

### **DU PAGE COUNTY**

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

# **Economic Development Committee Regular Meeting Agenda**

**Tuesday, June 18, 2024** 

8:30 AM

**Room 3500A** 

- 1. CALL TO ORDER
- 2. ROLL CALL
- 3. APPROVAL OF MINUTES
  - 3. A. **24-1813**

Economic Development Committee - Regular Meeting Minutes - May 21,2024

- 4. CHAIRWOMAN'S REMARKS CHAIR LAPLANTE
- 5. PUBLIC COMMENT
- 6. INCUMBENT WORKER TRAINING
  - 6.A. **24-1815**

Vonberg Valve, Inc. - Training Memo

- 7. GRANT PROPOSAL NOTIFICATIONS
  - 7. A. **24-1814**

GPN 025-24: Illinois Department of Commerce & Economic Opportunity, Department of Labor, Workforce Innovation & Opportunity Act Grant (WIOA) PY24, \$5,408,075. (Human Resources, Workforce Development Division)

- 8. PROCUREMENT REQUISITIONS
  - 8. A. <u>24-1734</u>

Recommendation for the approval of a contact purchase order issued to Walker-Miller Energy Services, to provide workforce development training & supportive services for the Energy Efficiency & Conservation Block Grant, for the period of July 1, 2024 to October 31, 2024, for a total contract amount of \$27,152. Per 55 ILCS 5/5-1022 the Training & Employment program was designed by Nicor & Walker-Miller Energy Services and prepares students for industry-recognized credentials, provides for wraparound supports, and connects students to on-the-job training opportunities; thus aligning with objectives of the EECBG workforce component.

- 9. PRESENTATION: Greg Bedalov, Choose DuPage Update
- 10. OLD BUSINESS
- 11. NEW BUSINESS

### 12. ADJOURNMENT

### Minutes







### **DU PAGE COUNTY**

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# **Economic Development Committee Final Summary**

Tuesday, May 21, 2024 8:30 AM Room 3500A

#### 1. CALL TO ORDER

8:30 AM meeting was called to order by Chair LaPlante at 8:30 AM.

#### 2. ROLL CALL

Member Childress was late to roll call due to the Judicial Public Safety Meeting, but participated in all voting. Member Cronin-Cahill was also present.

PRESENT Covert, Galassi, LaPlante, Rutledge, and Yoo
LATE Childress

#### 3. APPROVAL OF MINUTES

#### 3. A. **24-1529**

Economic Development Committee - Minutes - April 16,2024

Attachments: Economic Development Committee - Minutes - April 16, 2023

RESULT: APPROVED

MOVER: Lynn LaPlante

SECONDER: Yeena Yoo

#### 4. CHAIRWOMAN'S REMARKS - CHAIR LAPLANTE

Chair LaPlante welcomed Lisa Schvach and thanked her for her presenting the update for the workNet DuPage Career Center.

#### 5. PUBLIC COMMENT

No public comments were offered.

#### 6. INCUMBENT WORKER TRAINING

#### 6. A. **24-1530**

Incumbent Worker Training Memo -Kenyeri Engineering & Manufacturing

Attachments: Board Memo Kenyeri Engineering PY 2023

**RESULT:** ACCEPTED AND PLACED ON FILE

MOVER: Lynn LaPlante SECONDER: Sheila Rutledge

#### 7. CHANGE ORDERS

#### 7. A. **ED-CO-0001-24**

Increase purchase order 6457-0001 SERV, issued to Turning Pointe Autism Foundation, in the amount of \$139,441, a 156.43% increase, for a new contract amount of \$228,582, and extend the contract through May 31, 2025. This will allow the vendor to successfully continue serving youth in DuPage County with Workforce Innovation & Opportunity Grant funding. (Workforce Development)

**Attachments:** Turning Pointe Change Order

<u>Turning Pointe Decision Memo</u> <u>Turning Pointe Vendor Ethics</u>

**RESULT:** APPROVED AND SENT TO FINANCE

MOVER: Lynn LaPlante SECONDER: Yeena Yoo

#### 7. B. **ED-CO-0002-24**

Increase purchase order 6027-0001 SERV, issued to Parents Alliance Employment Project, in the amount of \$123,925, a 50% increase, for a new contract amount of \$371,775, and extend the contract through September 30, 2025, to continue to successfully serve in-school-youth in DuPage County. (Workforce Development)

Attachments: Parents Alliance ISY - Change Order

Parent's Alliance ISY- Decision Memo

PAEP Vendor Ethics

**RESULT:** APPROVED AND SENT TO FINANCE

MOVER: Lynn LaPlante SECONDER: Kari Galassi

#### 7. C. **ED-CO-0003-24**

Increase purchase order 6028-0001 SERV, issued to Parents Alliance Employment Project, in the amount of \$434,123, a 68.34% increase, for a new contract amount of \$1,069,409, and extend the contract through September 30, 2025, to continue to successfully serve out-of-school youth in DuPage County. (Workforce Development)

Attachments: Parents Alliance - Change Order

Parents Alliance -Decision memo

**PAEP Vendor Ethics** 

**RESULT:** APPROVED AND SENT TO FINANCE

**MOVER:** Lynn LaPlante

SECONDER: Kari Galassi

#### 8. PRESENTATION

#### 8. A. Lisa Schvach - Workforce Development Update

Lisa Schvach, Executive Director of Workforce Development, updated the Committee on several items, including special projects and initiatives. Projects of note include Back to School, Back to Work: Returning Parents to the Workforce and her partnership with the Sheriffs Office & JUST of DuPage; working to secure employment for individuals post release. Member Galassi shared a success story from that program.

Ms. Schvach also gave an overview of events happening at the workNet DuPage Career Center including career and job search services. Questions were taken from Committee Members.

#### 9. OLD BUSINESS

No old business was discussed.

#### 10. NEW BUSINESS

No new business was discussed.

#### 11. ADJOURNMENT

With no further business, the meeting was adjourned at 9:02 AM by Chair LaPlante.

### Informational







### **HUMAN RESOURCES**

630-407-6300 Fax: 630-407-6301

DPCHumanResources@dupageco.org

www.dupageco.org/hr

### Memo

Workforce Development

2525 Cabot Drive, Suite 302 Lisle, IL 60532

630-955-2030 Fax: 630-955-2059

www.worknetdupage.org

Date: June 3, 2024

To: Economic Development Committee

From: Griffin Leininger, Business Services Lead, DuPage Workforce Development Division

RE: Incumbent Worker Training Application – Vonberg Valve Inc

Vonberg Valve, Inc. in Itasca applied for CNC Programming, Setup and Operation training. The training will allow Vonberg to continue to increase capacity in their manufacturing operation and maximize machine productivity. Currently Vonberg has 4 machines that are operating at less than 50% capacity. Without this training, Vonberg could continue to see a decline in productivity, which could lead to lost sales and decreased revenue.

CNC skills are in high demand, and it is very difficult to find workers who have prior experience or training in CNC. Vonberg has chosen to train an existing employee to obtain these skills.

The selected training provides instruction related to programming, setup and operation of computerized numerical controlled machines.

From a company perspective, having a trained operator for these machines will increase the productivity and throughput of these machines by between 50%-100%. As a result of the training, the employee will receive the benefit of a promotion, increase in pay and nationally recognized credentialing.

#### Notes:

- \* Vonberg Valve Inc. —38 Employees
- \* Located in Itasca, Illinois
- \* Number of Incumbent Workers to be Trained: 1
- \* Total Amount Approved: \$7,940.00



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| GPN Number: 025-24                                              |                                                                                                |                  |                      | Date of Notification:                  | 06/06/202               |  |  |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------|----------------------|----------------------------------------|-------------------------|--|--|
| (Completed by Finance Departmen                                 | t)                                                                                             |                  |                      |                                        | (MM/DD/YYYY             |  |  |
| Parent Committee Agenda Date<br>(Completed by Finance Departmen |                                                                                                |                  | Grant A <sub>l</sub> | oplication Due Date: _                 | 06/28/202<br>(MM/DD/YYY |  |  |
| Name of Grant:                                                  | Workforce                                                                                      | Innovatio        | on & Oppoi           | rtunity Act (WI                        | OA) PY24                |  |  |
| Name of Grantor:                                                | IL Dept of Commerce & Economic Opportunity                                                     |                  |                      |                                        |                         |  |  |
| Originating Entity:                                             | (Name the entity                                                                               | <b>.</b>         | artment o            | f Labor<br>es, if Grantor is a pass-th | nru entity)             |  |  |
| County Department:                                              | Human Re                                                                                       | esources-\       | Norkforce<br>————    | Development                            | Division                |  |  |
| Department Contact:                                             | Lisa Schvac                                                                                    |                  | r or Workfo          | orce Devt. Div (                       | 955-2066)               |  |  |
| Parent Committee:                                               |                                                                                                | Econo            | omic Deve            | lopment                                |                         |  |  |
| Grant Amount Requested:                                         |                                                                                                | <u></u>          | 5 5,408,07           | 5.00                                   |                         |  |  |
| Type of Grant:                                                  | Formula  (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify) |                  |                      |                                        |                         |  |  |
| ls this a new non-recurring Grar                                |                                                                                                | Yes              | wia, Project, Dire   | ct Payment, Other – Pie                | ease Specity)           |  |  |
| Source of Grant:                                                |                                                                                                | <b>✓</b> Federal | State                | Private                                | Corporate               |  |  |
| If Federal, provide CFDA:                                       | 17.259,17.278                                                                                  | <del></del>      |                      | <del></del>                            |                         |  |  |

Page 1 of 5

| 1. | Justify the department's need for this grant.  Provide training assistance to unemployed and underemployed residents of DuPage or upgrade their skills to become employed. This will be done through 3 funding st Adult, Dislocated Worker and Youth.                                                                                                          | -              | -                  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|
| 2. | Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding o brief explanation.                                                                                                                                                                                                                                                | pportunity. P  | rovide a           |
|    | Imperative 5: Foster continued growth of the DuPage Economy 5.1. Ensure that DuPage County residents have the competitive skills necessary to create high quality workforce.  The grant will allow the DuPage County-Workforce Development Division to provide tra DuPage County residents to better qualify for job opportunities in in-demand skills and in- | ining assistan | ce to              |
| 3. | What is the period covered by the grant? $\frac{07/01/2024}{\text{(MM/DD/YYYY)}}$                                                                                                                                                                                                                                                                              | to: 06/30      | 0/2026<br>DD/YYYY) |
|    | 3.1. If period is unknown, estimate the year the project or project phase will begin and anti                                                                                                                                                                                                                                                                  | cipated durat  | ion:               |
|    | 3.1.1 and (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)

| 6. | Does the grant allow for Person                               | inel Costs? (Yes or No)       |                                                             | Yes                     |
|----|---------------------------------------------------------------|-------------------------------|-------------------------------------------------------------|-------------------------|
|    | 6.1. If yes, what are the total p the entire term of the gran |                               | penefit costs of personnel charging<br>ded benefits at 40%. | g time to the grant for |
|    | 6.1.1. Total salary                                           | \$1,736,970.00                | Percentage covered by grant                                 | 100%                    |
|    | 6.1.2. Total fringe benefits                                  | \$608,462.00                  | Percentage covered by grant                                 | 100%                    |
|    | 6.1.3. Are any of the Count                                   | y-provided fringe benefits    | disallowed? (Yes or No):                                    | No                      |
|    | 6.1.3.1. If yes, whic                                         | h ones are disallowed?        |                                                             |                         |
|    | _                                                             | does not cover 100% of th     | ne personnel costs, from what Con                           | npany-Accounting Unit   |
|    |                                                               | OA grant under 5000-28        | 340 or 5000-2841                                            |                         |
|    | Other wi                                                      | on grant under 5000 20        | 140 01 3000 2041                                            |                         |
|    | 6.2. Will receipt of this grant re                            | equire the hiring of addition | nal staff? (Yes or No):                                     | No                      |
|    | 6.2.1. If yes, how many nev                                   | positions will be created?    |                                                             |                         |
|    | 6.2.1.1. Full-time _                                          | Part-time                     | Temporary                                                   | _                       |
|    | 6.2.1.2. Will the hea                                         | adcount of the new positio    | n(s) be placed in the grant accoun                          | iting unit? (Yes or No) |
|    | 6.2.1.2.1. If n                                               | o, in what Company-Accou      | unting Unit will the headcount(s) b                         | •                       |

|    | 6.3. Does the gran  | at award require the positions to be retained beyond the grant to | erm? (Yes or No) | No   |
|----|---------------------|-------------------------------------------------------------------|------------------|------|
|    | 6.3.1. If yes, pl   | ease answer the following:                                        |                  |      |
|    | 6.3.1.1.            | How many years beyond the grant term?                             |                  |      |
|    | 6.3.1.2.            | What Company-Accounting Unit(s) will be used?                     |                  |      |
|    | 6.3.1.3.            | Total annual salary                                               |                  |      |
|    | 6.3.1.4.            | Total annual fringe benefits                                      |                  |      |
| 7. | Does the grant allo | ow for direct administrative costs? (Yes or No)                   |                  | Yes  |
|    | 7.1. If yes, please | answer the following:                                             |                  |      |
|    | 7.1.1. Total est    | cimated direct administrative costs for project                   | \$540,80         | 3.00 |
|    | 7.1.2. Percenta     | age of direct administrative costs covered by grant               |                  | 100% |
|    | 7.1.3. What pe      | ercentage of the grant total is the portion covered by the grant  |                  | 10%  |
| 3. | What percentage of  | of the grant funding is non-personnel cost / non-direct administr | rative cost?     | 57%  |
| 9. | Are matching fund   | s required? (Yes or No):                                          |                  | No   |
|    | 9.1. If yes, please | answer the following:                                             |                  |      |
|    | 9.1.1. What pe      | ercentage of match funding is required by granting entity?        |                  |      |
|    | 9.1.2. What is      | the dollar amount of the County's match?                          |                  |      |

| 9.1.3.         | What Company-Accounting Unit(s) will provide the matching requirement?        |                |
|----------------|-------------------------------------------------------------------------------|----------------|
| 10. What amo   | ount 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 N | No): No        |
| 11. What is th | e total project cost (Grant Award + Match + Other Allocated Funding)?         | \$5,408,075.00 |





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# Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

| SECTION 1: DESCRIPTION                                            |                                         |                                      |                                                          |  |  |  |
|-------------------------------------------------------------------|-----------------------------------------|--------------------------------------|----------------------------------------------------------|--|--|--|
| General Tracking                                                  |                                         | Contract Terms                       |                                                          |  |  |  |
| FILE ID#:                                                         | RFP, BID, QUOTE OR RENEWAL #:           | INITIAL TERM WITH RENEWALS:<br>OTHER | INITIAL TERM TOTAL COST:<br>\$27,152.00                  |  |  |  |
| COMMITTEE: TARGET COMMITTEE DATE:  ECONOMIC DEVELOPMENT 6/18/2024 |                                         | PROMPT FOR RENEWAL:                  | CONTRACT TOTAL COST WITH ALL<br>RENEWALS:<br>\$27,152.00 |  |  |  |
|                                                                   | CURRENT TERM TOTAL COST:<br>\$27,152.00 | MAX LENGTH WITH ALL RENEWALS:        | CURRENT TERM PERIOD:<br>INITIAL TERM                     |  |  |  |
| Vendor Information                                                |                                         | Department Information               |                                                          |  |  |  |
| VENDOR:<br>Walker-Miller Energy Services                          | VENDOR #:                               | DEPT:<br>HR-WDD                      | DEPT CONTACT NAME:<br>Lisa Schvach                       |  |  |  |
| VENDOR CONTACT:<br>Crystal Davis                                  | VENDOR CONTACT PHONE:<br>708-928-9890   | DEPT CONTACT PHONE #: 630.955.2066   | DEPT CONTACT EMAIL:<br>lschvach@worknetdupage.org        |  |  |  |
| VENDOR CONTACT EMAIL:<br>cdavis@wmenergy.com                      | VENDOR WEBSITE:<br>www.wmenergy.com     | DEPT REQ #:                          | 1                                                        |  |  |  |

#### Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Training and supportive services costs aligned with workforce development component of Energy Efficiency & Conservation Block Grant (EECBG); funds will be utilized to expand capacity of the Novice Workforce Training & Employment program provided by Walker-Miller Energy Services and Nicor Gas by up to two students; sole source as the program is proprietary to Nicor/Walker-Miller

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

To meet objectives and key activities of the Energy Efficiency & Conservation Block Grant (EECBG) workforce development component through provision of job training and work-based learning leading to careers in energy efficiency relevant areas

|                                                         | SECTION 2: DECISION MEMO REQUIREMENTS                                                                                                                       |  |  |  |  |  |  |  |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| DECISION MEMO NOT REQUIRED SOLE SOURCE PER DUPAGE ORDIN | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.  ANCE, SECTION 2-350 (MUST FILL OUT SECTION 4) |  |  |  |  |  |  |  |
| DECISION MEMO REQUIRED                                  | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.                                                    |  |  |  |  |  |  |  |

|                                              | SECTION 3: DECISION MEMO                                                                                                                                             |  |  |  |  |  |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| SOURCE SELECTION                             | Describe method used to select source.                                                                                                                               |  |  |  |  |  |
| RECOMMENDATION<br>AND<br>TWO<br>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). |  |  |  |  |  |

Form under revision control 05/17/2024

|                               | SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JUSTIFICATION                 | Select an item from the following dropdown menu to justify why this is a sole source procurement.  OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 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.  The Novice Workforce Training & Employment program designed and offered by Nicor and Walker-Miller Energy Services is a proprietary program that seeks to diversify and expand the energy efficiency workforce. The program prepares students for industry-recognized credentials, provides for wraparound supports, and connects students to paid on-the-job training opportunities; thus, aligning with the objectives of the EECBG workforce component. |
| 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.  This program was designed by Nicor and Walker-Miller Energy Services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 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. Various other clean energy and energy efficiency options have been explored and ruled out due to cost exceeding available funds, vendor not having a physical location at which to offer training, lack of satisfactory outcomes tied to energy efficient employment, etc.                                                                                                                                                                                                |

|                               | SECTION 5: Purchase R              | Requisition Informat        | ion                        |  |  |
|-------------------------------|------------------------------------|-----------------------------|----------------------------|--|--|
| Send Pure                     | chase Order To:                    | Send Invoices To:           |                            |  |  |
| Vendor:                       | Vendor#:                           | Dept:                       | Division:                  |  |  |
| Walker-Miller Energy Services |                                    | HR                          | WDD                        |  |  |
| Attn:                         | Email:                             | Attn:                       | Email:                     |  |  |
| Greg Walker                   | gwalker@wmenergy.com               | Lisa Schvach                | lschvach@worknetdupage.org |  |  |
| Address:                      | City:                              | Address:                    | City:                      |  |  |
| 8045 Second Ave               | Detroit                            | 2525 Cabot Drive, Suite 302 | Lisle                      |  |  |
| State:                        | Zip:                               | State:                      | Zip:                       |  |  |
| MI                            | 48202                              | IL                          | 60532                      |  |  |
| Phone:                        | Fax:                               | Phone:                      | Fax:                       |  |  |
| 313-366-8535                  |                                    | 630-955-2066                |                            |  |  |
| Send F                        | Payments To:                       |                             | Ship to:                   |  |  |
| Vendor:                       | Vendor#:                           | Dept:                       | Division:                  |  |  |
| Walker-Miller Energy Services |                                    |                             |                            |  |  |
| Attn:                         | Email:                             | Attn:                       | Email:                     |  |  |
| Cassandra Mayes               | wmaccountsreceivable@wmenergy .com |                             |                            |  |  |
| Address:                      | City:                              | Address:                    | City:                      |  |  |
| 8045 Second Avenue            | Detroit                            |                             |                            |  |  |
| State:                        | Zip:                               | State:                      | Zip:                       |  |  |
| MI                            | 48202                              |                             |                            |  |  |
| Phone:                        | Fax:                               | Phone:                      | Fax:                       |  |  |
|                               |                                    |                             |                            |  |  |
| Sł                            | nipping                            | Con                         | itract Dates               |  |  |
| Payment Terms:                | FOB:                               | Contract Start Date (PO25): | Contract End Date (PO25):  |  |  |
| PER 50 ILCS 505/1             | Destination                        | 7/1/2024 10/31/2024         |                            |  |  |

Form under revision control 05/17/2024

|      | Purchase Requisition Line Details                                        |     |                            |                                                  |      |         |              |           |                             |            |           |
|------|--------------------------------------------------------------------------|-----|----------------------------|--------------------------------------------------|------|---------|--------------|-----------|-----------------------------|------------|-----------|
| LN   | Qty                                                                      | UOM | Item Detail<br>(Product #) | Description                                      | FY   | Company | AU           | Acct Code | Sub-Accts/<br>Activity Code | Unit Price | Extension |
| 1    | 1                                                                        | EA  |                            | EECBG Workforce Training &<br>Employment Program | FY24 | 5000    | 2704         | 53820     | DE-<br>SE0000181            | 27,152.00  | 27,152.00 |
| FYis | FY is required, ensure the correct FY is selected.  Requisition Total \$ |     |                            |                                                  |      |         | \$ 27,152.00 |           |                             |            |           |

|                      | Comments                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEADER COMMENTS      | Provide comments for P020 and P025.                                                                                                                                                                                                                                                                                                                                                                                        |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Please copy the following individuals when sending so they route for signature: Delilah Burnside - dburnside@wmenergy.com Dr. Crystal Davis - cdavis@wmenergy.com Derrick Meeking - dmeeking@wmenergy.com Jad Bazzi - Jad Bazzi jbazzi@wmenergy.com Nazzer Smith - nsmith@wmenergy.com Jessica Farjo - jfarjo@wmenergy.com |
| INTERNAL NOTES       | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.                                                                                                                                                                                                                                                                                                                      |
| APPROVALS            | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.                                                                                                                                                                                                                                                                                                                 |

Form under revision control 05/17/2024

# Novice Cohort Building Performance Institute Training

| Max Value EECBG Costs for Novice Program:         | \$27,152.00 |
|---------------------------------------------------|-------------|
| capacity):                                        | \$5,120.00  |
| Anticipated two students covered (20% increase in |             |
| Extended OJT                                      | \$2,560.00  |
| program capacity)                                 | \$22,032.00 |
| Anticipated two students covered (20% increase in |             |
| Cost covered by EECBG per student:                | \$11,016.00 |
| On-the-Job Training Tools                         | \$600.00    |
| Gas card                                          | \$35.00     |
| Participant Stipends                              | \$4,480.00  |
| Instructional Cost                                | \$5,433.00  |
| Housing Principles)                               | \$128.00    |
| Exam Codes (Building Science Principles, Healthy  |             |
| Science Principles                                | \$340.00    |
| Krigger, Healthy Housing Principles, BPI Building |             |
| Books: Residential Energy: Cost and Comfort by    |             |

\$1425 for HHP books (\$95 each book), \$1200 (\$80) for BSP books, \$970 for BSP book by Krigger (\$97); classroom supplies 1500 (\$100pp): Classroom supplies includes pens, calculators, binders, stationary, pencils, highlighters, etc.

\$55 per exam code for HHP and BSP exam codes (based on 35 in case of retakes)

Instructional cost for the BPI instructor. This includes proctoring, ALCI exam code, tools, equipment and instructional guides through Insight Property Services. (\$16/hr x 40)(7)...Participants are paid \$16/hr for 7 weeks to supplement their household while in training.

One month subsidized wages for anyone who did not immediately get hired and for whom employer host agrees to extend the OJT; \$16/hr x 40 hours x 4 weeks



June 11, 2024

Lisa Schvach 2525 Cabot Drive, Suite 302, Lisle, IL 60532

I am writing to inform you that the Nicor Gas Workforce, Training, and Employment Program, a seven-week BPI training course hosted by Walker-Miller Energy Services in collaboration with Nicor Gas, is currently unique to DuPage County.

We can confirm that this specific program, with its comprehensive curriculum designed to equip participants with Building Performance Institute (BPI) certification and skills, safety trainings, and wraparound services is not being offered by Walker-Miller Energy Services and Nicor Gas anywhere else within DuPage County at this time.

Our program aims to enhance the skill sets of participants, preparing them for successful careers in energy services. This exclusive offering is a testament to our commitment to providing top-tier training and employment opportunities to the residents of DuPage County. Should you have any questions or require further information, please feel free to contact me directly at the information provided below.

Sincerely,

Founder and CEO Walker-Miller Energy Services





#### **Required Vendor Ethics Disclosure Statement**

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

|                    | Dute. O | • | 17202 | • |
|--------------------|---------|---|-------|---|
|                    |         |   |       |   |
| Bid/Contract/PO #: |         |   |       |   |

Date: 6/11/2024

| Company Name: Walker-Miller Energy Services | Company Contact: Carla Walker-Miller     |
|---------------------------------------------|------------------------------------------|
| Contact Phone: 313-319-9824                 | Contact Email: walkermiller@wmenergy.com |

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

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

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

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

| NONE (check here) - If no contacts have been ma | ade |
|-------------------------------------------------|-----|
|-------------------------------------------------|-----|

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

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

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

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

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

http://www.dupagecounty.gov/government/county\_board/ethics\_at\_the\_county/

| I hereby acknowledg    | ve read, and understand these requirements.                    |                         |
|------------------------|----------------------------------------------------------------|-------------------------|
| Authorized Signature   |                                                                |                         |
| Printed Name           | Carla Walker-Miller                                            |                         |
| Title                  | CEO                                                            |                         |
| Date                   | June 11, 2024                                                  |                         |
| Attach additional shee | ts if necessary. Sign each sheet and number each page. Page of | (total number of pages) |