



# DU PAGE COUNTY

## Human Services

### Final Summary

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

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**Tuesday, September 2, 2025**

**9:30 AM**

**Room 3500A**

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**1. CALL TO ORDER**

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

**2. ROLL CALL**

Staff in attendance: Nick Kottmeyer (Chief Administrative Officer), Joan Olson (Chief Communications Officer), Keith Jorstad (Finance), Henry Kocker (Procurement), Natasha Belli (Community Services), Mary Keating (Director of Community Services), and Janelle Chadwick, remote (Administrator of the DuPage Care Center).

|   |
|---|
| <b>PRESENT</b> Cronin Cahill, DeSart, Galassi, Garcia, LaPlante, and Schwarze |
|---|

**3. PUBLIC COMMENT**

All online submissions for public comment from the September 2, 2025, DuPage County Regular Meeting of the Human Services Committee are included for the record in the entirety. They are found in the minutes packet and at the link below.

Member Galassi asked if the person that submitted the electronic public comment received a response. Chair Schwarze replied he will respond to the individual that Human Services cannot help with this particular concern.

[25-2148](#)

Online Public Comment

**4. CHAIR REMARKS - CHAIR SCHWARZE**

Chair Schwarze stated the West Suburban Philanthropic Network (WSPN) held their annual awards on August 28, 2025. DuPage County, along with the DuPage Foundation, were jointly nominated for the work that they did forming the DuPage Community Transformational Partnership. The Partnership was a five-year grant program that awarded over \$10M in immediate intervention and transformational grants throughout DuPage County. The grants were able to touch thousands of lives in the areas of food insecurity, housing instability, and mental health and addiction, which are still being utilized today. Member Garcia, Mary Keating, and I still sit on the transformational grant board. All grants have been handed out, but we need to make sure the organizations are doing what is needed to complete their grant requirements, which will end next year.

In 2021, the Human Services Chair Julie Renehan, Mary Keating, and I as the Vice Chair met for hours figuring out the best way to use the American Rescue Plan Act (ARPA) funds to create this

program for those that need assistance. With the thousands of charitable organizations out there, Mary Keating was the one that stated we need to focus on food insecurity, mental health and addiction issues, and housing instability. I just wanted to thank Ms. Keating for masterminding the direction and doing all the good work that she does, thank you.

## 5. APPROVAL OF MINUTES

### 5.A. [25-2103](#)

Human Services Committee - Regular Meeting - August 19, 2025

|                  |                       |
|------------------|-----------------------|
| <b>RESULT:</b>   | APPROVED              |
| <b>MOVER:</b>    | Cynthia Cronin Cahill |
| <b>SECONDER:</b> | Paula Garcia          |

## 6. COMMUNITY SERVICES - MARY KEATING

### 6.A. [25-2104](#)

HS-P-0040B -24 - Amendment to County Contract 7431-0001 SERV, issued to Healthy Air Heating & Air, Inc., to provide mechanical (HVAC) and architectural weatherization labor and materials for the Weatherization Department, to increase encumbrance in the amount of \$40,000, for a new contract total not to exceed \$956,434. Grant funded. (Community Services)

Member DeSart asked if we accept a low bid only to have to increase later. Ms. Keating responded that the Weatherization unit selects multiple contractors for their program. The work is based on catalog pricing; all contractors make the same amount of money for the work they do. As some contractors may have a lot of callbacks, aren't available, or may be late completing their work, the contractor that provides the most satisfactory work will get more of the business.

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

6.B. [25-2105](#)

Recommendation for the approval of a contract purchase order to Meghan Butcher, to enter into an Independent Contractor Agreement to provide case management assistance to Senior Services, for the period of September 1, 2025 through August 31, 2026, for a contract total amount not to exceed \$22,000. Other Professional Services not subject to competitive bidding per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b). Grant Funded. (Senior Services)

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

6.C. [25-2106](#)

Amendment to County Contract 7751-0001 SERV, issued to Crowley Engineering, LLC, to provide engineering services to multi-family homes for the Weatherization Program, to increase the encumbrance by \$4,086.72, for a new contract total not to exceed \$19,085.72. Grant funded. (Community Services)

|                  |  |
|------------------|--|
| <b>RESULT:</b>   | APPROVED   |
| <b>MOVER:</b>    | Dawn DeSart  |
| <b>SECONDER:</b> | Paula Garcia   |
| <b>AYES:</b>     | Cronin Cahill, DeSart, Galassi, Garcia, LaPlante, and Schwarze |

**7. DUPAGE CARE CENTER - JANELLE CHADWICK****7.A. [HS-P-0045-25](#)**

Recommendation for the approval of a contract purchase order to Prescription Supply, Inc., for secondary pharmaceuticals, for the DuPage Care Center Pharmacy, for the period September 10, 2025 through September 9, 2026, for a contract total amount not to exceed \$30,000; per bid #25-103-DCC.

**RESULT:** APPROVED AND SENT TO FINANCE

**MOVER:** Cynthia Cronin Cahill

**SECONDER:** Dawn DeSart

**7.B. [25-2107](#)**

Recommendation for the approval of a contract purchase order to ARxIUM, Inc., for supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy at the DuPage Care Center, for the period of September 2, 2025 through September 1, 2026, for a contract total not to exceed \$26,000. Per 55 ILCS 5/5-1022(c) not suitable for competitive bids. (Sole Source - supplies compatible with existing equipment.)

**RESULT:** APPROVED

**MOVER:** Cynthia Cronin Cahill

**SECONDER:** Kari Galassi

**AYES:** Cronin Cahill, DeSart, Galassi, Garcia, LaPlante, and Schwarze

**8. BUDGET TRANSFERS****8.A. [25-2108](#)**

Transfer of funds from account no. 5000-1420-54107 (software) to account no. 5000-1420-53807 (subscription IT arrangements) in the amount of \$1,031 to cover payment of invoices for Carahsoft client satisfaction and assessment software for the LIHEAP Program. (Community Services)

**RESULT:** APPROVED

**MOVER:** Paula Garcia

**SECONDER:** Kari Galassi



**9. RESIDENCY WAIVERS - JANELLE CHADWICK**

Two out of county residency waivers were presented for approval. Janelle Chadwick stated there are five male and nine female beds available. No county residents will be displaced by the approval of the two individuals.

Residency Waiver One

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

Residency Waiver Two

|                  |               |
|------------------|---------------|
| <b>RESULT:</b>   | APPROVED      |
| <b>MOVER:</b>    | Lynn LaPlante |
| <b>SECONDER:</b> | Dawn DeSart   |

**10. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK**

Janelle Chadwick, Administrator of the DuPage Care Center, stated the Care Center is experiencing a round of covid in three units and persisting ten days. Fourteen residents and seven staff members have tested positive. When a resident is positive, the roommate is considered a person under investigation, called a PUI. They are also removed off the unit into another location for observation. The strategy of moving residents off the unit into a covid unit has been successfully limiting the spread of covid. The residents' systems consist of sore throats, sinus symptoms or a cough and there have not been any severe cases. Many of the staff are asymptomatic or experiencing mild symptoms. One of the units affected was the dementia unit. One North has had the most impact with cases.

Member Garcia asked if the staff are up to date on vaccines. Ms. Chadwick replied they have not recently had a vaccine offered for the staff. The Care Center does see more staff opting out of vaccines due to the negative news reports. There has not been any official guidance from the Center for Disease Control (CDC) regarding vaccines.

Three to four people from the Department of Justice and a couple of people from Civil Rights visited the Care Center to complete a survey regarding how the Care Center admits residents with intellectual and/or developmental disabilities, how they are coded, and if they are inappropriately placed within the facility. This visit was part of an investigation to facilities in the State of Illinois and not directed at the Care Center specifically. The visit was a scheduled visit, originally requested via the DuPage Care Center general email. Assistant State's Attorney, Renee Zerante, confirmed the validity of the request as the Care Center has not had this type of survey completed before.

Based on comments from the visitors, Ms. Chadwick surmised that some facilities would accept the individual as a generally skilled nursing person and not provide the appropriate level of care

they should have. All the Care Center residents are screened and deemed whether it is appropriate for skilled nursing or not. This has been in place for a long time.

**11. COMMUNITY SERVICES UPDATE - MARY KEATING**

Mary Keating, Director of Community Services, commented on the WSPN award, stating the actual award was the philanthropic organization of the year. WSPN is made up of executive directors and development directors from nonprofits across DuPage and western Cook Counties. Ms. Keating was told there were 37 organizations that signed onto that nomination for the County and the DuPage Foundation. She praised Barbara Szczepaniak, the Vice President for Programs, her colleague from the DuPage Foundation, stating they work hand in hand. It is nice to be recognized.

Ms. Keating concluded by stating it is September and Congress will be back in session soon. Most people assume there will be a continuing resolution sometime in September. She will keep the committee informed with any news of federal budget updates.

**12. OLD BUSINESS**

No old business was discussed.

**13. NEW BUSINESS**

No new business was discussed.

**14. ADJOURNMENT**

With no further business, the meeting was adjourned at 9:47 AM.



## Online Public Comments - Minutes Only

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

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**File #:** 25-2148

**Agenda Date:** 9/3/2025

**Agenda #:**

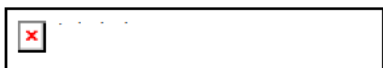
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**Blakely, Heidi**

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**From:**  
**Sent:** Wednesday, August 20, 2025 12:37 PM  
**To:** Web Master; County Board Public Comment  
**Subject:** PublicComment

[Caution: This email originated outside Dupagecounty.gov. Do not click links or open attachments unless you recognize the sender and know the content is safe.]



## PublicComment


Submitted at 08/20/25 12:36 PM

**Meeting Date:** 08/20/25

**Meeting:** Human Services Committee

**Name:** Moses Min

**Organization:** Max Technologies( Closed personal business in many years ago.)

**Address:**   
Glendale Heights, IL 60139

**Daytime  
Phone:** 

**Subject:** Consumer complain

**Comment:**

I purchased a bookshelf from Amazon store on line on April17, 2025. The picture on their catalog shown 65" but I found small box at my apartment door. i contacted amazon customer department and cancel it and they confirm it ask me to return it. The box was so heavy to me which is hardly carry by myself in order to drop to UPS store. I reported it .  
Amazon told me let UPS to help me to take it care. Today is August 20th, 2025. I don't see anybody coming to pick it up.  
I live in rental apartment and Landlord would not be happy to see it for fourth

months there. I have written complain so many times customer service of amazon. this morning I went to UPS store if i can their assistance but told me, "No"

I don't know what to do. Simply Amazon sold wrong merchandise as a bookshelf to consumer and they don't take it back.

Please help me.

My email:

Copyright © 2025 Formstack, LLC. All rights reserved. This is a customer service email.

Formstack, 11671 Lantern Road, Suite 300, Fishers, IN 46038



## Minutes

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

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**File #:** 25-2103

**Agenda Date:** 9/2/2025

**Agenda #:** 5.A.

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# DU PAGE COUNTY

## Human Services

### Final Summary

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

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**Tuesday, August 19, 2025**

**9:30 AM**

**Room 3500A**

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#### CALL TO ORDER

9:30 AM meeting was called to order by Chair Greg Schwarze at 9:35 AM.

Chair Schwarze appointed County Board members Sheila Rutledge and Yeena Yoo to serve on the committee for purposes of a quorum.

#### 2. ROLL CALL

Other Board members present: Member Sheila Rutledge, Member Yeena Yoo, Member Saba Haider (9:48).

Staff in attendance: Nick Kottmeyer at 9:45 (Chief Administrative Officer), Renee Zerante (State's Attorneys Office), Evan Shields (Public Information Officer), Tim Harbaugh and staff (Facilities Management), Brian Rovik (Procurement), Anita Rajagopal and Inva Memisha (DuPage Care Center), Natasha Belli and Gina Strafford-Ahmed (Community Services), Janelle Chadwick (DuPage Care Center Administrator), and Mary Keating (Community Services Director)

|                |  |
|----------------|--|
| <b>PRESENT</b> | Cronin Cahill, Schwarze, Yoo, and Rutledge |
| <b>ABSENT</b>  | LaPlante                                   |
| <b>LATE</b>    | DeSart, Galassi, and Garcia                |

#### 3. PUBLIC COMMENT

No public comments were offered.

#### 4. CHAIR REMARKS - CHAIR SCHWARZE

No remarks were offered.

#### 5. APPROVAL OF MINUTES

##### 5.A. [25-1996](#)

Human Services Committee - Regular Meeting - Tuesday, August 5, 2025

|                  |                       |
|------------------|-----------------------|
| <b>RESULT:</b>   | APPROVED              |
| <b>MOVER:</b>    | Cynthia Cronin Cahill |
| <b>SECONDER:</b> | Yeena Yoo             |

**6. COMMUNITY SERVICES - MARY KEATING****6.A. [FI-R-0133-25](#)**

Acceptance and appropriation of the Illinois Department of Human Services Homeless Prevention Grant PY26 Inter-Governmental Agreement No. FCSEH00172, Company 5000 - Accounting Unit 1760, in the amount of \$384,000. (Community Services)

|                  |                              |
|------------------|------------------------------|
| <b>RESULT:</b>   | APPROVED AND SENT TO FINANCE |
| <b>MOVER:</b>    | Cynthia Cronin Cahill        |
| <b>SECONDER:</b> | Yeena Yoo                    |

**6.B. [FI-R-0134-25](#)**

Correction of a Scrivener's Error in Resolution FI-R-0120-25, for the HUD 2024 Continuum of Care Planning Grant PY26, approved and adopted on August 12, 2025, adjusting the budget lines. (Community Services)

|                  |                              |
|------------------|------------------------------|
| <b>RESULT:</b>   | APPROVED AND SENT TO FINANCE |
| <b>MOVER:</b>    | Sheila Rutledge              |
| <b>SECONDER:</b> | Cynthia Cronin Cahill        |

**6.C. [25-1997](#)**

Recommendation for the approval of a contract purchase order to Gaither Dynamic, for the use and maintenance of a Community Analysis Dashboard and a Community Performance Dashboard to publicly display the homeless system performance metrics for Community Services, from August 20, 2025 through August 19, 2028, for a contract total not to exceed \$17,997. Grant funded. Per 55 ILCS 5/5-1022(c) not suitable for competitive bids. (Sole Source - Sole provider of licensed service)

Chair Schwarze asked for an explanation on the Gaither Dynamics contract. Mary Keating said the dashboard will show statistics relating to the entire Homeless Continuum of Care, including people accessing other agencies, such as PADS and emergency shelters. The metrics will show such things as how many people have come through the system, how many are chronically homeless, and how many are veterans.

|                  |  |
|------------------|--|
| <b>RESULT:</b>   | APPROVED                                   |
| <b>MOVER:</b>    | Yeena Yoo                                  |
| <b>SECONDER:</b> | Cynthia Cronin Cahill                      |
| <b>AYES:</b>     | Cronin Cahill, Schwarze, Yoo, and Rutledge |
| <b>ABSENT:</b>   | LaPlante                                   |
| <b>LATE:</b>     | DeSart, Galassi, and Garcia                |



**7. DUPAGE CARE CENTER - JANELLE CHADWICK****7.A. [HS-P-0043-25](#)**

Recommendation for the approval of a contract purchase order to Kronos Inc., A UKG Company, for software support services for the Kronos automated time and attendance system, for the DuPage Care Center, for the period of September 28, 2025 through September 27, 2026, for a contract total not to exceed \$90,980; per 55 ILCS 5/5-1022 (c) not suitable for competitive bids. (Sole Source - renewal to sole maintenance/upgrade provider.)

|                  |                              |
|------------------|------------------------------|
| <b>RESULT:</b>   | APPROVED AND SENT TO FINANCE |
| <b>MOVER:</b>    | Yeena Yoo                    |
| <b>SECONDER:</b> | Cynthia Cronin Cahill        |

**7.B. [HS-P-0044-25](#)**

Recommendation for the approval of a contract to Wight Construction Services, Inc., to provide final Architectural and Engineering Design and Professional Construction Manager at Risk/Guaranteed Maximum Price Method of delivery, for the modernization and upgrades of the DuPage Care Center East Building, for the period of August 26, 2025 through November 30, 2029, for a total contract amount not to exceed \$16,166,500. Professional services (architects, engineers and land surveyors) vetted through a qualification-based selection process in compliance with the Local Government Professional Services Selection Act, 50 ILCS 510/0.01 et seq.

Member Cahill asked what the Wight Construction contract covers. Janelle Chadwick answered that the contract covers the entire remodel of the east building, consisting of two units on two floors, housing short stay Medicare on One East and housing long term care on Two East.

Tim Harbaugh, Deputy Director of Facilities Management, added that county board had approved 75% of the architecture previously. This contract covers the remaining 25% of the architecture and the full construction costs of the east building.

|                  |                              |
|------------------|------------------------------|
| <b>RESULT:</b>   | APPROVED AND SENT TO FINANCE |
| <b>MOVER:</b>    | Cynthia Cronin Cahill        |
| <b>SECONDER:</b> | Yeena Yoo                    |

7.C. [25-1998](#)

Recommendation for the approval of a contract purchase order to Voris Mechanical, Inc., for replacement HVAC Roof Top Unit, for the DuPage Care Center, for the period August 20, 2025 through August 19, 2026, for a contract total not to exceed \$25,817.50; per bid #25-077-FM. (DuPage Care Center)

|                  |  |
|------------------|--|
| <b>RESULT:</b>   | APPROVED                                   |
| <b>MOVER:</b>    | Cynthia Cronin Cahill                      |
| <b>SECONDER:</b> | Sheila Rutledge                            |
| <b>AYES:</b>     | Cronin Cahill, Schwarze, Yoo, and Rutledge |
| <b>ABSENT:</b>   | LaPlante                                   |
| <b>LATE:</b>     | DeSart, Galassi, and Garcia                |

**8. RESIDENCY WAIVERS - JANELLE CHADWICK**

No residency waivers were offered.

**9. COMMUNITY SERVICES UPDATE - MARY KEATING**

Mary Keating, Director of Community Services, shared some statistics from Community Services.

The LIHEAP program, which is now closed for new applications, took 10,965 applications since October 1, 2024, with 10,129 applications being approved, which is a 92-93% approval rate. The LIHEAP furnace program installed new furnaces in 72 homes and fully weatherized an additional 68 homes.

In the Senior Services' program, Adult Protective Services (APS) has taken 603 APS reports year-to-date. Over 1300 new intakes were taken for seniors' home-based services, for the Community Care Program (CCP) or for Managed Care Organizations (MCO's).

Over 7000 individual screenings were done by Senior Services' staff to patients within DuPage County hospitals entering long-term care facilities.

The community outreach team has attended 78 different community events and talked to 4145 residents.

The Information & Referral staff have taken 21,375 calls. Almost 2000 of them were handled by bi-lingual Spanish staff.

Members Paula Garcia and Dawn DeSart arrived at 9:45, detained at their previous committee meeting. Member Kari Galassi arrived remotely at 9:45, also detained at the previous meeting. Chair Schwarze requested a motion to allow Member Galassi to attend remotely. Member DeSart so moved, Member Garcia seconded, all ayes on a voice vote, motion passed.

**10. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK****10.A. 2026 Budget Presentation**

Janelle Chadwick, Administrator of the DuPage Care Center, presented the Care' Center's FY26 Budget request to the committee and answered questions from the committee.

Ms. Chadwick prefaced her presentation stating the Care Center is made up of 20 different departments. The leadership team meets with all departments and goes through the budget line item by line item. They always arrive at a break-even budget.

Ms. Chadwick explained the data presented on the PowerPoint and handout, which are attached hereto and made part of the minutes packet.

**[25-2042](#)**

DuPage Care Center 2026 Budget Request Powerpoint and Handout

**11. OLD BUSINESS**

No old business was discussed.

**12. NEW BUSINESS**

No new business was discussed.

**13. ADJOURNMENT**

With no further business, the meeting was adjourned at 10:15 A.M..



## Change Order

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

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**File #:** 25-2104

**Agenda Date:** 9/2/2025

**Agenda #:** 6.A.

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HS-P-0040B-24

AMENDMENT TO RESOLUTION HS-P-0040-24 ISSUED TO  
HEALTHY AIR HEATING & AIR, INC.  
TO PROVIDE MECHANICAL (HVAC) AND ARCHITECTURAL WEATHERIZATION LABOR AND  
MATERIALS FOR THE WEATHERIZATION DEPARTMENT  
(INCREASE ENCUMBRANCE \$40,000)

(Under the administrative direction of the Community Services Department)

WHEREAS, Resolution HS-P-0040-24 was approved and adopted by the County Board on October 22, 2024; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to increase contract 7431-0001 SERV in the amount of \$40,000, to the original contract amount of \$866,434, issued to Healthy Air Heating & Air, Inc., to provide mechanical (HVAC) and architectural weatherization labor and materials for the Weatherization Program, for the period October 22, 2024 through November 30, 2025, for Community Services, under the Community Services Block Grant.

NOW, THEREFORE BE IT RESOLVED that County Board adopts Change Order Notice, dated August 13, 2025, to contract 7431-0001 SERV, issued to Healthy Air Heating & Air, Inc. to provide mechanical (HVAC) and architectural weatherization labor and materials for the Weatherization Program, to increase the encumbrance in the amount of \$40,000, taking the original contract amount of \$866,434, issued to Healthy Air Heating & Air, Inc. and resulting in an amended contract total amount not to exceed \$956,434, a cumulative increase of 10.39%.

Enacted and approved this 9<sup>th</sup> day of September, 2025 at Wheaton, Illinois.

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DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

Attest: \_\_\_\_\_  
JEAN KACZMAREK, COUNTY CLERK

HS 9/2  
FI+CB 9/9



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

Date: Aug 13, 2025

MinuteTraq (IQM2) ID #:

|   |   |                           |   |
|---|---|---------------------------|---|
| <b>Purchase Order #:</b> 7431                             | <b>Original Purchase Order Date:</b> Oct 22, 2024   | <b>Change Order #:</b> 10 | <b>Department:</b> Community Services     |
| <b>Vendor Name:</b> Healthy Air Heating & Air Inc         |   | <b>Vendor #:</b> 14166    | <b>Dept Contact:</b> Gina Strafford-Ahmed |
| <b>Background and/or Reason for Change Order Request:</b> | To increase the contract amount by \$40,000 as more than anticipated work orders were issued to the contractor<br>Increase the following lines:<br>Line 1 - increase by \$7,000.00<br>Line 2 - increase by \$15,000.00<br>Line 3 - increase by \$13,000.00<br>Line 4 - increase by \$5,000.00 |                           |   |

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

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

**INCREASE/DECREASE**

|   |  |              |
|---|--|--------------|
| A | Starting contract value  | \$866,434.00 |
| B | Net \$ change for previous Change Orders   | \$50,000.00  |
| C | Current contract amount (A + B)  | \$916,434.00 |
| D | Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease | \$40,000.00  |
| E | New contract amount (C + D)  | \$956,434.00 |
| F | Percent of current contract value this Change Order represents (D / C)                                     | 4.36%        |
| G | Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)                   | 10.39%       |

**DECISION MEMO NOT REQUIRED**

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

**DECISION MEMO REQUIRED**

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

|   |           |   |                                     |           |         |
|---|-----------|---|-------------------------------------|-----------|---------|
| DK  | 6164      | Aug 13, 2025  |                                     | 6182      | 8/13/25 |
| Prepared By (Initials)                                    | Phone Ext | Date  | Recommended for Approval (Initials) | Phone Ext | Date    |
| <b>REVIEWED BY (Initials Only)</b>                        |           |   |                                     |           |         |
| Buyer   | Date      | Procurement Officer                                 | Date                                |           |         |
| Chief Financial Officer<br>(Decision Memos Over \$25,000) | Date      | Chairman's Office<br>(Decision Memos Over \$25,000) | Date                                |           |         |



# Decision Memo

## Procurement Services Division

This form is required for all Professional Service Contracts over \$25,000 and as otherwise required by the Procurement Review Checklist.

Date: Aug 15, 2025

File ID #: \_\_\_\_\_

Purchase Order #: 7431

|  |  |
|--|--|
| Requesting Department: Community Services      | Department Contact: Gina Strafford-Ahmed |
| Contact Email: gina.strafford@dupagecounty.gov | Contact Phone: 630-407-6444              |
| Vendor Name: Healthy Air Heating & Air, Inc.   | Vendor #: 14166                          |

**Action Requested** - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.

Increase contract by \$40,000 to cover expenses for services incurred during the contract time period.

**Summary Explanation/Background** - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.

Increase contract for services already incurred. This will result in a decrease of PO # 7470 My Green House HVAC, LLC.

**Original Source Selection/Vetting Information** - Describe method used to select source.

RFP #24-099-WEX

**Recommendations/Alternatives** - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

1. Approve increase to Healthy Air Heating & Air to ensure we abide by the prompt payment act.
2. Do not approve and violate policy.

**Fiscal Impact/Cost Summary** - Include projected cost for each fiscal year, approved budget amount and account number, source of funds, and any future funding requirements along with any narrative.

No fiscal impact.





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:     | 24-099-WEX                        |
| COMPANY NAME:   | HEALTHY AIR HEATING & AIR, INC.   |
| CONTACT PERSON: | PIOTR BLASZCZYK                   |
| CONTACT EMAIL:  | healthyairheatingandair@gmail.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<br>(e.g., cash, type of<br>item, in-kind<br>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: PIOTR BLASZCZYK

Signature: \_\_\_\_\_

Title: PRESIDENT

Date: 8/15/2025





## HS Requisition under \$30,000

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

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**File #:** 25-2105

**Agenda Date:** 9/2/2025

**Agenda #:** 6.B.

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

### SECTION 1: DESCRIPTION

|  |   |   |   |
|--|---|---|---|
| <b>General Tracking</b>  |   | <b>Contract Terms</b>                       |   |
| FILE ID#:  | RFP, BID, QUOTE OR RENEWAL #:           | INITIAL TERM WITH RENEWALS:                 | INITIAL TERM TOTAL COST:<br>\$22,000.00               |
| COMMITTEE:<br>HUMAN SERVICES   | TARGET COMMITTEE DATE:<br>09/02/2025    | PROMPT FOR RENEWAL:<br>3 MONTHS             | CONTRACT TOTAL COST WITH ALL RENEWALS:<br>\$22,000.00 |
|  | CURRENT TERM TOTAL COST:<br>\$22,000.00 | MAX LENGTH WITH ALL RENEWALS:<br>ONE YEAR   | CURRENT TERM PERIOD:<br>INITIAL TERM                  |
| <b>Vendor Information</b>  |   | <b>Department Information</b>               |   |
| VENDOR:<br>Meghan Butcher  | VENDOR #:<br>30611                      | DEPT:<br>Community Services/Senior Services | DEPT CONTACT NAME:<br>Natasha Belli                   |
| VENDOR CONTACT:  | VENDOR CONTACT PHONE:<br>On File        | DEPT CONTACT PHONE #:<br>630-407-6498       | DEPT CONTACT EMAIL:<br>Natasha.Belli@dupagecounty.gov |
| VENDOR CONTACT EMAIL:<br>On File   | VENDOR WEBSITE:                         | DEPT REQ #:                                 |   |
| <b>Overview</b>  |   |   |   |
| DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.).<br>Contractual work to complete AgeGuide required tasks for TCARE Program and additional AgeGuide responsibilities  |   |   |   |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished<br>AgeGuide has required all funded partners to provide the TCARE program to caregivers within DuPage County. Due to the unit being short staffed, the contract worker will assist with meeting these grant requirements along with other needs within the unit/CCU. The contract worker is familiar with the program, was trained as a TCARE Specialist until she left her previous position within Senior Services. Contract worker had a current contract to complete the work within the TCARE program. |   |   |   |

### SECTION 2: DECISION MEMO REQUIREMENTS

|   |  |
|---|--|
| DECISION MEMO NOT REQUIRED  | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. |
| DECISION MEMO REQUIRED  | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.     |
| OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO) |  |

### SECTION 3: DECISION MEMO

|                                     |   |
|-------------------------------------|---|
| STRATEGIC IMPACT                    | Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.<br>CUSTOMER SERVICE   |
| SOURCE SELECTION                    | Describe method used to select source.<br>Meghan Butcher was an employee with DuPage County Community Services until 7/12/22. She is a certified Care Coordinator through the Illinois Department on Aging, is a certified TCARE Specialist and is familiar with the program, TCARE data entry system and the assessments. She has also had a contract with DuPage County completing the TCARE assessments. |
| RECOMMENDATION AND TWO ALTERNATIVES | Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).<br>1. Pay current staff over-time to complete additional work at a higher rate<br>2. Hire permanent staff for grant period   |

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

## SECTION 5: Purchase Requisition Information

| <i>Send Purchase Order To:</i>      |                          | <i>Send Invoices To:</i>                   |   |
|-------------------------------------|--------------------------|--|---|
| Vendor:<br>Meghan Butcher           | Vendor#:                 | Dept:<br>Community Services                | Division:<br>Senior Services              |
| Attn:                               | Email:<br>On File        | Attn:<br>Natasha Belli                     | Email:<br>Natasha.Belli@dupagecounty.gov  |
| Address:<br>On File                 | City:<br>Hoffman Estates | Address:<br>421 N County Farm Rd           | City:<br>Wheaton                          |
| State:<br>IL                        | Zip:<br>60169            | State:<br>IL                               | Zip:<br>60187                             |
| Phone:<br>On File                   | Fax:                     | Phone:<br>630-407-6498                     | Fax:<br>630-407-6501                      |
| <i>Send Payments To:</i>            |                          | <i>Ship to:</i>                            |   |
| Vendor:<br>Meghan Butcher           | Vendor#:                 | Dept:<br>Community Services                | Division:<br>Senior Services              |
| Attn:                               | Email:<br>On File        | Attn:<br>Natasha Belli                     | Email:<br>Natasha.Belli@dupagecounty.gov  |
| Address:<br>On File                 | City:<br>Hoffman Estates | Address:<br>421 N County Farm Rd           | City:<br>Wheaton                          |
| State:<br>IL                        | Zip:<br>60169            | State:<br>IL                               | Zip:<br>60187                             |
| Phone:<br>On File                   | Fax:                     | Phone:<br>630-407-6498                     | Fax:<br>630-407-6501                      |
| Shipping                            |                          | Contract Dates                             |   |
| Payment Terms:<br>PER 50 ILCS 505/1 | FOB:<br>Destination      | Contract Start Date (PO25):<br>Sep 1, 2025 | Contract End Date (PO25):<br>Aug 31, 2026 |
| Contract Administrator (PO25):      |                          |  |   |

| 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  |                            | Contract Agreement to provide IIIE TCARE requirements | FY25 | 5000    | 1720 |           | 25-703S<br>53090            | 22,000.00         | 22,000.00    |
| <b><i>FY is required, assure the correct FY is selected.</i></b> |     |     |                            |   |      |         |      |           |                             | Requisition Total | \$ 22,000.00 |

| Comments             |   |
|----------------------|---|
| HEADER COMMENTS      | Provide comments for P020 and P025.   |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>Please email a copy of the PO to Geoffrey Kinczyk in Finance |
| 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.  |

The following documents have been attached: ☐ W-9 ☒ Vendor Ethics Disclosure Statement

## Exhibit A

### SCOPE OF SERVICES

|                           |                |                              |                    |
|---------------------------|----------------|------------------------------|--------------------|
| County's Purchase Order # |                | County Resolution #          |                    |
| Contract Name             | Meghan Butcher | Contract Date                | 9/1/2025-8/31/2026 |
| County's Project Manager  | Brandy Schank  | Contractor's Project Manager | Brandy Schank      |

This Scope of Services is for Contractors providing to the County certain Services pursuant to the above-referenced Contract and County Resolution. The undersigned agree that this Case Manager project ("Project") shall be conducted pursuant to the terms and conditions of the above-referenced County Report and Contract and by the following terms and conditions:

- DESCRIPTION OF INDIVIDUAL'S WORK:** *(Note: For example, if instruction is being provided, include information regarding the course name, the training schedule and location, instructor name (if important), the number of attendees, who will provide course materials and copies, etc.)*  
Completion of ARPA/VAC5 activities to include vaccine phone calls, arranging transportation, MCO initial and reassessments with focus on UTR list, ADRN/CRC ARPA activities, data entry and completion of required paperwork to meet funding requirements.
- MILESTONE/DELIVERABLE INFORMATION:** *(Note: If Contractor will be engaged in any development activities or will be providing any reports, complete this section)*

| <u>Milestone No.</u> | <u>Milestone/Deliverable Description</u><br>Note: Include enough detail to enable someone not familiar with the Project to understand what will be delivered. | <u>Delivery Dates</u> | <u>Is Acceptance Required by the County or Contractor?</u><br>Note: Y or N and designate the Approving Party | <u>Costs</u>   |
|----------------------|---|-----------------------|--|----------------|
| 1.                   | AgeGuide IIIE TCARE Program, complete assessments, data entry into program, make referrals for caregivers   | 9/1/25-8/31/26        | No   | Up to \$22,000 |
| 2.                   | Completing all necessary paperwork, follow up and data entry  | 9/1/25-8/31/26        | No   | Up to \$22,000 |
|                      |   |                       |  |                |
|                      |   |                       |  |                |

- OTHER PROVISIONS:**  
Contractual Employee will be provided with supplies, space, and equipment to do the contractual work specified above. Contractual employee will submit invoices to Project Manager every other Friday to coincide with the upcoming pay period.

# COUNTY OF DuPAGE, ILLINOIS

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## INDEPENDENT CONTRACTOR AGREEMENT

This AGREEMENT ("Agreement") is effective as of the 1st, September 2025 and is entered into by and between the County of DuPage, a body politic and corporate ("County") and Meghan Butcher, an Independent Contractor ("Individual").

### RECITALS

WHEREAS, the County desires that Individual render certain services more fully described herein; and

WHEREAS, the Individual has demonstrated expertise in providing such services, has represented that it has the requisite knowledge, skill, experience and other resources necessary to perform such services and is desirous of providing such services for the County.

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants contained herein, the parties hereby agree as follows:

1. **Incorporation of Recitals:** The matters recited above are hereby incorporated into and made a part of this Agreement.
2. **Term:** This Agreement is for a term commencing September 1, 2025 and continuing through August 31, 2026 unless terminated sooner as provided herein.
3. **Scope of Services:** Individual agrees to provide the services required and, if applicable, set forth on Exhibit "A" including the deliverables set forth thereon ("Services"), in accordance with the terms and conditions of this Agreement. The County may, from time to time, request changes in the scope of Services. Any such changes, including any increase or decrease in Individual's fees, shall be documented by an amendment to this Agreement in accordance with State and County laws.
4. **Compensation and Payment:** Compensation for Services during the initial term shall be based on an hourly rate of \$26.00 for time that employee is working plus mileage at the current County reimbursement rate, with total reimbursements not to exceed \$22,000.00. Compensation shall be based on actual Services performed during the Term of this Agreement and the County shall not be obligated to pay for any Services not in compliance with this Agreement. In the event of early termination of this Agreement, the County shall only be obligated to pay the fees incurred up to the date of termination. In no event shall the County be liable for any costs incurred or Services performed after the effective date of termination as provided herein. Individual shall submit invoices referencing this Agreement with such supporting documentation as may be requested by the County. The County will process payment in its normal course of business.
5. **Non-appropriation:** Expenditures not appropriated in the current fiscal year budget are deemed to be contingent liabilities only and are subject to appropriation in subsequent fiscal year budgets. In the event sufficient funds are not appropriated in a subsequent fiscal year by the County for performance under this Agreement, the County shall notify Individual and this Agreement shall terminate on the last day of the fiscal period for which funds were appropriated. In no event shall the County be liable to the Individual for any amount in excess of the cost of the services rendered up to and including the last day of the fiscal period.
6. **Events of Default and Remedies.**
  - 6.1 **Events of Default.** Events of default include, but are not limited to, any of the following: (i) Any material misrepresentation by Individual in the inducement of this Agreement or the performance of Services; (ii) Breach of any agreement, representation or warranty made

## COUNTY OF DuPAGE, ILLINOIS

by Individual in this Agreement; or (iii) Failure of Individual to perform in accordance with or comply with the terms and conditions of this Agreement.

- 6.2 **Remedies.** In the event Individual defaults under this Agreement and such default is not cured within fifteen (15) calendar days after written notice is given by the County, the following actions may be taken by the County: (i) This Agreement may be terminated immediately; and (ii) The County may deem Individual non-responsible for future contract awards. The remedies stated herein are not intended to be exclusive and the County may pursue any and all other remedies available at law or equity.
7. **Standards of Performance:** Individual agrees to devote such time, attention, skill, and knowledge as is necessary to perform Services effectively and efficiently. Individual acknowledges and accepts a relationship of trust and confidence with the County and agrees to cooperate with the County in performing Services to further the best interests of the County.
8. **Assignment:** This Agreement shall be binding on the parties and their respective successors and assigns, provided however, that neither party may assign this Agreement, or any obligations imposed hereunder without the prior written consent of the other party.
9. **Confidentiality and Ownership of Documents.**
- 9.1 **Confidential Information.** In the performance of Services, Individual may have access to certain information that is not generally known to others ("Confidential Information"). Individual agrees not to use or disclose to any third party, except in the performance of Services, any Confidential Information or any records, reports or documents prepared or generated as a result of this Agreement without the prior written consent of the County. Individual shall not issue publicity news releases or grant press interviews, except as may be required by law, during or after the performance of the Services, nor shall Individual disseminate any information regarding Services without the prior written consent of the County. Individual agrees to cause its personnel, staff and/or subcontractors, if any, to undertake the same obligations of confidentiality agreed to by Individual under this Agreement. The terms of this Paragraph 9.1 shall survive the expiration or termination of this Agreement.
- 9.2 **Ownership.** All records, reports, documents, and other materials prepared by Individual in performing Services, as well as all records, reports, documents, and other materials containing Confidential Information prepared or generated as a result of this Agreement, shall at all times be and remain the property of the County. All of the foregoing items shall be delivered to the County upon demand at any time and in any event, shall be promptly delivered to the County upon expiration or termination of the Agreement. In the event any of the above items are lost or damaged while in Individual's possession, such items shall be restored or replaced at Individual's expense.
10. **Representations and Warranties of Individual:** Individual represents and warrants that the following shall be true and correct as of the effective date of this Agreement and shall continue to be true and correct during the Term of this Agreement.
- 10.1 **Licensed Professionals.** Services required to be performed by professionals shall be performed by professionals licensed to practice by the State of Illinois in the applicable professional discipline.
- 10.2 **Compliance with Laws.** Individual is and shall remain in compliance with all local, state and federal laws, County of DuPage ordinances, and regulations relating to this Agreement and the performance of Services. Further, Individual is and shall remain in compliance with all County policies and rules, including, but not limited to, criminal background checks.

## COUNTY OF DuPAGE, ILLINOIS

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- 10.3 **Good Standing.** Individual is not in default and has not been deemed by the County to be in default under any other Agreement with the County during the five (5) year period immediately preceding the effective date of this Agreement.
- 10.4 **Authorization.** In the event Individual is an entity other than a sole proprietorship, Individual represents that it has taken all action necessary for the approval and execution of this Agreement, and execution by the person signing on behalf of Individual is duly authorized by Individual and has been made with complete and full authority to commit Individual to all terms and conditions of this Agreement which shall constitute valid, binding obligations of Individual.
- 10.5 **Gratuities.** No payment, gratuity or offer of employment, except as permitted by the Illinois State Gift Ban Act, was made by or to Individual in relation to this Agreement or as an inducement for award of this Agreement.
11. **Independent Contractor:** It is understood and agreed that the relationship of Individual to the County is and shall continue to be that of an independent contractor and neither Individual nor any of Individual's employees shall be entitled to receive County employee benefits. As an independent contractor, Individual agrees to be responsible for the payment of all taxes and withholdings specified by law, which may be due in regard to compensation paid by the County. Individual agrees that neither Individual nor its employees, staff or subcontractors shall represent themselves as employees or agents of the County. Individual hereby represents that Individual's valid taxpayer identification number as defined by the United States Internal Revenue Code (social security number or federal employer identification number) is [REDACTED]
12. **Indemnification:** Notwithstanding the foregoing, the Individual and County shall not be deemed to have waived any rights, protections or immunities under 745 ILCS 10/1-101, et. seq. (Local Government and Governmental Employees Tort Immunity Act. Individual agrees to indemnify and hold harmless the County, its members, trustees, employees, agents, officers and officials, from and against any and all liabilities, taxes, tax penalties, interest, losses, penalties, damages and expenses of every kind, nature and character, including costs and attorney fees, arising out of, or relating to, any and all claims, liens, damages, obligations, actions, suits, judgments, settlements, or causes of action of every kind, nature and character, in connection with or arising out of the acts or omissions of Individual or its employees or its subcontractors under this Agreement. This includes, but is not limited to, the unauthorized use of any trade secrets, U.S. patent or copyright infringement. The indemnities set forth herein shall survive the expiration or termination of this Agreement.
13. **Favored Nation:** Individual shall furnish Services to the County at the lowest price that the Individual charges to other similarly situated parties. If Individual overcharges, in addition to all other remedies, the County is entitled to a refund in the amount of the overcharge, plus interest at the rate of 1% per month from the date the overcharge was paid by the County until the date refund is made. The County has the right to offset any overcharge against any amounts due to Individual under this or any other Agreement between Individual and the County, and at the County's sole option the right to declare Individual in default under this Agreement.
14. **Insurance.**  
At all times during the term of the contract, the Contractor and its independent contractors shall maintain, at their sole expense, insurance coverage for the Contractor, its employees, officers and independent contractors, as follows:



## COUNTY OF DuPAGE, ILLINOIS

| TYPE   | MINIMUM ACCEPTABLE LIMITS OF LIABILITY |
|--|--|
| 1. Worker's Compensation                                 | Statutory – State of Illinois          |
| 2. Employer's Liability                                  |  |
| A. Each Accident   | 100,000.00                             |
| B. Each Employee - Disease                               | 100,000.00                             |
| C. Policy Aggregate - Disease                            | 500,000.00                             |
| 3. Commercial General Liability                          |  |
| A. General Aggregate – Per Project                       | 1,000,000.00                           |
| B. General Aggregate – Products/<br>Completed Operations | 1,000,000.00                           |
| C. Personal and Advertising                              | 1,000,000.00                           |
| D. Each Occurrence                                       | 1,000,000.00                           |
| E. Fire Legal Liability (any one fire)                   | 50,000.00                              |
| F. Medical Expense (any one person)                      | 5,000.00                               |
| 4. Business Auto Liability                               | 1,000,000.00                           |
| 5. Umbrella Excess Liability (over primary)              | 2,000,000.00                           |
| Retention for Self-Insured Hazards (each<br>occurrence)  | 5,000.00                               |
| 6. Professional Errors & Omissions                       | 1,000,000.00                           |

- NOTE: A) It is the responsibility of Contractor to provide a copy of this Agreement to their insurance carrier.
- B) It may also be required that the Contractor's insurer and coverage be approved by owner prior to execution of the Contract.
- C) No work shall be started until receipt of Certificate of Insurance.

*The County of DuPage shall be named as additionally insured on all certificates of insurance. Certificates should be faxed (send hard copy via mail) to:*

DuPage County Purchasing Division  
421 North County Farm Road  
Wheaton, IL 60187-3978

TX: (630) 407-6200  
FX: (630) 407-6201

The insurance carrier of the insured is required to notify the County of DuPage of termination of any or all of these coverages, prior to the completion of any contract, at least 30 days prior to expiration.

In the event the County waives the insurance requirement of this Agreement, the box below shall be checked, and the individual shall by signature, indicate agreement with Sections 14.1 and 14.2.

- ☒ *The County hereby waives the insurance requirements covered under Section 14 of this agreement and the Individual agrees to the following conditions:*

- 14.1 *Automobile Insurance.* *If Individual will be driving a vehicle in the course of performing the Services, Individual shall attach a copy of its current automobile insurance card confirming that the vehicle is covered by insurance.*
- 14.2 *Waiver.* *In consideration of the County agreeing to waive its requirement that Individual carry Commercial General Liability Insurance, Professional Liability Insurance and Worker's Compensation and Employer's Liability Insurance, Individual agrees to hold the County, its members, trustees, employees, agents, officers and officials, harmless from all liability in any claim or action made by Individual or any third party, and harmless from any judgment awarded by any court or administrative body, for personal injury, disability*

## COUNTY OF DuPAGE, ILLINOIS

*or death, or damage or destruction of property resulting from or connected with the Services, unless caused by the gross negligence of the County.*

15. **Notices:** All notices required under this Agreement shall be in writing and sent to the addresses and persons set forth below, or to such other addresses as may be designated by a party in writing. All notices shall be deemed received when (i) delivered personally; (ii) sent by confirmed telex or facsimile (followed by the actual document); or (iii) one (1) day after deposit with a commercial express courier specifying next day delivery, with written verification of receipt.

**IF TO THE COUNTY:**

County of Du Page  
421 North County Farm Road  
Wheaton, IL 60187  
Attn: Community Services, Senior Services

Copy to: Purchasing Manager  
DuPage County Purchasing Division  
421 North County Farm Road  
Wheaton, IL 60187-3978

**IF TO INDIVIDUAL:** Meghan Butcher,

16. **Entire Agreement and Amendment:** This Agreement, including all exhibits and referenced documents, constitutes the entire agreement of the parties with respect to the matters contained herein. All attached exhibits are incorporated into and made a part of this agreement. No modification of or amendment to this Agreement shall be effective unless such modification or amendment is in writing and signed by both parties hereto. Any prior agreements or representations, either written or oral, relating to the subject matter of this Agreement is of no force or effect.
17. **Governing Law:** This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without regard to any conflict of law or choice of law principles.
18. **Waiver:** No delay or omission by the County to exercise any right hereunder shall be construed as a waiver of any such right and the County reserves the right to exercise any such right from time to time as often and as may be deemed expedient.
19. **County Approval:** If applicable, This Agreement is subject to approval of the appropriate committee(s) and County Board of the County of DuPage.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the date first above written.

COUNTY OF DU PAGE

Meghan Butcher  
Signature on File

By: \_\_\_\_\_  
SIGNATURE

By: \_\_\_\_\_  
SIGNATURE

Mary A. Keating

Title: Director of Community Services



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:     |                |
| COMPANY NAME:   |                |
| CONTACT PERSON: | Meghan Butcher |
| CONTACT EMAIL:  |                |

### 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<br>(e.g., cash, type of<br>item, in-kind<br>services, etc.) | AMOUNT/VALUE | DATE MADE |
|-----------|-------|---|--------------|-----------|
|           |       |   |              |           |
|           |       |   |              |           |
|           |       |   |              |           |

Rev. 1-2025



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:

[http://www.dupagecounty.gov/government/county\\_board/ethics\\_at\\_the\\_county/](http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/)

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

[https://www.dupagecounty.gov/government/departments/finance/procurement/procurement\\_ordinance\\_and\\_guiding\\_principles.php](https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php)

### **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: Meghan Butcher

Signature on File

Signature: \_\_\_\_\_

Title: case manager

Date: 8/25/2025

Rev. 1-2025

Scanned by TapScanner



## Change Order

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

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**File #:** 25-2106

**Agenda Date:** 9/2/2025

**Agenda #:** 6.C.

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HS Only 9/2



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

Date: Aug 11, 2025

MinuteTraq (IQM2) ID #:

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>Purchase Order #:</b> 7751                             | <b>Original Purchase Order Date:</b> Jul 1, 2025  | <b>Change Order #:</b> 1 | <b>Department:</b> Community Services     |
| <b>Vendor Name:</b> Crowley Engineering LLCQ              |   | <b>Vendor #:</b> 46283   | <b>Dept Contact:</b> Gina Strafford-Ahmed |
| <b>Background and/or Reason for Change Order Request:</b> | To increase the PO amount as the final invoice is \$19,085.72<br>1. Increase line 1 by \$4,086.72 |                          |   |
| <b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>                |   |                          |   |

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

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

**DECISION MEMO NOT REQUIRED**

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

**DECISION MEMO REQUIRED**

- ☐ Increase (greater than 29 days) contract expiration from: \_\_\_\_\_ to: \_\_\_\_\_  
☒ Increase  $\geq$  \$2,500.00, or  $\geq$  10%, of current contract amount ☒ Funding Source 5000 1555 53090 RETRO  
☐ OTHER - explain below:

|   |           |   |                                     |           |         |
|---|-----------|---|-------------------------------------|-----------|---------|
| Deependra Kantha  | 6164      | Aug 11, 2025  | <i>Ch</i>                           | 6/82      | 8/11/25 |
| Prepared By (Initials)                                    | Phone Ext | Date  | Recommended for Approval (Initials) | Phone Ext | Date    |
| <b>REVIEWED BY (Initials Only)</b>                        |           |   |                                     |           |         |
| Buyer   | Date      | Procurement Officer                                 | Date                                |           |         |
| Chief Financial Officer<br>(Decision Memos Over \$25,000) | Date      | Chairman's Office<br>(Decision Memos Over \$25,000) | Date                                |           |         |



# Decision Memo

## Procurement Services Division

This form is required for all Professional Service Contracts over \$25,000 and as otherwise required by the Procurement Review Checklist.

Date: Aug 15, 2025

File ID #: \_\_\_\_\_

Purchase Order #: 7751

|  |  |
|--|--|
| Requesting Department: Community Services      | Department Contact: Gina Strafford-Ahmed |
| Contact Email: gina.strafford@dupagecounty.gov | Contact Phone: 630-407-6444              |
| Vendor Name: Crowley Engineering LLC           | Vendor #: 46283                          |

**Action Requested** - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.

Increase contract by \$4,086.72 to cover expenses for services incurred during the contract time period.

**Summary Explanation/Background** - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.

Increase contract for services already incurred for a multi-family project. Total cost for services was an estimate at time of contract.

**Original Source Selection/Vetting Information** - Describe method used to select source.

RFP #24-099-WEX

**Recommendations/Alternatives** - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

1. Approve increase to Crowley Engineering LLC to ensure we abide by the prompt payment act.
2. Do not approve and violate policy.

**Fiscal Impact/Cost Summary** - Include projected cost for each fiscal year, approved budget amount and account number, source of funds, and any future funding requirements along with any narrative.

No fiscal impact.





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:     | 25-022-WEX                  |
| COMPANY NAME:   | CROWLEY ENGINEERING LLC     |
| CONTACT PERSON: | GREGORY D. CROWLEY          |
| CONTACT EMAIL:  | greg@crowleyengineering.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<br>(e.g., cash, type of<br>item, in-kind<br>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:

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### **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: GREGORY D. CROWLEY

Signature: 

Title: PRESIDENT & MANAGING MEMBER

Date: AUGUST 15, 2025



## Care Center Requisition \$30,000 and Over

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

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**File #:** HS-P-0045-25

**Agenda Date:** 9/2/2025

**Agenda #:** 7.A.2.

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AWARDING RESOLUTION ISSUED TO  
PRESCRIPTION SUPPLY INCORPORATED  
FOR SECONDARY PHARMACEUTICALS  
FOR THE DUPAGE CARE CENTER  
(CONTRACT TOTAL AMOUNT \$30,000.00)

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 Prescription Supply, Inc., for secondary pharmaceuticals, for the period of September 10, 2025 through September 9, 2026, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is for secondary pharmaceuticals, for the period of September 10, 2025 through September 9, 2026, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract by the Procurement Division to Prescription Supply, Inc., 2233 Tracy Road, Northwood, Ohio 43619, for a contract total amount not to exceed \$30,000.00, per lowest responsible bid #25-103-DCC.

Enacted and approved this 9th day of September, 2025 at Wheaton, Illinois.

---

DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

JEAN KACZMAREK, COUNTY CLERK



## Procurement Review Comprehensive Checklist

### Procurement Services Division

This form must accompany all Purchase Order Requisitions

#### SECTION 1: DESCRIPTION

| General Tracking   |  | Contract Terms  |   |
|--|--|---|---|
| FILE ID#:<br>25-2053   | RFP, BID, QUOTE OR RENEWAL #:<br>#25-103-DCC | INITIAL TERM WITH RENEWALS:<br>1 YR + 3 X 1 YR TERM PERIODS | INITIAL TERM TOTAL COST:<br>\$30,000.00                 |
| COMMITTEE:<br>HUMAN SERVICES   | TARGET COMMITTEE DATE:<br>09/02/2025         | PROMPT FOR RENEWAL:<br>3 MONTHS                             | CONTRACT TOTAL COST WITH ALL RENEWALS:<br>\$120,000.00  |
|  | CURRENT TERM TOTAL COST:<br>\$30,000.00      | MAX LENGTH WITH ALL RENEWALS:                               | CURRENT TERM PERIOD:<br>INITIAL TERM                    |
| Vendor Information   |  | Department Information                                      |   |
| VENDOR:<br>Prescription Supply, Inc.   | VENDOR #:<br>28804                           | DEPT:<br>DuPage Care Center                                 | DEPT CONTACT NAME:<br>Jonathan Klimek                   |
| VENDOR CONTACT:<br>Elaine Polizzi  | VENDOR CONTACT PHONE:<br>419-661-6600        | DEPT CONTACT PHONE #:<br>630-784-4475                       | DEPT CONTACT EMAIL:<br>jonathan.klimek@dupagecounty.gov |
| VENDOR CONTACT EMAIL:<br>epolizzi@rxsupply.com   | VENDOR WEBSITE:                              | DEPT REQ #:<br>7531   |   |
| 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.). Recommendation for the approval of a contract purchase order to Prescription Supply, Inc., for Secondary Pharmaceuticals, for the DuPage Care Center Pharmacy, for the period September 10, 2025 through September 09, 2026, for a contract total amount not to exceed \$30,000.00, per bid 25-103-DCC. |  |   |   |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished<br>Wholesale pharmaceuticals that have competitive pricing.   |  |   |   |

#### SECTION 2: DECISION MEMO REQUIREMENTS

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

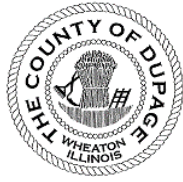
|                                      |   |
|--------------------------------------|---|
| <b>JUSTIFICATION</b>                 | Select an item from the following dropdown menu to justify why this is a sole source procurement.   |
| <b>NECESSITY AND UNIQUE FEATURES</b> | Describe the product or services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

## SECTION 5: Purchase Requisition Information

| <i>Send Purchase Order To:</i>      |                                 | <i>Send Invoices To:</i>                          |  |
|-------------------------------------|---------------------------------|---|--|
| Vendor:<br>Prescription Supply, Inc | Vendor#:<br>28804               | Dept:<br>DuPage Care Center                       | Division:<br>Pharmacy                          |
| Attn:<br>Elaine Polizzi             | Email:<br>epolizzi@rxsupply.com | Attn:<br>Jonathan Klimek                          | Email:<br>jonathan.klimek@dupagecounty.gov     |
| Address:<br>2233 Tracy Road         | City:<br>Northwood              | Address:<br>400 N. County Farm Road               | City:<br>Wheaton                               |
| State:<br>OH                        | Zip:<br>43619                   | State:<br>IL                                      | Zip:<br>60187                                  |
| Phone:<br>419-661-6600 x219         | Fax:                            | Phone:<br>630-784-4475                            | Fax:   |
| <i>Send Payments To:</i>            |                                 | <i>Ship to:</i>                                   |  |
| Vendor:<br>Prescription Supply, Inc | Vendor#:<br>28804               | Dept:<br>DuPage Care Center                       | Division:<br>Pharmacy                          |
| Attn:<br>Randy Buck                 | Email:<br>rbuck@rxsupply.com    | Attn:<br>Jonathan Klimek                          | Email:<br>jonathan.klimek@dupagecounty.gov     |
| Address:<br>2233 Tracy Road         | City:<br>Northwood              | Address:<br>400 N. County Farm Road               | City:<br>Wheaton                               |
| State:<br>OH                        | Zip:<br>43619                   | State:<br>IL                                      | Zip:<br>60187                                  |
| Phone:<br>419-661-6600 x123         | Fax:                            | Phone:<br>630-784-4475                            | Fax:   |
| Shipping                            |                                 | Contract Dates                                    |  |
| Payment Terms:<br>PER 50 ILCS 505/1 | FOB:<br>Destination             | Contract Start Date (PO25):<br>September 10, 2025 | Contract End Date (PO25):<br>September 9, 2026 |

| 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  |                            | secondary pharmaceuticals | FY25 | 1200    | 2085 | 52300     |                             | 6,500.00          | 6,500.00     |
| 2  | 1   | EA  |                            | secondary pharmaceuticals | FY25 | 1200    | 2090 | 52300     |                             | 1,260.00          | 1,260.00     |
| 3  | 1   | EA  |                            | secondary pharmaceuticals | FY26 | 1200    | 2085 | 52300     |                             | 18,500.00         | 18,500.00    |
| 4  | 1   | EA  |                            | secondary pharmaceuticals | FY26 | 1200    | 2090 | 52300     |                             | 3,740.00          | 3,740.00     |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                            |                           |      |         |      |           |                             | Requisition Total | \$ 30,000.00 |

| Comments             |  |
|----------------------|--|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>Recommendation for the approval of a contract purchase order to Prescription Supply, Inc., for Secondary Pharmaceuticals, for the DuPage Care Center Pharmacy, for the period September 10, 2025 through September 09, 2026, for a contract total amount not to exceed \$30,000.00, per bid 25-103-DCC. |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>September 2, 2025 HS Committee                      September 9, 2025 County Board  |
| 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.   |



**THE COUNTY OF DUPAGE  
FINANCE - PROCUREMENT  
SECONDARY PHARMACEUTICALS 25-103-DCC  
BID TABULATION**

✓

|                    |   |        |     | Prescription Supply, Inc. |                    |
|--------------------|---|--------|-----|---------------------------|--------------------|
| NO.                | ITEM  | UOM    | QTY | PRICE                     | EXTENDED PRICE     |
| 1                  | Atorvastatin 20mg, 90 Tablets                   | BTL    | 5   | \$ 1.32                   | \$ 6.60            |
| 2                  | Budesonide neb 0.5mg/2ml, 30 Vials              | VIAL   | 5   | \$ 25.45                  | \$ 127.25          |
| 3                  | Budesonide neb 1mg/2ml, 30 Vials                | VIAL   | 5   | \$ 119.71                 | \$ 598.55          |
| 4                  | Diclofenac sodium 1%, 100 Grams                 | GEL    | 20  | \$ 4.37                   | \$ 87.40           |
| 5                  | Donepezil 10mg, 90 Tablets                      | BTL    | 5   | \$ 2.39                   | \$ 11.95           |
| 6                  | Duloxetine DR 60mg, 30 Capsules                 | BTL    | 5   | \$ 2.10                   | \$ 10.50           |
| 7                  | Gabapentin 300mg, 500 Capsules                  | BTL    | 3   | \$ 10.70                  | \$ 32.10           |
| 8                  | Hydralazine 50mg, 100 Tablets                   | BTL    | 5   | \$ 2.84                   | \$ 14.20           |
| 9                  | Ipratropium/Albuterol 2.5mg-0.5mg/3ml, 30 Vials | VIAL   | 25  | \$ 7.48                   | \$ 187.00          |
| 10                 | Metformin 1000mg, 500 Tablets                   | BTL    | 5   | \$ 7.92                   | \$ 39.60           |
| 11                 | Nystatin 100MU/GM, 60 Grams                     | POWDER | 25  | \$ 8.76                   | \$ 219.00          |
| 12                 | Simvastatin 40mg, 1000 Tablets                  | BTL    | 3   | \$ 21.61                  | \$ 64.83           |
| <b>GRAND TOTAL</b> |   |        |     |                           | <b>\$ 1,398.98</b> |

NOTES

|                                    |        |
|------------------------------------|--------|
| Bid Opening 8/19/2025 @ 2:30 PM    | HK, BR |
| Invitations Sent                   | 38     |
| Total Vendors Requesting Documents | 1      |
| Total Bid Responses                | 1      |

## BID PRICING FORM

### Section I: Contact Information

Please complete the contact information below.

|                 |                           |
|-----------------|---------------------------|
| BID NUMBER:     | 25-103-DCC                |
| COMPANY NAME:   | PRESCRIPTION SUPPLY, INC. |
| CONTACT PERSON: | ELAINE POLIZZI            |
| CONTACT EMAIL:  | EPOLIZZI@RXSUPPLY.COM     |

### Section II: Pricing

Quantities listed are estimates only and are provided for canvassing purposes. All goods shall be shipped F.O.B. Destination.

| NO.  | ITEM  | UOM    | QTY | PRICE     | EXTENDED PRICE |
|--|---|--------|-----|-----------|----------------|
| 1  | Atorvastatin 20mg, 90 Tablets                   | BTL    | 5   | \$ 1.32   | \$ 6.60        |
| 2  | Budesonide neb 0.5mg/2ml, 30 Vials              | VIAL   | 5   | \$ 25.45  | \$ 127.25      |
| 3  | Budesonide neb 1mg/2ml, 30 Vials                | VIAL   | 5   | \$ 119.71 | \$ 598.55      |
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| 11   | Nystatin 100MU/GM, 60 Grams                     | POWDER | 25  | \$ 8.76   | \$ 219.00      |
| 12   | Simvastatin 40mg, 1000 Tablets                  | BTL    | 3   | \$ 21.61  | \$ 64.83       |
| GRAND TOTAL  |   |        |     |           | \$ 1398.98     |
| GRAND TOTAL<br>(In words) One thousand three hundred ninety-eight and 98/100 dollars |   |        |     |           |                |



**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: CANDACE L. HARBAUER Signature: \_\_\_\_\_

Title: CORPORATE SECRETARY/TREASURER Date: August 12, 2025





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:            | 25-103-DCC                |
| COMPANY NAME:          | PRESCRIPTION SUPPLY, INC. |
| MAIN ADDRESS:          | 2233 TRACY RD.            |
| CITY, STATE, ZIP CODE: | NORTHWOOD, OH 43619       |
| TELEPHONE NO.:         | 419-661-6600 EXT 219      |
| BID CONTACT PERSON:    | ELAINE POLIZZI            |
| CONTACT EMAIL:         | EPOLIZZI@RXSUPPLY.COM     |

### Section II: Contract Administration Information

Complete the contract administration information below.

| CORRESPONDENCE TO CONTRACTOR: |                           | REMIT TO CONTRACTOR: |                           |
|-------------------------------|---------------------------|----------------------|---------------------------|
| NAME:                         | PRESCRIPTION SUPPLY, INC. | NAME:                | PRESCRIPTION SUPPLY, INC. |
| CONTACT:                      | ELAINE POLIZZI            | CONTACT:             | RANDY BUCK                |
| ADDRESS:                      | 2233 TRACY RD.            | ADDRESS:             | 2233 TRACY RD.            |
| CITY, ST., ZIP:               | NORTHWOOD, OH 43619       | CITY, ST., ZIP:      | NORTHWOOD, OH 43619       |
| PHONE NO.:                    | 419-661-6600 EXT 219      | PHONE NO.:           | 419-661-6600 EXT 123      |
| EMAIL:                        | EPOLIZZI@RXSUPPLY.COM     | EMAIL:               | RBUCK@RXSUPPLY.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:

THOMAS G. SCHOEN

(President or Partner)

CHRISTOPHER SCHOEN

(Vice-President or Partner)

CANDACE L. HARBAUER

(Secretary or Partner)

CANDACE L. HARBAUER

(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: CANDACE L. HARBAUER

Signature: \_\_\_\_\_

Title: CORPORATE SECRETARY/TREASURER

Date: August 12, 2025



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:     | 25-103-DCC                |
| COMPANY NAME:   | PRESCRIPTION SUPPLY, INC. |
| CONTACT PERSON: | ELAINE POLIZZI            |
| CONTACT EMAIL:  | EPOLIZZI@RXSUPPLY.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<br>(e.g., cash, type of<br>item, in-kind<br>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: CANDACE L. HARBAUER

Signature: \_\_\_\_\_

Title: CORPORATE SECRETARY/TREASURER

Date: August 12, 2025



## Care Center Requisition Under \$30,000

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

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**File #:** 25-2107

**Agenda Date:** 9/2/2025

**Agenda #:** 7.B.

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

### SECTION 1: DESCRIPTION

|                           |                                      |  |  |
|---------------------------|--------------------------------------|--|--|
| <i>General Tracking</i>   |                                      | <i>Contract Terms</i>                  |  |
| FILE ID#: 25-1990         | RFP, BID, QUOTE OR RENEWAL #:        | INITIAL TERM WITH RENEWALS:            | INITIAL TERM TOTAL COST: \$26,000.00                 |
| COMMITTEE: HUMAN SERVICES | TARGET COMMITTEE DATE: 09/02/2025    | PROMPT FOR RENEWAL: 3 MONTHS           | CONTRACT TOTAL COST WITH ALL RENEWALS: \$26,000.00   |
|                           | CURRENT TERM TOTAL COST: \$26,000.00 | MAX LENGTH WITH ALL RENEWALS: ONE YEAR | CURRENT TERM PERIOD: INITIAL TERM                    |
| <i>Vendor Information</i> |                                      | <i>Department Information</i>          |  |
| VENDOR: ARxIUM, Inc.      | VENDOR #: 24540                      | DEPT: DuPage Care Center               | DEPT CONTACT NAME: Jonathan Klimek                   |
| VENDOR CONTACT:           | VENDOR CONTACT PHONE: 847-512-0472   | DEPT CONTACT PHONE #: 630-784-4275     | DEPT CONTACT EMAIL: Jonathan.klimek@dupagecounty.gov |
| VENDOR CONTACT EMAIL:     | VENDOR WEBSITE:                      | DEPT REQ #: 7527                       |  |

#### 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.). Supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy, at the DuPage Care Center, for the period September 2, 2025 through September 1, 2026, for a contract total not to exceed \$26,000.00, sole source.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished  
ARxIUM, Inc. requires that their supplies be utilized in their equipment. If the supplies are not purchased through ARxIUM, Inc. all warranties and service agreements may be voided.

### SECTION 2: DECISION MEMO REQUIREMENTS

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

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

### SECTION 3: DECISION MEMO

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

| SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION |   |
|---|---|
| JUSTIFICATION                             | Select an item from the following dropdown menu to justify why this is a sole source procurement.<br>SOLE PROVIDER OF ITEMS THAT ARE COMPATIBLE WITH EXISTING EQUIPMENT, INVENTORY, SYSTEMS, PROGRAMS OR SE   |
| 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.<br>The ARxIUM, Inc. contract is specific to the medication dispensing machine located in the Pharmacy Department at the DuPage Care Center.<br>Certain Consumables are specific to the FastPak system and proprietary to ARxIUM. No other consumables have been approved by ARxIUM for use with the system. Similar consumables products cannot be used as replacements, as ARxIUM cannot guarantee the quality and/or capabilities. Additionally, use of consumable products not approved by ARxIUM would void the warranty or service contract. |
| 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 |                             |  |  |
|---|-----------------------------|--|--|
| Send Purchase Order To:                     |                             | Send Invoices To:                                |  |
| Vendor:<br>ARxIUM, Inc.                     | Vendor#:<br>24540           | Dept:<br>DuPage Care Center                      | Division:<br>Pharmacy                          |
| Attn:<br>Gina Dewey                         | Email:<br>gdewey@arxium.com | Attn:<br>Jonathan Klimek                         | Email:<br>jonathan.klimek@dupagecounty.gov     |
| Address:<br>1000 Asbury Drive, Suite 4      | City:<br>Buffalo Grove      | Address:<br>400 N. County Farm Road              | City:<br>Wheaton                               |
| State:<br>IL                                | Zip:<br>60089               | State:<br>IL                                     | Zip:<br>60187                                  |
| Phone:<br>847-808-2600                      | Fax:                        | Phone:<br>630-784-4275                           | Fax:   |
| Send Payments To:                           |                             | Ship to:   |  |
| Vendor:<br>ARxIUM, Inc.                     | Vendor#:<br>24540           | Dept:<br>DuPage Care Center                      | Division:<br>Pharmacy                          |
| Attn:                                       | Email:                      | Attn:<br>Jonathan Klimek                         | Email:<br>jonathan.klimek@dupagecounty.gov     |
| Address:<br>52226 Network Place             | City:<br>Chicago            | Address:<br>400 N. County Farm Road              | City:<br>Wheaton                               |
| State:<br>IL                                | Zip:<br>60673               | State:<br>IL                                     | Zip:<br>60187                                  |
| Phone:                                      | Fax:                        | Phone:<br>630-784-4275                           | Fax:   |
| Shipping                                    |                             | Contract Dates                                   |  |
| Payment Terms:<br>PER 50 ILCS 505/1         | FOB:<br>Destination         | Contract Start Date (PO25):<br>September 2, 2025 | Contract End Date (PO25):<br>September 1, 2026 |

| 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  |                            | Supplies for the FastPak Elite Medication Dispensing Machine | FY25 | 1200    | 2085 | 52200     |                             | 5,000.00          | 5,000.00     |
| 2  | 1   | EA  |                            | Supplies for the FastPak Elite Medication Dispensing Machine | FY26 | 1200    | 2085 | 52200     |                             | 21,000.00         | 21,000.00    |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                            |  |      |         |      |           |                             | Requisition Total | \$ 26,000.00 |

| Comments             |  |
|----------------------|--|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>Supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy, at the DuPage Care Center, for the period September 2, 2025 through September 1, 2026, for a contract total not to exceed \$26,000.00, sole source. |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>September 2, 2025 HS Committee  |
| INTERNAL NOTES       | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.  |
| APPROVALS            | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.   |





# Pouch Device - United States Consumable Order Form

Date: \_\_\_\_\_

| Qty | Item #    | FastPak Elite                                   | Price      |
|-----|-----------|---|------------|
|     | 51022490A | Ribbon (10/case)                                | \$259.99   |
|     | 51022406A | Ribbon Cartridge (each)                         | \$72.76    |
|     | RFIDPPL01 | <b>Wide</b> Non-Humid Paper (6/case)            | \$403.20   |
|     | 29130020  | <b>Wide</b> Humid Proof Paper (6/case)          | \$680.40   |
|     | 29132000  | <b>Narrow</b> Non-Humid Paper (6/case)          | \$390.60   |
|     | 29132100  | <b>Narrow</b> Humid Proof Paper (6/case)        | \$630.00   |
|     | 51Y22204C | Prefill Tray (each)                             | \$1,574.99 |
|     | AB00332-A | Canister Label (460/roll)                       | \$71.42    |
|     | 14000010  | Brass Brush (each)                              | \$11.72    |
|     | 14000030  | Car Cream (each)                                | \$27.99    |
|     | 40000027C | Desiccant (300/can)                             | \$106.24   |
| Qty | Item #    | FastPak TableTop                                | Price      |
|     | UP600     | Thermal Foil 2 1/4" (Dot Matrix) (5/case)       | \$196.14   |
|     | UP601     | Thermal Foil 2 1/4" Poly (5/case)               | \$439.56   |
|     | UP610     | Poly Clear 2-3/8" (5/case)                      | \$624.52   |
|     | UP620     | Poly Amber 2-3/8" (5/case)                      | \$657.53   |
|     | UP625     | Thermal Transfer Ribbon (5/case)                | \$278.00   |
| Qty | Item #    | FastPak Verify                                  | Price      |
|     | VP00094-A | Blue Pen (10/Pkg)                               | \$24.99    |
|     | 51Y22358A | Master Image Tray Yuyama (each)                 | \$899.99   |
|     | 51Y22359B | Master Image Tray Panasonic (each)              | \$929.99   |
|     | AB01345-A | Spooler Reel, Acrylic                           | \$99.99    |
| Qty | Item #    | Barcoding Station Labels                        | Price      |
|     | 2M9534    | Standard Inventory Label 1.5" x .5"             | \$25.16    |
|     | 2M9535    | Mini Inventory Label .75" x .5"                 | \$29.99    |
|     | 2M9485    | Flag Label 1.5" x .5" with 2.5" x .5" flag tail | \$32.29    |
|     | 502224-A  | Dot Label 3/8" Dot w/in 1" x 1" square          | \$152.02   |
| Qty | Item #    | RxWorks Workflow/ClinicWorks                    | Price      |
|     | 2M9495    | WP Term Label Patient Spec Zebra                | \$152.99   |
|     | 2M9533    | Workflow/Carousel Patient Label                 | \$39.91    |
|     | 2Q1120    | Desktop Zebra Printer Label                     | \$199.99   |
|     | AB02005-A | Zebra Mobile Label 3.125"x2"                    | \$18.94    |
|     | AB02505-A | Label Thermal, 3.125X2.00, 8"O                  | \$55.70    |

| Qty | Item #   | Miscellaneous Items                    | Price    |
|-----|----------|--|----------|
|     | 2A2101   | 3M Electronic Vacuum Cleaner           | \$466.10 |
|     | 2A2104   | ATRIX HEPA FILTER (each)               | \$129.57 |
|     | 2A1327   | Boxes - Multi Dose (Large) (225/case)  | \$283.71 |
|     | 2A1326   | Boxes - Multi Dose (Medium) (300/case) | \$131.04 |
|     | 2A1325   | Boxes - Multi Dose (Small) (400/case)  | \$196.24 |
|     | 2A1320-A | Boxes - Unit Dose (Small) (1000/case)  | \$204.54 |

| Shipping Method |           |
|-----------------|-----------|
|                 | Ground    |
|                 | Next Day  |
|                 | 2 Day     |
|                 | 3 Day     |
|                 | Saturday  |
|                 | Cust Acct |

ALL PRICES ARE SUBJECT TO CHANGE.  
PRICE DOES NOT INCLUDE SHIPPING AND APPLICABLE TAX.  
RETURNS MAY BE SUBJECT TO A RESTOCKING FEE.

Cust ID: \_\_\_\_\_

|          |  |
|----------|--|
| Ship To: |  |
|          |  |
|          |  |
|          |  |
| Attn:    |  |
| Phone:   |  |
| PO:      |  |

|   |  |
|---|--|
| Bill To:  |  |
| Email:  |  |
| Phone:  |  |
| Last 4 digits of the credit card # ____ (Consent required)                |  |
| - Store my credit card details for future orders <input type="checkbox"/> |  |
| - Do not store my credit card details <input type="checkbox"/>            |  |
| Name on Card:   |  |
| Exp Date:   |  |

Phone: 888-627-1438  
Fax: 847-808-7871

Email: custadmin@arxium.com

Modification: 2025-07-08

June 18, 2025

Christine Kliebhan  
Financial Analyst II  
DuPage Care Center  
400 N. County Farm Road  
Wheaton, IL 60187

Subject: Sole Source Letter – FastPak™ Elite Equipment

---

Dear Christine,

This letter is to inform you that ARxIUM, Inc. is the sole provider of the FastPak™ Elite system in the United States of America. Once implemented, the FastPak system requires support and maintenance, of which we are also the sole provider. Your FastPak system may require replacement parts from time to time, which must also be provided by us otherwise you risk voiding your equipment warranty. For equipment that is off warranty, any required repairs or replacement parts due to the use of unapproved parts or unapproved service providers would not be covered in our standard support offering.

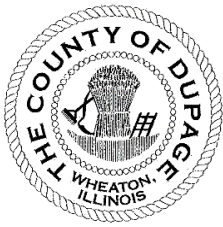
Additionally, certain consumables are specific to the FastPak system and proprietary to ARxIUM. The consumable products in question have been tested by our Quality Assurance department for the sole use with our devices. No other consumables have been approved by ARxIUM for use with your system. Similar consumable products cannot be used as replacements, as we cannot guarantee their quality and/or capabilities. Additionally, use of consumable products not approved by ARxIUM would void your warranty or service contract, as using unauthorized consumables is not in compliance with that agreement.

It is our pleasure to partner with you for all of your past, present and future pharmacy technology needs.

Regards,



Gina Dewey  
Senior Contracts Administrator  
gdewey@arxium.com



## REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

### **Section I: Contact Information**

Please complete the contact information below.

|                 |                   |
|-----------------|-------------------|
| BID NUMBER:     |                   |
| COMPANY NAME:   | ARxIUM, Inc.      |
| CONTACT PERSON: | Gina Dewey        |
| CONTACT EMAIL:  | gdewey@arxium.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<br>(e.g., cash, type of<br>item, in-kind<br>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:

[http://www.dupagecounty.gov/government/county\\_board/ethics\\_at\\_the\\_county/](http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/)

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

[https://www.dupagecounty.gov/government/departments/finance/procurement/procurement\\_ordinance\\_and\\_guiding\\_principles.php](https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php)

### **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: Clancy McCarthy

Signature: \_\_\_\_\_



Title: Director, Finance

Date: August 12, 2025



## Budget Transfer

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

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**File #:** 25-2108

**Agenda Date:** 9/2/2025

**Agenda #:** 8.A.

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**DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective October 1, 2024**

From: 5000  
Company #

LIHEAP 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 |                 |
| 1420            | 54107   |             | SOFTWARE | \$ 1,031.00 | 1,031.00                                | 0              | 8/18/25         |
|                 |         |             |          |             |   |                |                 |
|                 |         |             |          |             |   |                |                 |
|                 |         |             |          |             |   |                |                 |
|                 |         |             |          |             |   |                |                 |
|                 |         |             |          |             |   |                |                 |
| Total           |         |             |          | \$ 1,031.00 |   |                |                 |

To: 5000  
Company #

LIHEAP 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 |                 |
| 1420            | 53807   |             | SUBSCRIPTION IT ARRANGEMENTS | \$ 1,031.00 | 11,633.00                               | 12,664.00      | 8/18/25         |
|                 |         |             |                              |             |   |                |                 |
|                 |         |             |                              |             |   |                |                 |
|                 |         |             |                              |             |   |                |                 |
|                 |         |             |                              |             |   |                |                 |
|                 |         |             |                              |             |   |                |                 |
| Total           |         |             |                              | \$ 1,031.00 |   |                |                 |

Reason for Request:

The purpose of this Budget transfer is to provide funds for payment of invoices for Client satisfaction and assessment software Carahsoft.

Signature on File

Department Head

Signature on  
(File

Chief Financial Officer

8/18/25  
Date  
8/20/25

Activity

25-224028  
(optional)

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

|                             |                                 |                    |  |
|-----------------------------|---------------------------------|--------------------|--|
| Finance Department Use Only |                                 |                    |  |
| Fiscal Year <u>25</u>       | Budget Journal # _____          | Acctg Period _____ |  |
| Entered By/Date _____       | Released & Posted By/Date _____ |                    |  |

HS - 9/2/25  
FIN/CB - 9/9/25