of termination.

6 RELATIONSHIP OF PARTIES

6.1 Independent Contractor

In performing the Program Services, the Parties agree that Subcontractor shall at all times be acting in the capacity of an independent contractor of 211 Illinois and nothing contained herein or arising outside of this Agreement shall be construed in any other way, including but not limited to as a partnership, joint venture, agency, or employment relationship. Neither Subcontractor nor any of its employees, officers, or directors will be deemed to be an employee, agent, or partner of 211 Illinois for any purpose. Subcontractor shall have no authority to bind 211 Illinois to any agreement or obligation, whether express, implied, or apparent.

6.2 No Benefits

Subcontractor agrees and acknowledges that Subcontractor shall not be entitled to any of the rights and privileges established for 211 Illinois's employees, including but not limited to retirement benefits, medical insurance coverage, severance pay benefits, or any other benefit that 211 Illinois

may offer to full or part-time employees. Subcontractor further agrees that Subcontractor shall not be entitled to the payment of any amounts in lieu of participation in such plans or programs.

7 SUBCONTRACTOR REQUIREMENTS

7.1 Right to Inspect

In the performance of the Program Services, Subcontractor shall have authority and responsibility to control and direct the performance and details of the work and Program Services. However, 211 Illinois shall have a general right to reasonably inspect work in progress by providing reasonable advanced written notice to Subcontractor to determine whether, in 211 Illinois's opinion, the Program Services are being performed by Subcontractor in compliance with this Agreement.

7.2 CRS Training

Subcontractor shall ensure that all Subcontractor personnel delivering Program Services under this Agreement have completed, or within thirty (30) days of the Effective Date shall complete, Community Resource Specialist (CRS) virtual training through Inform USA's Learning Management System (LMS). Subcontractor shall at the request of 211 Illinois provide documentation of same. If Subcontractor encounters difficulties in ensuring completion of CRS training for all such Subcontractor personnel, Subcontractor shall promptly inform 211 Illinois of same.

7.3 Use of Funds

Subcontractor shall use the full amount of Total Compensation exclusively for the Caregiver Program and shall not use any amount of the Total Compensation for any of the following: (1) to carry on propaganda or otherwise attempt to influence legislation within the meaning of Section 4945(d)(1) of the Internal Revenue Code of 1986, as amended (the "Code"); (2) to influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive within the meaning of Section 4945(d)(2) of the Code; (3) to provide a grant to an individual, including for scholarships, emergency hardship grants, travel, study, or similar purpose within the meaning of Section 4945(g) of the Code, without prior written approval of 211 Illinois and UWW (payments of salaries, other compensation, or expense reimbursement to employees of Subcontractor within the scope of their employment do not constitute "grants" for these purposes and are not subject to these restrictions); (4) to provide a grant to any other organization without prior written approval of 211 Illinois and UWW; (5) to promote or engage in criminal acts of violence, terrorism, hate crimes, the destruction of any state, or discrimination on the basis of a person's race, color, religion, national or ethnic origin, sex (including pregnancy), sexual orientation, gender identity or expression, age, disability, military or veteran status, or other characteristic(s) protected by law, or support of any person or entity that engages in these activities; (6) to induce or encourage violations of law or public policy or to cause any improper private benefit to occur; (7) to undertake any activity not in support of the Caregiver Program; (8) to provide economic benefits which are more than incidental (such as event tickets, meals, memberships, preferred parking, preferred seating, discounted merchandise, preferential treatment, tuition, travel or medical expenses) of a person who, to the knowledge of Subcontractor, is a donor to UWW, to 211 Illinois, or to Subcontractor, or any member of a donor's family; (9) to provide any benefit to any sanctioned person or sanctioned country or in violation of applicable United States international sanctions; or (10) for any purpose that or in any manner that is not permitted under Section 501(c)(3) of the Code.

8 REPRESENTATIONS AND WARRANTIES

8.1 Licensing

Subcontractor represents and warrants that it holds all licenses and accreditations required under applicable federal, state, and county laws, ordinances, codes, rules, and regulations to provide the Program Services.

8.2 Performance

The Subcontractor represents and warrants that it has the requisite skill, experience, and qualifications to provide the Program Services and that it will perform the Program Services in a professional and workmanlike manner in accordance with industry standards and applicable laws.

8.3 Nondiscrimination

Subcontractor represents and warrants that Subcontractor does not discriminate in its program activities and shall provide the Program Services to all eligible individuals without regard to age, ancestry, disability, race, color, citizenship, creed, military status, national origin, political or religious affiliation, sex, familial or marital status, sexual orientation, veteran status, or other characteristic protected by law.

8.4 Compliance

Subcontractor represents and warrants that it has and shall at all times during the Term comply with all applicable federal, state, and local laws, rules, regulations, and orders (“Laws”) in relation to the Program Services and this Agreement, including Laws related to privacy, marketing, anti-bribery, or anti-corruption requirements, as well as applicable United States international sanctions.

9 INTELLECTUAL PROPERTY

Any intellectual property created under this Agreement shall be the sole property of UWW. Any intellectual property provided to Subcontractor by 211 Illinois, UWW, or AARP shall be subject to a limited, non-commercial, non-exclusive, revocable, non-sublicensable, and non-transferable license during the Term to use such intellectual property for the sole purpose of effectuating the Caregiver Program as set forth herein and in compliance with applicable legal requirements. Notwithstanding anything to the contrary herein, all right, title, and interest in any intellectual property provided by 211 Illinois or UWW or AARP shall vest in and remain solely with the respective party (UWW or AARP) who originally provided it. All uses of UWW’s or AARP’s intellectual property by Subcontractor will be in the form and format specified or approved by the owner of such intellectual property. Subcontractor shall not modify any intellectual property provided to it by 211 Illinois or UWW or AARP.

10 MARKETING

10.1 Marketing Materials

Subcontractor shall use only approved marketing materials approved by UWW and AARP in connection with the Caregiver Program and shall not modify those materials without prior written consent of UWW and AARP. Subcontractor may order collateral material for use in connection with the Caregiver Program through 211 Illinois. At its discretion, 211 Illinois may require advance notice of any or all publicity where 211 Illinois or the Caregiver Program is mentioned.

10.2 Use of UWW Name

Under this Agreement, Subcontractor acquires no rights to and shall not use the name "United Way Worldwide," "United Way," or "UWW" (alone or as part of another name, and in any language) or any logos, brandmarks, seals, insignia or other words, names, symbols, images or devices that identify UWW or any of its affiliates or member organizations ("UWW Names") for any promotional purpose or any other purpose in connection with the Caregiver Program or Subcontractor's other activities except as expressly provided in this Agreement, or with the prior written approval of, and in accordance with restrictions required by UWW. Subcontractor shall not register, in any jurisdiction, any business or company name, trademark, service mark, domain name or trade name, or obtain any other type of registration, that contains or is confusingly similar to any UWW Names. Subcontractor shall cease any use of UWW Names authorized under this Agreement on the termination or expiration of this Agreement. Without limiting the foregoing, Subcontractor shall not in any manner suggest that it or its services have been endorsed by UWW.

11 INDEMNIFICATION

Subcontractor agrees, to the fullest extent permitted by law, to indemnify, defend, and hold harmless 211 Illinois, its officers, directors, employees, agents, and consultants from and against all damages, liabilities, and costs (including reasonable attorney's fees) arising out of or relating to: (1) the gross negligence or intentional misconduct of Subcontractor, its officers, directors, employees, agents, and consultants; or (2) any Breach by Subcontractor under Section 5.1 of this Agreement. 211 Illinois agrees to give Subcontractor prompt notice of any such claim, demand, or action subject to 211 Illinois's right to indemnity and to cooperate fully and completely in the defense and settlement thereof.

12 NOTICES

Any notice required or permitted under this Agreement shall be in writing and sent to the addresses or email addresses provided below, or to any updated address or email designated in writing by either Party. Notices shall be sent by personal delivery, certified mail (return receipt requested, postage prepaid), or email. Notices will be deemed received: (1) on the date of delivery if hand delivered, (2) three days after mailing if sent by certified mail, or (3) on the date of transmission if sent by email listed below, provided no bounce-back or delivery failure is received.

211 Illinois's contact information for this Agreement is as follows:

Name: Edward Perry, Executive Director
Company: 211 Illinois
Address: 330 S Greenleaf St, Gurnee, IL 60031
Phone: 727-641-9496
Email: executivedirector@211illinois.org

Subcontractor's contact information for this Agreement is as follows:

Name: Gina Strafford
Company: 2-1-1 DuPage
Address: 421 N. County Farm Rd., Wheaton, IL 60187
Phone: 630-407-6444
Email: gina.strafford@dupagecounty.gov

13 RECORDKEEPING

13.1 Records

Subcontractor shall keep records of receipts and expenditures charged against the Total Compensation that are adequate to identify the use of the funds in compliance with the UWW Grant. Subcontractor agrees to maintain such records for a period of at least three (3) years after the completion of the Term. Subcontractor agrees to make its books and records related to the Caregiver Program available to UWW and 211 Illinois at reasonable times upon UWW's or 211 Illinois's request. For up to three (3) years from the termination of the UWW Grant, Subcontractor agrees to provide records of caregiver consent to follow-up communications related to the Caregiver Program when reasonably requested by UWW, AARP, or 211 Illinois, which may be internal business records identifying consent was asked for and received, a voice recording of the consent, or informed written consent from a caregiver.

13.2 Audit

Upon reasonable notice and at all times hereafter, UWW and 211 Illinois shall have the right to audit or to have audited and to copy the books and records of Subcontractor which in any way relate to this Agreement. When requested by UWW or 211 Illinois, Subcontractor shall provide UWW's or 211 Illinois's auditors with access to all property and records and the cooperation of Subcontractor and its personnel, if any, necessary to effectuate the audit or audits hereunder. UWW's or 211 Illinois's auditors shall have the right to copy any or all documentation relating to the performance under this Agreement. Subcontractor shall include identical audit provisions in its agreements with subgrantees, if any, and, upon request of UWW or 211 Illinois, shall secure equivalent rights and information from any or all subgrantees. UWW or 211 Illinois may, at its expense, monitor and conduct an evaluation of operations under the Caregiver Program funded by the Total Compensation, which may include visits by representatives of the UWW or 211 Illinois to observe the Subcontractor's program, procedures and operations, and discussions of the Caregiver Program with the Subcontractor's personnel.

14 DATA AND SECURITY

Subcontractor agrees to publish a policy statement on its website describing how personal information is collected, handled, processed and how it is or is not shared with any third parties (such statement, a "**Privacy Policy**"). The Privacy Policy should describe how individuals may contact Subcontractor to inquire about or exercise rights related to how their personal information is held and be compliant with any applicable laws.

Subgrantee agrees to use and maintain (and shall require its agents and vendors to use and maintain) commercially reasonable physical, administrative, and technical security measures to prevent loss, destruction, or unauthorized access to any data shared with Subcontractor by UWW or 211 Illinois or shared with Subcontractor by other persons (collectively, "**Shared Data**") or Personal Data (as defined below), including by protecting Shared Data and Personal Data from subgrantees and any other third party, where appropriate or required in accordance with all applicable laws, regulations and government orders, industry standards and best practices ("**Safeguards**"). Further, Subcontractor acknowledges that UWW and 211 Illinois do not wish to receive data which would individually or collectively be Personal Data. For purposes herein, "**Personal Data**" means (by way of example and not limitation) the following: social security number (SSN); passport number; driver's license number; taxpayer identification number; patient identification number; financial account number; or credit card number of other persons, including the Subcontractor's volunteers or consumers or recipients of services under the Caregiver Program.

In the event of a failure or suspected failure of its Safeguards involving Shared Data or Personal Data collected by Subcontractor in connection with the Caregiver Program (whether or not the same has been shared with UWW or 211 Illinois), Subcontractor shall: (a) notify UWW and 211 Illinois within 24 hours of Subcontractor's discovery of the Safeguard failure or suspected failure, which notice will include the date of such failure or suspected failure, a detailed description of the affected information, and the nature of the failure or suspected failure; (b) conduct an investigation to determine when, and if possible, how and why the failure or suspected failure occurred; (c) provide UWW and 211 Illinois with all relevant information regarding UWW's or 211 Illinois's Shared Data or any Personal Data involved from its investigation; and (d) cooperate and coordinate with UWW and 211 Illinois to mitigate the loss, damage or destruction associated with the failure or suspected failure. Further, in the event of such a Safeguard failure involving Shared Data provided by UWW or 211 Illinois to Subcontractor, Grantee shall not, without the prior written consent of UWW, or 211 Illinois as the case may be, disclose the Safeguard failure or suspected failure or the details of any investigation to any third party; provided that Subgrantee may make disclosures to regulators with jurisdiction over Subgrantee, as required by applicable laws or regulations. This Section 12 shall survive the expiration or termination of this Agreement.

15 GENERAL PROVISIONS

15.1 Entire Agreement

This Agreement sets forth the entire understanding between the Parties with respect to the subject matter hereof. No provision of this Agreement may be modified, except by a written instrument signed by both Parties.

15.2 No Waiver

The failure of either Party at any time to require performance by the other Party of any provision of this Agreement shall not affect the right to require such performance at any later time. Any waiver of a breach must be in writing and shall not be deemed a waiver of any subsequent breach.

15.3 Force Majeure

In the event the Subcontractor is prevented from continuing or completing the terms of this Agreement because of an act of God or public enemy, pandemic, strike, lockout, boycott, picketing, riots, insurrection, or any governmental order, rule, or regulation, or any ordinance, notwithstanding anything herein, the Subcontractor shall notify 211 Illinois as soon as reasonably possible of its inability to perform deliverables under the terms of this Agreement and shall, with the approval of 211 Illinois, attempt to secure alternative means for the completion of the Subcontractor purposes.

15.4 Severability

If any provision of this Agreement is determined to be illegal, invalid, or unenforceable under present or future laws effective during the Term, such provision shall be fully severable, and the remaining provisions of this Agreement shall remain in full force and effect.

15.5 Assignment

This Agreement is not assignable without the prior written consent and approval of 211 Illinois.

15.6 Choice of Law

This Agreement shall be governed by the laws of the State of Illinois, without giving effect to any conflict of law principles. The Parties agree that any litigation arising out of or related to this Agreement shall be brought exclusively in the state or federal courts located in either the 18th Judicial Circuit Court of DuPage County or the Northern District of IL, Eastern Division.

15.7 Survival

Any provisions of this Agreement that by their nature should survive termination or expiration of this Agreement shall so survive, including, without limitation, provisions relating to confidentiality, payment obligations, limitation of liability, and indemnification.

15.8 Counterparts

This Agreement may be executed in multiple counterparts, each of which, when executed, shall be deemed an original, and all of which shall constitute but one and the same instrument.

[Signature Page Follows]

ACKNOWLEDGEMENT

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement effective as of the Effective Date.

211 Illinois

2-1-1 DuPage

Signature

Signature

Printed Name

Printed Name

Title/Position

Title/Position

Date

Date

EXHIBIT A

DESCRIPTION OF PROJECT

AARP and United Way have collaborated around the creation of a family caregiver support program (“Caregiver Program”) since 2020 to leverage one another’s strengths and support development of services designed to expand access to resources for persons caring for adults or a child with special needs (“Family Caregivers”).

The following is a general description of the Caregiver Program. Additional information and required instructions will be provided in training materials. Subcontractor shall ensure that relevant staff receive and adhere to training materials, either through a virtual training session or through one-on-one training with project staff. Operating the Caregiver Program in a manner that materially departs from the instructions provided in the training materials will constitute a breach of the Agreement. Subcontractor shall adhere to the following conditions related to the Caregiver Program:

1. When receiving inbound calls, Subcontractor personnel receiving such calls (each, a “Community Resource Specialist”) will identify callers as Family Caregivers through implementation of a caregiver identification question, through organic conversation, and listening for common caregiver keywords and cues.
2. Community Resource Specialists will then note in 211 center records that the caller is a Family Caregiver and offer to provide identified Family Caregivers with additional caregiver resources. Where a Family Caregiver consents to receive such resources, the Community Resource Specialist will inform the Family Caregiver that resources can be provided in digital and/or print format, and upon request and consent by the Family Caregiver, Subcontractor shall provide the Family Caregiver with at least one (1) print or digital AARP caregiving resource provided by UWW. More specifically:
 - If the Family Caregiver requests a digital resource, Subcontractor will deliver a digital AARP caregiving resource via email or text, depending on caller preference; and
 - If the Family Caregiver requests a printed AARP caregiving resource, the Subcontractor will provide the Family Caregiver with the URL for the web page about the program and the phone number for the AARP Family Caregiving Resource Line (877-333-5885), which callers can use to request that item directly from AARP. The Community Resource Specialist will also offer to transfer the caller to the AARP Family Caregiving Resource Line and will facilitate a cold call transfer to the AARP line if requested by the caller.
3. Community Resource Specialists may also refer Family Caregivers to local caregiving resources, if applicable and where requested. However, local caregiving resources must primarily consist of referrals to nonprofit and government entities, and if a referral is provided to a for profit, the Community Resource Specialist must notify the Family Caregiver that “the purpose of any referral to a for profit entity is provided solely to help individuals locate relevant local resources and not to endorse the company being referred nor drive business to said company.”
4. Community Resource Specialists will then offer to follow-up with the Family Caregiver to assess their caregiving needs within the next month. 211 centers will make outbound calls and/or send texts and/or emails to those local Family Caregivers who previously consented to receive a follow-up from the applicable 211 center. Through these calls and/or texts and/or

emails, the 211 centers will assess each Family Caregiver's needs and, where the Family Caregiver consents to receive additional information, connect said Family Caregiver with AARP caregiving information and/or identify additional information needs and referrals.

5. Subcontractor may survey Family Caregivers to collect feedback about their experience with the provided service.
6. Subcontractor shall not at any time collect or maintain any information obtained from Family Caregivers that shall directly or indirectly identify such individuals as AARP members, member-prospects, or individuals interested in AARP.
7. Subcontractor shall ensure it has the IT infrastructure and the technical capability to identify callers as Family Caregivers and deliver the caregiving digital resources by email and text.
8. Subcontractor shall ensure that any Family Caregiver caller information is aggregated, de-identified, and anonymized when providing any information to 211 Illinois, UWW, or AARP, except where required to provide such information to document and/or provide caregiver consent to the Caregiver Program and/or follow-up communications.
9. Subcontractor shall not modify marketing assets regarding the Project provided to Subcontractor by 211 Illinois, UWW, or AARP.

REPORTING REQUIREMENTS

1. Subcontractor will track: (1) the number of Family Caregivers identified and helped, (2) the number and type of local resources and number of AARP resources shared with callers, (3) types/categories of unmet resource needs, (4) number and type of community event attended where the Caregiver Program was promoted, and (5) number of Family Caregivers who received Caregiver Program information at community events, and will report aggregate, anonymized data on a monthly basis to 211 Illinois.
2. Subcontractor will provide caregiver resource data at the capacity to which the National Data Platform (NDP) is able to receive (to include tagging caregiver-specific resources provided to Family Caregivers where relevant).
3. Upon reasonable request from 211 Illinois, UWW, or AARP and up to three (3) years from the termination of the Agreement, Subcontractor shall provide records of caregiver consent to follow-up communications related to the Caregiver Program, such as, but not limited to, their internal call records identifying that such consent was asked for and received by the caregiver.
4. Subcontractor will provide monthly feedback about the Caregiver Program operation to 211 Illinois.
5. Subcontractor will use reasonable best efforts to provide at least one (1) client impact story, securing client consent via the caregiver testimonial form attached in the following Exhibit B, which may be signed via physical or electronic signature. Failure to provide a client impact story shall not be considered a breach of this Agreement.
6. Subcontractor may survey caregiver callers to measure their experience with the Caregiver Program. If a survey is implemented, the aggregate, anonymized results will be shared with 211 Illinois on a quarterly basis.

7. Subcontractor will use reasonable best efforts to provide at least one (1) staff testimonial to 211 Illinois, securing staff consent via the AARP & UWW General Release form attached in the following Exhibit C, which may be signed via physical or electronic signature. Subcontractor will also confirm that its internal call records support the authenticity of each employee's testimonial and provide information concerning the date and time when the caregiver call took place, provided, however, no Personal Data will be shared concerning the Family Caregiver or from the call itself. Failure to provide a staff testimonial shall not be considered a breach of this Agreement.

8. On a monthly basis, Subcontractor may provide 211 Illinois with number of community outreach events attended and counts of people engaged or provided with information about the Caregiver Program. For any outreach by Subcontractor to partners serving in rural communities, Subcontractor shall provide a list of such partners and description of how Subcontractor is working together with same.

EXHIBIT B

[See attached United Way Liability Waiver and Likeness Release Agreement for Caregiver Support Program]

EXHIBIT C

[See attached AARP & UWW General Release - Testimonial]

Exhibit B

UNITED WAY LIABILITY WAIVER AND LIKENESS RELEASE AGREEMENT FOR CAREGIVER SUPPORT PROGRAM

The Parties. This Release Agreement (“Agreement”), is granted by _____ with a mailing address of _____, in favor of the United Way Worldwide, a New York nonprofit corporation with a place of business at 701 N. Fairfax Street, Alexandria, VA 22314 (“United Way”), and _____ (the “211 Center”).

I, individually and on behalf of my related persons, heirs and personal representatives, hereby authorize and consent that the 211 Center, United Way, their affiliates, donors and other entities and persons, including but not limited to AARP, shall have the absolute right to copyright, publish, display, exploit, use and/or license any and all testimonials, pictures, video and/or sound recordings, or any part thereof, that I have provided or that they have taken or made of me and any of my related persons while participating in any program or receiving information or services provided or referred to me by the 211 Center or in which I, my voice, my real or a fictitious name, or my real or fictitious biographical data or story, or any combination thereof (together, my “Likeness”) may be included, in whole or in part, whether apart from or in connection with illustrative or written printed matter, story or news item, motion pictures, internet usage, television or radio spots, for publicity, advertising, trade or any other lawful purpose whatsoever, or in reproduction thereof in color or otherwise, in any media now known or later created.

I acknowledge and agree that neither I nor any party related to myself will receive any form of compensation for the use of my Likeness and waive all claims for damages from and against the 211 Center, United Way, and their affiliates, donors, AARP, and any other entities and persons that may utilize my Likeness pursuant to this Agreement, including but not limited to invasion of privacy and rights of publicity, in connection therewith.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be created in which my Likeness may appear or the use to which it may be applied. I acknowledge that there is no obligation to use any material authorized by me hereunder.

I hereby warrant that I am 18 years old or older. I state further that I have read this Agreement prior to execution, and that I am fully familiar with the contents thereof.

Signature

Date

Print Name

Exhibit C

AARP & UWW GENERAL RELEASE - TESTIMONIAL

I grant AARP, United Way Worldwide, and each of their employees, affiliates, agents, and licensees (collectively, the "Authorized Entities") the right to use my name and likeness, recorded remarks and/or a transcript of my statements ("Materials") in connection with the Project described below alone or with other content in all formats and media in promotion of the Authorized Entities, including without limitation, for derivative purposes for an unlimited number of times world-wide on a royalty-free basis in perpetuity. I understand that the Authorized Entities may wish to make reasonable edits to my likeness or statements, and I grant the Authorized Entities the right to make such edits. I understand that the Authorized Entities own or have a third-party license to use the Materials and acknowledge that I do not have the right of approval or the right to receive any compensation from the production and/or use of the Materials. I waive any rights of privacy or publicity. I acknowledge that the Authorized Entities will rely on my representations in this release and I waive any right to assert any claim against the Authorized Entities relating to any use of the Materials. I also represent that any statements made by me during the production of Materials are true, to the best of my knowledge, and that the Materials do not violate or infringe upon any third-party rights. I release and discharge the Authorized Entities from any and all claims and demands arising out of or in connection with the Project.

By signing below, I am confirming that I have **READ, UNDERSTOOD, and AGREED** to the terms and conditions above. The parties agree that electronic and/or digital signatures are valid and enforceable.*

Name (Print): _____

***Signature:** _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email Address:** _____

Project: Caregiver Support Program



Finance Change Order with Resolution

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

File #: FI-CO-0003-26

Agenda Date: 6/2/2026

Agenda #: 7.B.

AMENDMENT TO RESOLUTION FI-R-0202-23
FOR AN INTERGOVERNMENTAL AGREEMENT WITH THE VILLAGE OF ADDISON
FOR THE ADDISON CONSOLIDATED DISPATCH CENTER
TO PROVIDE 2-1-1-SERVICES
(INCREASE ENCUMBRANCE \$15,851.50)

WHEREAS, Resolution FI-R-0202-23 was approved and adopted by the DuPage County Board on September 12, 2023 which approved an Intergovernmental Agreement (“IGA”) with the Village of Addison to provide 2-1-1 services overnight, holidays, and weekends for the period June 1, 2023 through November 30, 2026; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to amend the IGA (Purchase Order 6755-0001 SERV), to increase the contract in the amount of \$15,851.50, resulting in an amended contract total amount not to exceed \$665,763.00.

NOW, THEREFORE BE IT RESOLVED that the DuPage County Board adopts the Change Order Notice to amend the IGA (Purchase Order 6755-0001 SERV), issued to the Village of Addison, to provide 211 services overnight, holidays, and weekends, to increase the encumbrance in the amount of \$15,851.50, taking the original contract amount of \$649,911.50 and resulting in an amended contract total amount not to exceed \$665,763.00.

Enacted and approved this 9th day of June, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

HS 6/2
FI + CB 6/9

REQUEST FOR CHANGE ORDER FORM

Date: 5/14/2026

Procurement Services Division

Revised 10-01-2025

File ID #:

Purchase Order #: 6755	Original Purchase Order Date: 6/1/2023	Change Order #: 2	Department: Community Services
Vendor Name: Village of Addison		Vendor #: 10125	Dept. Contact: Mary Keating
Action Requested and Reason for Change Order Request: Increase PO by \$15,851.50 to add one month of service to contract. Add new line (1000-1750-53090) for \$15,851.50 with Description of "211 After Normal Business Hours (FY26)".			

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	\$649,911.50
B	Net \$ Change for Previous Change Order	\$0.00
C	Current Contract Amount (A + B)	\$649,911.50
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$15,851.50
E	New Contract Amount (C + D)	\$665,763.00
F	Cumulative Change Order Amount (B + D)	\$15,851.50
G	Cumulative Percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	2.44%

DECISION MEMO NOT REQUIRED - Check Applicable Box(es)

- Cancel Entire Order
- Close Contract
- Contract Extension (≤59 Days)
- Update Budget Code
- Change Budget Code From: _____ to: _____
- Increase/Decrease Quantity From: _____ to: _____
- Price Shows: _____ should be: _____
- Move Funds Between Lines
- Decrease Remaining Encumbrance and Close Contract
- Increase Encumbrance and Close Contract
- Decrease Encumbrance
- Increase Encumbrance

DECISION MEMO REQUIRED - Check Applicable Box(es) and Fill In All Answers Below

- Contract Extension Greater Than 59 Days From _____ to: _____
- Cancel Contract
- Cumulative Increase Greater Than \$10,000 (Row 'F' Above)
- Other - Explain In Summary Explanation Box Below

Summary Explanation - Provide a summary of the action. Explain why it is necessary and what is to be accomplished.
 Increase to PO is necessary to maintain overnight, holiday and weekend 211 service via IGA. Original time frame was thought to be September 30, 2026 funding end.


Original Source Selection/Vetting Information - Describe method used to select source; for instance, bid, RFP, sole source, etc.
 IGA, Village of Addison (intergovernmental agreement)

Recommendations/Alternatives - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.
1. Fund the increase PO to maintain seamless 211 service for the County and maintain compliance with our 211 State agreement.
2. Do not fund and violate the 211 State agreement and risk loosing the service for the County.

Fiscal Impact/Cost Summary - Include projected cost for each fiscal year, approved budget amount and account number

1000-1750 \$15,851.50

APPROVALS - Initials Only

<u>KMJ</u>	<u>6144</u>	<u>5/14/2026</u>	<u>GSA</u>	<u>6444</u>	<u>5/20/2026</u>
Prepared By	Phone Ext.	Date	Recommended for Approval	Phone Ext.	Date
		<u>5/21/2026</u>			
Reviewed by Procurement Officer	Date		Completed by Buyer	Date	



Care Center Requisition \$30,000.01+

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

File #: HS-P-0022-26

Agenda Date: 6/2/2026

Agenda #: 8.A.

AWARDING RESOLUTION ISSUED TO
STANDARD TEXTILE
TO PROVIDE VARIOUS LINENS
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT \$35,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to Standard Textile, to provide various linens, for the period of August 10, 2026 through August 9, 2027, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide various linens, for the period of August 10, 2026 through August 9, 2027, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract by the Procurement Division to Standard Textile, One Knollcrest Drive, Cincinnati, Ohio 45237, for a contract total amount not to exceed \$35,000.00, per lowest responsible bid #26-028-DCC.

Enacted and approved this 9th day of June, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 26-1546	RFP, BID, QUOTE OR RENEWAL #: 26-028-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$35,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 06/02/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$35,000.00
	CURRENT TERM TOTAL COST: \$35,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Standard Textile	VENDOR #: 10988	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Troy Silvers	VENDOR CONTACT PHONE: 513-761-9255	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: tsilvers@standardtextile.com	VENDOR WEBSITE:	DEPT REQ #: 7580	
<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.). Furnish and deliver various linens for the DuPage Care Center, for the period August 10, 2026 through August 9, 2027, for a contract total not to exceed \$35,000.00, per bid #26-028-DCC. NOTE: this bid has been split between 2 vendors - Now Linen and Standard Textile			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement linens for the DuPage Care Center, as needed.			

SECTION 2: DECISION MEMO REQUIREMENTS	
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO	
SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Standard Textile	Vendor#: 10988	Dept: DuPage Care Center	Division: Laundry
Attn: Troy Silvers	Email: Tsilvers@standardtextiles.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: One Knollcrest Drive	City: Cincinnati	Address: 400 N. County Farm Road	City: Wheaton
State: OH	Zip: 45237	State: Illinois	Zip: 60187
Phone: 630-868-9168	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Standard Textile	Vendor#: 10988	Dept: DuPage Care Center	Division: Laundry
Attn: Mary Stamper	Email: Mstamper@standardtextile.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: One Knollcrest Drive	City: Cincinnati	Address: 400 N. County Farm Road	City: Wheaton
State: OH	Zip: 45237	State: Illinois	Zip: 60187
Phone: 513-761-9255	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): August 10, 2026	Contract End Date (PO25): August 9, 2027

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		Various Linens	FY26	1200	2030	52230		11,000.00	11,000.00
2	1	EA		Various Linens	FY27	1200	2030	52230		24,000.00	24,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 35,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Furnish and deliver various linens for the DuPage Care Center, for the period August 10, 2026 through August 9, 2027, for a contract total not to exceed \$35,000.00, per bid #26-028-DCC. NOTE: this bid has been split between 2 vendors - Now Linen and Standard Textile
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. June 2, 2026 HS Committee June 9, 2026 County Board Meeting
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. this bid is for the following items - split with vendor Now Linen, LLC #1 flat sheet, #2 pillowcases, #3 knitted fitted sheets, #4 close view thermal blanket, #8 patient gown, #9 bath towel and #10 wash cloths
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



THE COUNTY OF DUPAGE
 FINANCE - PROCUREMENT
 VARIOUS LINENS FOR CARE CENTER 26-028-DCC
 BID TABULATION

✓

NO.	ITEM	UOM	QTY	Rajan Barad dba Now Linens LLC		Standard Textile		Medline Industries, Inc.		Immaculate Laundry of Albany Park LLC		Acme Supply Co., Ltd		Tabb Textiles Co., Inc.	
				PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
1	Flat Sheet	EA	480	\$ 3.40	\$ 1,632.00	\$ 4.49	\$ 2,155.20	\$ 4.00	\$ 1,920.00	\$ 6.10	\$ 2,928.00	\$ 4.00	\$ 1,920.00	\$ 4.65	\$ 2,232.00
2	Pillowcase	EA	2,160	\$ 0.74	\$ 1,598.40	\$ 0.95	\$ 2,052.00	\$ 0.89	\$ 1,922.40	\$ 1.89	\$ 4,082.40	\$ 0.75	\$ 1,620.00	\$ 0.90	\$ 1,944.00
3	Knitted Fitted Sheet	EA	480	\$ 5.49	\$ 2,635.20	\$ 3.76	\$ 1,804.80	\$ 3.31	\$ 1,588.80	\$ 8.50	\$ 4,080.00	\$ 4.00	\$ 1,920.00	\$ 4.35	\$ 2,088.00
4	Close View Thermal Blanket	EA	420	\$ 8.00	\$ 3,360.00	\$ 5.36	\$ 2,251.20	\$ 7.95	\$ 3,339.00	\$ 16.00	\$ 6,720.00	\$ 6.00	\$ 2,520.00	\$ 6.95	\$ 2,919.00
5	Underpad	EA	2,350	\$ 4.80	\$ 11,280.00	\$ 9.17	\$ 21,549.50	\$ 9.05	\$ 21,267.50	\$ 15.00	\$ 35,250.00	NO BID	NO BID	NO BID	NO BID
6	Pillow	EA	216	\$ 7.90	\$ 1,706.40	\$ 4.65	\$ 1,004.40	\$ 4.64	\$ 1,002.24	\$ 25.00	\$ 5,400.00	NO BID	NO BID	NO BID	NO BID
7	Hamper Bag	EA	280	\$ 11.00	\$ 3,080.00	\$ 10.45	\$ 2,926.00	\$ 12.69	\$ 3,553.20	\$ 10.50	\$ 2,940.00	NO BID	NO BID	NO BID	NO BID
8	Patient Gown	EA	1,800	\$ 3.51	\$ 6,318.00	\$ 3.43	\$ 6,174.00	\$ 4.09	\$ 7,362.00	\$ 8.75	\$ 15,750.00	NO BID	NO BID	NO BID	NO BID
9	Bath Towel	EA	17,000	\$ 1.20	\$ 20,400.00	\$ 1.23	\$ 20,910.00	\$ 1.35	\$ 22,950.00	\$ 2.99	\$ 50,830.00	\$ 1.05	\$ 17,850.00	\$ 1.11	\$ 18,870.00
10	Washcloth	EA	48,000	\$ 0.14	\$ 6,720.00	\$ 0.13	\$ 6,240.00	\$ 0.15	\$ 7,200.00	\$ 0.76	\$ 36,480.00	\$ 0.15	\$ 7,200.00	\$ 0.13	\$ 6,240.00
GRAND TOTAL				\$ 58,730.00			\$ 67,067.10		\$ 72,105.14		\$ 164,460.40		\$ 33,030.00		\$ 34,293.00



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
VARIOUS LINENS FOR CARE CENTER 26-028-DCC
BID TABULATION

NOTES

1. Direct Supply, Inc. was deemed non-responsive due to not including required documents.
2. Medline Industries, Inc.'s Bid Tabulation was adjusted to correct for submission errors:
 - a. NO. 2, when multiplied, ($\$0.95 \times 2,160 = \$1,922.40$), resulted in a decrease of \$2.40.
 - b. NO. 3, when multiplied, ($\$3.31 \times 480 = \$1,588.80$), resulted in a decrease of \$1.92.
 - c. NO. 5, when multiplied, ($\$9.05 \times 2,350 = \$21,267.50$), resulted in an increase of \$11.75.
 - d. NO. 6, when multiplied, ($\$4.64 \times 216 = \$1,002.24$), resulted in a decrease of \$0.54.
 - e. NO. 7, when multiplied, ($\$12.69 \times 280 = \$3,553.20$), resulted in a decrease of \$1.17.
 - f. NO. 8, when multiplied, ($\$4.09 \times 1,800 = \$7,362.00$), resulted in an increase of \$7.50.
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 - h. NO. 10, when multiplied, ($\$0.15 \times 48,000 = \$7,200.00$), resulted in a decrease of \$118.63.
 - i. GRAND TOTAL was corrected from \$77,224.15 to \$72,105.14.
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4. Acme Supply Co., LTD's Bid Tabulation was adjusted to correct for submission errors:
 - a. NO. 1, when multiplied, ($\$4.00 \times 480 = \$1,920.00$) resulted in a decrease of \$384.00.
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5. Tabb Textiles Co., Inc.'s Bid Tabulation was adjusted to correct for submission errors:
 - a. NO. 4, when multiplied, ($\$6.95 \times 420 = \$2,919.00$), resulted in a decrease of \$19,000.00.

Bid Opening 4/16/2026 @ 2:30 PM	SR, VC, SP
Invitations Sent	29
Total Vendors Requesting Documents	11
Total Bid Responses	7

BID PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	26-028-DCC
COMPANY NAME:	Standard Textile
CONTACT PERSON:	Troy Silvers
CONTACT EMAIL:	Tsilvers@standardtextile.com

Section II: Pricing

F.O.B: All goods are to be shipped F.O.B. Destination.

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Flat Sheet Flat Sheet, 55% Cotton/45% Poly, Bleached (White), T180, 66X108, Woven	EA	480	\$ 4.49	\$ 2,155.20
2	Pillowcase Pillowcase, 55% Cotton/45% Poly, Bleached (White), T180, 42X34, Woven	EA	2,160	\$ 0.95	\$ 2,052.00
3	Knitted Fitted Sheet Fitted Sheet, 52% Poly48% Cotton, Bleached, Jersey Knit, 36X82X13, 16 Oz., Blue Hem Thread, Jersey Knit	EA	480	\$ 3.76	\$ 1,804.80
4	Close View Thermal Blanket 100% Cotton, White, 66X90 Hemmed Ends, Selvage Sides, 2.4 Lbs	EA	420	\$ 5.36	\$ 2,251.20
5	Underpad UNDP QLT BRDS W/HANDLES	EA	2,350	\$ 9.17	\$ 21,549.50
6	Pillow Pillow, 100% Polyester, Cream, Nysoft, 21X27, Exposed Seam Stitching, 18 Oz, Seam Vent, Nylon Ticking, Polyester Fill	EA	216	\$ 4.65	\$ 1,004.40
7	Hamper Bag Hamper Bag, 100% Polyester, Yellow, 40X40, Seamless Bottom, Liquid Resistant, Ropeless, Hooded, 75 Block Grid	EA	280	\$ 10.45	\$ 2,926.00
8	Patient Gown Adult Patient Gown, 55% Cotton/45% Poly, Standard Classic Blue, Standard Classic, L, 2600, Scoop Neck, Neck And Waist Ties	EA	1,800	\$ 3.43	\$ 6,174.00
9	Bath Towel Bath Towel, 100% Cotton, Bleached (White), 22X44, Cam Border, 6 Oz Per Dozen, 10/1 Oe Pile Yam	EA	17,000	\$ 1.23	\$ 2,0910.00
10	Washcloth Wash Cloth, 100% Cotton, Bleached (White), 12X12, 0.50 Oz Per Dozen, 16/1 Rs Pile Yam	EA	48,000	\$ 0.13	\$ 6,240.00
GRAND TOTAL					\$ 67,067.10
GRAND TOTAL (In words)		Sixty-seven thousand, sixty-seven dollars and ten cents			

Section III: Certification

By signing below, the Bidder agrees to provide the required goods and/or services described in the Bid Specifications for the prices quoted on this Bid Pricing Form.

Printed Name: Frank Kerley Signature: Signature on File

Title: Vice President Date: 4/16/2026



DuPage County
 Finance Department
 Procurement Division
 421 North County Farm Road
 Room 3-400
 Wheaton, Illinois 60187-3978

MANDATORY FORM

Section I: Contact Information

Complete the contact information below.

BID NUMBER:	26-028-DCC
COMPANY NAME:	Standard Textile
MAIN ADDRESS:	One Knollcrest Dr.
CITY, STATE, ZIP CODE:	Cincinnati, Ohio 45237
TELEPHONE NO.:	513-761-9255
BID CONTACT PERSON:	Troy Silvers
CONTACT EMAIL:	Tsilvers@standardtextile.com

Section II: Contract Administration Information

Complete the contract administration information below.

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME:	Standard Textile	NAME:	Standard Textile
CONTACT:	Benjamin Schwettman	CONTACT:	Mary Stamper
ADDRESS:	One Knollcrest Dr.	ADDRESS:	One Knollcrest Dr.
CITY, ST., ZIP:	Cincinnati, Ohio 45237	CITY, ST., ZIP:	Cincinnati, Ohio 45237
PHONE NO.:	812-363-4898	PHONE NO.:	513-761-9255
EMAIL:	Schwettman@standardtextile.com	EMAIL:	Mstamper@standardtextile.com

Section III: Certification

The undersigned certifies that they are:

- The Owner or Sole Proprietor
- A Member authorized to sign on behalf of the Partnership
- An Officer of the Corporation
- A Member of the Joint Venture

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

Alex Heiman
(President or Partner)

Frank Kerley
(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Officer, DuPage County, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. _____, _____, and _____ issued thereto.

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

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

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

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

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

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

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

By signing below, the Bidder agrees to the terms of this Mandatory Form and certifies that the information on this form is true and correct to the best of its knowledge.

Printed Name: Frank Kerley

Signature on File
Signature: _____

Title: Vice President

Date: 4/16/2026



DuPage County
 Finance Department
 Procurement Division
 421 North County Farm Road
 Room 3-400
 Wheaton, Illinois 60187-3978

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	26-028-DCC
COMPANY NAME:	Standard Textile
CONTACT PERSON:	Troy Silvers
CONTACT EMAIL:	Tsilvers@standardtextile.com

Section II: Procurement Ordinance Requirements

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 the Procurement Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor to any incumbent County Board member, County Board chairman, or Countywide elected official whose office the contract to be awarded will benefit within the current and previous calendar year. 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.

Has the Bidder made contributions as described above?

- Yes
- No

If "Yes", complete the required information in the table below.

RECIPIENT	DONOR	DESCRIPTION (e.g., cash, type of item, in-kind services, etc.)	AMOUNT/VALUE	DATE MADE

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.

Has the Bidder had or will the Bidder have contact with lobbyists, agents, representatives or individuals who are or will be having contact with county officers or employees as described above.

Yes

No

If "Yes", list the name, phone number, and email of lobbyists, agents, representatives, and all individuals who are or will be having contact with county officers or employees in the table below.

NAME	PHONE	EMAIL

Section III: Violations

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 and supplemental disclosure is required. The Bidder agrees 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 of the County's Ethics Ordinance is available at:

[Ethics | DuPage Co. IL](#)

The full text of the County's Procurement Ordinance is available at:

[ARTICLE VI. - PROCUREMENT | Code of Ordinances | DuPage County, IL | Municode Library](#)

Section IV: Certification

By signing below, the Bidder hereby acknowledges that it has received, read, and understands these requirements, and certifies that the information submitted on this form is true and correct to the best of its knowledge.

Printed Name: Frank Kerley Signature: Signature on File

Title: Vice President Date: 4/16/2026



Care Center Requisition Under \$30,000

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

File #: 26-1618

Agenda Date: 6/2/2026

Agenda #: 8.B.



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#: 26-1539	RFP, BID, QUOTE OR RENEWAL #: 26-028-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$16,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 06/02/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$64,000.00
	CURRENT TERM TOTAL COST: \$16,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Now Linen, LLC	VENDOR #: 48134	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Darryl Gras - Parlyka	VENDOR CONTACT PHONE: 630-868-9168	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: darryl@nowlinens.com	VENDOR WEBSITE:	DEPT REQ #: 7579	
<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.). Furnish and deliver various linens for the DuPage Care Center, for the period August 10, 2026 through August 9, 2027, for a contract total not to exceed \$16,000.00, per bid #26-028-DCC. NOTE: this bid has been split between 2 vendors - Now Linen and Standard Textile			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement linens for the DuPage Care Center, as needed.			

SECTION 2: DECISION MEMO REQUIREMENTS	
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO	
SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Now Linen, LLC	Vendor#: 48134	Dept: DuPage Care Center	Division: Laundry
Attn: Darryl Gras - Parlyka	Email: Darryl@nowlinens.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 1101 N. Lombard Road	City: Lombard	Address: 400 N. County Farm Road	City: Wheaton
State: Illinois	Zip: 60148	State: Illinois	Zip: 60187
Phone: 630-868-9168	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Now Linen, LLC	Vendor#: 48134	Dept: DuPage Care Center	Division: Laundry
Attn: Judy Hancock	Email: judy@nowlinens.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 1101 N. Lombard Road	City: Lombard	Address: 400 N. County Farm Road	City: Wheaton
State: Illinois	Zip: 60148	State: Illinois	Zip: 60187
Phone: 630-424-8000	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): August 10, 2026	Contract End Date (PO25): August 9, 2027

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		Various Linens	FY26	1200	2030	52230		5,300.00	5,300.00
2	1	EA		Various Linens	FY27	1200	2030	52230		10,700.00	10,700.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 16,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Furnish and deliver various linens for the DuPage Care Center, for the period August 10, 2026 through August 9, 2027, for a contract total not to exceed \$16,000.00, per bid #26-028-DCC. NOTE: this bid has been split between 2 vendors - Now Linen and Standard Textile
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. June 2, 2026 HS Committee
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. this bid is for the following items - split with vendor Standard Textiles #5 - underpads, #6 - Pillows and #7 Hamper bags
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



THE COUNTY OF DUPAGE
 FINANCE - PROCUREMENT
 VARIOUS LINENS FOR CARE CENTER 26-028-DCC
 BID TABULATION

✓

NO.	ITEM	UOM	QTY	Rajan Barad dba Now Linens LLC		Standard Textile		Medline Industries, Inc.		Immaculate Laundry of Albany Park LLC		Acme Supply Co., Ltd		Tabb Textiles Co., Inc.	
				PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
1	Flat Sheet	EA	480	\$ 3.40	\$ 1,632.00	\$ 4.49	\$ 2,155.20	\$ 4.00	\$ 1,920.00	\$ 6.10	\$ 2,928.00	\$ 4.00	\$ 1,920.00	\$ 4.65	\$ 2,232.00
2	Pillowcase	EA	2,160	\$ 0.74	\$ 1,598.40	\$ 0.95	\$ 2,052.00	\$ 0.89	\$ 1,922.40	\$ 1.89	\$ 4,082.40	\$ 0.75	\$ 1,620.00	\$ 0.90	\$ 1,944.00
3	Knitted Fitted Sheet	EA	480	\$ 5.49	\$ 2,635.20	\$ 3.76	\$ 1,804.80	\$ 3.31	\$ 1,588.80	\$ 8.50	\$ 4,080.00	\$ 4.00	\$ 1,920.00	\$ 4.35	\$ 2,088.00
4	Close View Thermal Blanket	EA	420	\$ 8.00	\$ 3,360.00	\$ 5.36	\$ 2,251.20	\$ 7.95	\$ 3,339.00	\$ 16.00	\$ 6,720.00	\$ 6.00	\$ 2,520.00	\$ 6.95	\$ 2,919.00
5	Underpad	EA	2,350	\$ 4.80	\$ 11,280.00	\$ 9.17	\$ 21,549.50	\$ 9.05	\$ 21,267.50	\$ 15.00	\$ 35,250.00	NO BID	NO BID	NO BID	NO BID
6	Pillow	EA	216	\$ 7.90	\$ 1,706.40	\$ 4.65	\$ 1,004.40	\$ 4.64	\$ 1,002.24	\$ 25.00	\$ 5,400.00	NO BID	NO BID	NO BID	NO BID
7	Hamper Bag	EA	280	\$ 11.00	\$ 3,080.00	\$ 10.45	\$ 2,926.00	\$ 12.69	\$ 3,553.20	\$ 10.50	\$ 2,940.00	NO BID	NO BID	NO BID	NO BID
8	Patient Gown	EA	1,800	\$ 3.51	\$ 6,318.00	\$ 3.43	\$ 6,174.00	\$ 4.09	\$ 7,362.00	\$ 8.75	\$ 15,750.00	NO BID	NO BID	NO BID	NO BID
9	Bath Towel	EA	17,000	\$ 1.20	\$ 20,400.00	\$ 1.23	\$ 20,910.00	\$ 1.35	\$ 22,950.00	\$ 2.99	\$ 50,830.00	\$ 1.05	\$ 17,850.00	\$ 1.11	\$ 18,870.00
10	Washcloth	EA	48,000	\$ 0.14	\$ 6,720.00	\$ 0.13	\$ 6,240.00	\$ 0.15	\$ 7,200.00	\$ 0.76	\$ 36,480.00	\$ 0.15	\$ 7,200.00	\$ 0.13	\$ 6,240.00
GRAND TOTAL				\$ 58,730.00			\$ 67,067.10		\$ 72,105.14		\$ 164,460.40		\$ 33,030.00		\$ 34,293.00



**THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
VARIOUS LINENS FOR CARE CENTER 26-028-DCC
BID TABULATION**

NOTES

1. Direct Supply, Inc. was deemed non-responsive due to not including required documents.
2. Medline Industries, Inc.'s Bid Tabulation was adjusted to correct for submission errors:
 - a. NO. 2, when multiplied, ($\$0.95 \times 2,160 = \$1,922.40$), resulted in a decrease of \$2.40.
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 - c. NO. 5, when multiplied, ($\$9.05 \times 2,350 = \$21,267.50$), resulted in an increase of \$11.75.
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 - e. NO. 7, when multiplied, ($\$12.69 \times 280 = \$3,553.20$), resulted in a decrease of \$1.17.
 - f. NO. 8, when multiplied, ($\$4.09 \times 1,800 = \$7,362.00$), resulted in an increase of \$7.50.
 - g. NO. 9, when multiplied, ($\$1.35 \times 17,000 = \$22,950.00$), resulted in a decrease of \$13.60.
 - h. NO. 10, when multiplied, ($\$0.15 \times 48,000 = \$7,200.00$), resulted in a decrease of \$118.63.
 - i. GRAND TOTAL was corrected from \$77,224.15 to \$72,105.14.
3. Immaculate Laundry of Albany Park, LLC's Bid Tabulation was adjusted to correct for submission errors:
 - a. NO. 2, when multiplied, ($\$1.89 \times 2,160 = \$4,082.40$), resulted in an increase of \$0.40.
 - b. GRAND TOTAL was corrected from \$164,460.00 to \$164,460.40.
4. Acme Supply Co., LTD's Bid Tabulation was adjusted to correct for submission errors:
 - a. NO. 1, when multiplied, ($\$4.00 \times 480 = \$1,920.00$) resulted in a decrease of \$384.00.
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5. Tabb Textiles Co., Inc.'s Bid Tabulation was adjusted to correct for submission errors:
 - a. NO. 4, when multiplied, ($\$6.95 \times 420 = \$2,919.00$), resulted in a decrease of \$19,000.00.

Bid Opening 4/16/2026 @ 2:30 PM	SR, VC, SP
Invitations Sent	29
Total Vendors Requesting Documents	11
Total Bid Responses	7

BID PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	26-028-DCC
COMPANY NAME:	Now Linens
CONTACT PERSON:	Darryl Gras - Partyka
CONTACT EMAIL:	darryl@nowlinens.com

Section II: Pricing

F.O.B: All goods are to be shipped F.O.B. Destination.

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Flat Sheet	EA	480	\$ 3.40	\$ 1,632
2	Pillowcase	EA	2,160	\$ 0.74	\$ 1,598.40
3	Knitted Fitted Sheet	EA	480	\$ 5.49	\$ 2,635.20
4	Close View Thermal Blanket	EA	420	\$ 8.00	\$ 3,360
5	Underpad	EA	2,350	\$ 4.80	\$ 11,280
6	Pillow	EA	216	\$ 7.90	\$ 1,706.40
7	Hamper Bag	EA	280	\$ 11.00	\$ 3,080
8	Patient Gown	EA	1,800	\$ 3.51	\$ 6,318
9	Bath Towel	EA	17,000	\$ 1.20	\$ 20,400
10	Washcloth	EA	48,000	\$ 0.14	\$ 6,720
GRAND TOTAL					\$ 58,730
GRAND TOTAL Fifty-eight thousand, seven hundred + thirty (In words)					

Section III: Certification

By signing below, the Bidder agrees to provide the required goods and/or services described in the Bid Specifications for the prices quoted on this Bid Pricing Form.

Signature on File

Printed Name: Darryl Gras Parhyka Signature: _____

Title: Operations Supervisor Date: 4/15/26



DuPage County
 Finance Department
 Procurement Division
 421 North County Farm Road
 Room 3-400
 Wheaton, Illinois 60187-3978

MANDATORY FORM

Section I: Contact Information

Complete the contact information below.

BID NUMBER:	26-028-DCC
COMPANY NAME:	Now Linens LLC
MAIN ADDRESS:	1101 N Lombard Rd
CITY, STATE, ZIP CODE:	Lombard, IL 60148
TELEPHONE NO.:	630.868.9168
BID CONTACT PERSON:	Darryl Gras - Partyka
CONTACT EMAIL:	darryl@nowlinens.com

Section II: Contract Administration Information

Complete the contract administration information below.

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME:	Darryl Gras - Partyka	NAME:	Judy Hancock
CONTACT:	Operations Supervisor	CONTACT:	Office Manager
ADDRESS:	1101 N Lombard Rd	ADDRESS:	1101 N Lombard Rd
CITY, ST., ZIP:	Lombard, IL 60148	CITY, ST., ZIP:	Lombard, IL 60148
PHONE NO.:	630.868.9168	PHONE NO.:	630.424.8000
EMAIL:	darryl@nowlinens.com	EMAIL:	Judy@nowlinens.com

Section III: Certification

The undersigned certifies that they are:

The Owner or Sole Proprietor

A Member authorized to sign on behalf of the Partnership

An Officer of the Corporation

A Member of the Joint Venture

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

Rajan Barad

(President or Partner)

(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Officer, DuPage County, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. _____, _____, and _____ issued thereto.

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

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

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

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

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

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

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

By signing below, the Bidder agrees to the terms of this Mandatory Form and certifies that the information on this form is true and correct to the best of its knowledge.

Signature on File

Printed Name: Darryl Gras-Partyka

Signature: _____

Title: Operations Supervisor

Date: 4/15/26



DuPage County
 Finance Department
 Procurement Division
 421 North County Farm Road
 Room 3-400
 Wheaton, Illinois 60187-3978

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	26-028-DCC
COMPANY NAME:	Now Linens
CONTACT PERSON:	Darryl Gras-Partyka
CONTACT EMAIL:	darryl@nowlinens.com

Section II: Procurement Ordinance Requirements

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 the Procurement Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor to any incumbent County Board member, County Board chairman, or Countywide elected official whose office the contract to be awarded will benefit within the current and previous calendar year. 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.

Has the Bidder made contributions as described above?

Yes

No

If "Yes", complete the required information in the table below.

RECIPIENT	DONOR	DESCRIPTION (e.g., cash, type of item, in-kind services, etc.)	AMOUNT/VALUE	DATE MADE

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.

Has the Bidder had or will the Bidder have contact with lobbyists, agents, representatives or individuals who are or will be having contact with county officers or employees as described above.

Yes

No

If "Yes", list the name, phone number, and email of lobbyists, agents, representatives, and all individuals who are or will be having contact with county officers or employees in the table below.

NAME	PHONE	EMAIL

Section III: Violations

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 and supplemental disclosure is required. The Bidder agrees 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 of the County's Ethics Ordinance is available at:

[Ethics | DuPage Co, IL](#)

The full text of the County's Procurement Ordinance is available at:

[ARTICLE VI. - PROCUREMENT | Code of Ordinances | DuPage County, IL | Municode Library](#)

Section IV: Certification

By signing below, the Bidder hereby acknowledges that it has received, read, and understands these requirements, and certifies that the information submitted on this form is true and correct to the best of its knowledge.

Signature on File

Printed Name: Darryl Gras-Parthyku Signature: _____

Title: Operations Supervisor Date: 4/15/26



Action Item

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

File #: 26-1626

Agenda Date: 6/2/2026

Agenda #: 8.C.



**DUPAGE
COUNTY**

DUPAGE CARE CENTER

MEMORANDUM

TO: HUMAN SERVICES COMMITTEE

FROM: Janelle Chadwick, Care Center Administrator

DATE: May 28, 2026

RE: Nurses' Week Expenditures

The purpose of this Memo is to provide details regarding the DuPage Care Center Purchase Requisition dated March 25, 2026, and the DuPage County Payment Voucher dated April 30, 2026. Both documents are for purchases made to celebrate National Nurses' Week which took place the week of May 6, 2026, through May 12, 2026. At the Care Center, we recognize RNs, LPNs and CNAs (approximately 160 employees) during National Nurses' Week. I have been with the Care Center for 9 years and we have consistently recognized our professional nursing staff during that time as well as for many years before my tenure. We purchased the following items through Positive Promotions, Inc.: cooler totes and beach mats, 3-in-1 insulated cooler bags, roll-up blankets, mini totes with a mug, hot chocolate, bracelet/keychain/phone holders, insulated backpack cooler bags. In addition, decorative items and snacks were also purchased. These items of goodwill and recognition totaled \$1,431.43 (less than \$9 per professional). The 2026 annual spending for National Nurses' Week is consistent with prior years' expense. I believe it is critical for our operations to provide this recognition, and it is customary in the industry to do so. Therefore, I ask this Committee to approve the Purchase Requisition and the Payment Voucher so payments may issue.



Positive Promotions, Inc.

PO Box 11537; Newark, NJ 07101-4537
 Phone: 800-635-2666; Fax: 631-486-2269
 www.positivepromotions.com

INVOICE

TO: CONNIE PUREZA
 VIA EMAIL

Customer Number 00825034-14	Your Purchase Order Number NSG260325CP	Our Reference Numbers 32278705 BPP8206	INVOICE NUMBER 07719244 ✓
BILL TO: ATTN: ACCOUNTS PAYABLE DEPT. DUPAGE CARE CENTER FOUNDATION 400 N COUNTY FARM RD WHEATON IL 60187-3908		SHIP TO: CONNIE PUREZA DUPAGE CARE CENTER 400 N COUNTY FARM RD WHEATON IL 60187-3908	INVOICE DATE 4/23/26

QUANTITY	ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	RP-640	50 PC RAFFLE PACK NURSES WEEK	347.50	347.50
5	LB1883K	SLING CHILL 3-IN-1-NURSING:THE	9.99	49.95
3	GN13189	ECO W/STRAP-MULTI-NURSES:TURNI	13.99	41.97
3	LB1907K	HYDRO-WE DON'T DO AVERAGE WE D	14.99	44.97
5	VP10988	SCRUBS DESIGN GIFT SET	19.98	99.90
20	NT6773X	MALIBU+BEACH MAT-NURSES:TURNIN	12.98	259.60
10	VP10988	SCRUBS DESIGN GIFT SET	19.98	199.80

Process Level: 100
 Contract #: _____
 Acct: 1200 - 2050 - 52200 = \$ 1,163.71
 V#: 11689

**Received
 Nursing Admin.
 APR 29 2026**

TERMS: NET-CASH, F.O.B. HAUPPAUGE, NY

ALL INVOICES ARE SUBJECT TO A 1.5% MONTHLY FINANCE
 CHARGE IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS

Sub-Total	1,043.69
Shipping & Handling	120.02
Sales Tax	.00
Invoice Total	1,163.71
Amount Prepaid	.00
Balance Due	1,163.71

119

Positive Promotions, Inc. PO Box
 11537; Newark, NJ 07101-4537
 Phone: 800-635-2666; Fax: 631-486-2269 Federal Tax I.D.
 # 13-1968593
 www.positivepromotions.com

✂ Detach along perforation.

- For proper crediting to your account:
- Please detach and return this portion with your payment
 - Please write your customer number on your check
 - Please enter the payment amount in the box below.

CUSTOMER #	00825034-14
INVOICE #	07719244
BALANCE DUE	1,163.71

AMOUNT ENCLOSED

ATTN: ACCOUNTS PAYABLE DEPT.
 DUPAGE CARE CENTER FOUNDATION
 400 N COUNTY FARM RD
 WHEATON IL 60187-3908

9000008250340771924400116371

DuPage County
PAYMENT VOUCHER
 Effective December 1, 2023

Invoice No. _____
 Vendor No. _____
 Process Level _____
 Amount \$267.72

Reason to Return Check to: _____

- | | |
|--|---|
| <input type="checkbox"/> Real Estate Closings
<input type="checkbox"/> Vehicle Title Applications/Renewals
<input type="checkbox"/> Vital Records
(includes background checks/fingerprinting) | <input type="checkbox"/> Certification/Licensing
<input type="checkbox"/> Taxes/Unemployment
<input type="checkbox"/> Insurance Settlements
<input type="checkbox"/> Waiver of Lien
<input type="checkbox"/> Subpoena Delivered Witness Fee |
|--|---|

Description: Nurses Week Supplies 2026

Please check one of the following: **Budget is available for this purchase** **Budget transfer is in process**

Remit to: [REDACTED]
 Address/Zip: [REDACTED]

COMPANY	AU	ACCT	SUB	ACTV	ACTV CAT	DESCRIPTION (27 character length maximum)	AMOUNT
1200	2050	52200				Nurses Week Supplies 2026 - Amazon	\$58.55
1200	2050	52210				Nurses Week Supplies 2026 - Sam's club	\$112.68
1200	2050	52200				Nurses Week Supplies 2026 - Amazon	\$96.49
TOTAL AMOUNT							\$267.72

CLAIMANT STATEMENT

I, [REDACTED]
Claimant

state that the amounts claimed herein are presented accurately; that the services were rendered, or articles were furnished, as therein charged and that the amount claimed, to the sum of *** \$267.72 dollars, is due and unpaid after allowing all just credits.

4/30/26
Date

[REDACTED]

All requests for employee reimbursement must be provided to the Finance Department, entered into the accounts payable system and approved by the Office or Department not more than **sixty (60) days** after the expense has been incurred.

**Received
 Nursing Admin.
 MAY 05 2026**



Budget Transfer

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

File #: 26-1619

Agenda Date: 6/2/2026

Agenda #: 9.A.

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 5000
Company #

211 ILLINOIS PROGRAM GRANTS
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	
1765	50000	0000	REGULAR SALARIES	\$ 4,293.00	8,095.76	3,802.76	5/21/26
1765	51010		EMPLOYER SHARE I.M.R.F.	\$ 414.00	781.25	367.25	5/21/26
1765	51030		EMPLOYER SHARE SOCIAL SECURITY	\$ 322.00	619.51	297.51	5/21/26
1765	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 575.00	1,080.83	505.83	5/21/26
1765	52240		PROMOTION MATERIALS	\$ 896.00	2,146.00	1,250.00	5/21/26
Total				\$ 6,500.00			

To: 5000
Company #

211 ILLINOIS PROGRAM GRANTS
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	
1765	53807		SUBSCRIPTION IT ARRANGEMENTS	\$ 6,500.00	Ø	6,500.00	5/21/26
Total				\$ 6,500.00			

Reason for Request:

Grant manager confirmed that this subscription cost is allowable. Budget modification is needed to cover for this software cost.

Signature on File

Department Head

Signature

on File

Chief Financial Officer

5/21/26
Date
3/27/26
Date

Activity _____
(optional)

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Actg Period _____

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

HS - 6/2/26
FIN/CB - 6/9/26



Budget Transfer

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

File #: 26-1620

Agenda Date: 6/2/2026

Agenda #: 9.B.

DuPage County, Illinois
 BUDGET ADJUSTMENT
 Effective April 1, 2025

From: 5000
 Company #

US TREAS EMER RENT ASSIST FUND
 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	
1770	50000		REGULAR SALARIES	\$ 5,000.00	22,004.13	17,004.13	5/28/26
Total				\$ 5,000.00			

To: 5000
 Company #

US TREAS EMER RENT ASSIST FUND
 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	
1770	53807		SUBSCRIPTION IT ARRANGEMENTS	\$ 5,000.00	Ø	5,000.00	5/28/26
Total				\$ 5,000.00			

Reason for Request:

To reclassify FY25 Prepaid Expense to FY26 Expense, amount \$4,800.00, Vendor: Neighborly Software, invoice# 13264.

Signature on File

Department Head *[Signature]*
 Chief Financial Officer *[Signature]*

5/26/26
 Date
5/28/26
 Date

Activity _____
 (optional)

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

Finance Department Use Only

Fiscal Year 26 Budget Journal # _____ Acctg Period _____

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

HS - 6/2/26
 FIN/LB - 6/9/26

[Handwritten mark]



Grant Proposal Notifications

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

File #: 26-1621

Agenda Date: 6/2/2026

Agenda #: 10.A.



Grant Proposal Notification

GPN Number: 020-26
(Completed by Finance Department)

Date of Notification: 05/14/2026
(MM/DD/YYYY)

Parent Committee Agenda Date: 06/02/2026
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 05/30/2026
(MM/DD/YYYY)

Name of Grant: PY27 Supportive Housing Program

Name of Grantor: Illinois Department of Human Services

Originating Entity: _____
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Joan Fox, Administrator Housing Supports & Self Sufficiency, 6426
(Name, Title, and Extension)

Parent Committee: HHS

Grant Amount Requested: \$ 102,786.00

Type of Grant: Project/Continuation
(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: _____ If State, provide CSFA: 444-80-0658



Grant Proposal Notification

1. Justify the department’s need for this grant.

The Supportive Housing Grant provides funding to provide case management and supportive services to DuPage households who are at risk of homelessness, homeless or previously homeless. Under this funding we will serve a minimum of 22 households this program year. This funding source works jointly with homelessness prevention, rapid rehousing, coordinated entry and the Family Self-Sufficiency Program.

2. Based on the County’s Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Safe Community - Keep people safe and maintain the social service safety net. Homelessness prevention funds assist persons maintain or recover permanent housing if an economic crisis leads them to face homelessness.

Community Well-Being - Improve access to County resources. Applicant households are screened for mainstream services, and are offered financial education and case management services.

3. What is the period covered by the grant?

07/01/2026 to: 06/30/2027
(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 \$70,633.00 Percentage covered by grant 100%

6.1.2. Total fringe benefits \$20,871.00 Percentage covered by grant 100%

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) No

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project _____

7.1.2. Percentage of direct administrative costs covered by grant _____

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

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 11.50%

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

- 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)? \$102,786.00



Grant Proposal Notifications

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

File #: 26-1622

Agenda Date: 6/2/2026

Agenda #: 10.B.



Grant Proposal Notification

GPN Number: 021-26
(Completed by Finance Department)

Date of Notification: 05/14/2026
(MM/DD/YYYY)

Parent Committee Agenda Date: 06/02/2026
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 05/30/2026
(MM/DD/YYYY)

Name of Grant: PY27 IDHS Rapid Rehousing Program

Name of Grantor: Illinois Department of Human Services

Originating Entity: _____
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Joan Fox, Administrator Housing Supports & Self Sufficiency, 6426
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 120,124.00

Type of Grant: Project/Continuation
(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: _____ If State, provide CSFA: 444-80-3153



Grant Proposal Notification

1. Justify the department's need for this grant.

The Rapid Rehousing program provides funding to assist DuPage Households who are literally homeless to secure permanent housing. The project works in collaboration with the DuPage County Continuum of Care's Coordinated Entry System. We anticipate to use this funding source to assist up to 6 households monthly for 12 months of the program year. DuPage County Community Services participates in the Continuum of Care and works in partnership with other local agencies to prevent and end homelessness.

2. Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Community Well Being - Keep people safe and maintain the social service safety net. The Rapid Rehousing program helps persons experiencing literal homeless move to permanent housing and provides case management support and necessary assistance with housing costs for up to 24 months. Households are referred to the program from the COC Coordinated Entry System. All are screened for mainstream services, and are offered financial education and case management services.

3. What is the period covered by the grant?

07/01/2026 to: 06/30/2027
(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 \$139,714.00 Percentage covered by grant 16.31%

6.1.2. Total fringe benefits \$56,149.00 Percentage covered by grant 16.31%

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?

Multiple projects are worked on by full time staff.

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 \$10,415.00

7.1.2. Percentage of direct administrative costs covered by grant 44.98%

7.1.3. What percentage of the grant total is the portion covered by the grant 3.9%

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 69.51%

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

- 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)? \$120,124.00



Grant Proposal Notifications

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

File #: 26-1623

Agenda Date: 6/2/2026

Agenda #: 10.C.



Grant Proposal Notification

GPN Number: 022-26
(Completed by Finance Department)

Date of Notification: 05/14/2026
(MM/DD/YYYY)

Parent Committee Agenda Date: 06/02/2026
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 05/30/2026
(MM/DD/YYYY)

Name of Grant: PY27 Homeless Prevention Program

Name of Grantor: Illinois Department of Human Services

Originating Entity: _____
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Joan Fox, Administrator Housing Supports & Self Sufficiency, 6426
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 384,000.00

Type of Grant: Project/Continuation
(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: _____ If State, provide CSFA: 444-80-0657



Grant Proposal Notification

1. Justify the department’s need for this grant.

The Homeless Prevention Grant provides funding to assist DuPage Households to prevent homelessness or to secure permanent housing. We anticipate 115 households will be assisted via this funding source in this program year. DuPage County Community Services participates in the Continuum of Care and works in partnership with other local agencies to prevent and end homelessness.

2. Based on the County’s Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Community Well Being – Keep people safe and maintain the social service safety net - The Homelessness Prevention Program supports at-risk households experiencing short-term financial crises by helping them maintain their current housing through short-term rental assistance or secure new permanent housing with security deposit assistance. All participating households are screened for eligibility for mainstream services and are offered financial education and case management to promote long-term stability.

3. What is the period covered by the grant? 07/01/2026 to: 06/30/2027
(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)



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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 \$68,423.00 Percentage covered by grant 20%

6.1.2. Total fringe benefits \$20,759.00 Percentage covered by grant 20%

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?

CDBG-HRU 5000-1440 and CSBG - 5000-1650

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?

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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 \$25,399.00

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 6.61%

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 88.74%

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

- 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)? \$384,000.00