DU PAGE COUNTY

Human Services

Final Regular Meeting Agenda

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

Tuesday, September 2, 2025 **9:30 AM** **Room 3500A**

1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIR REMARKS - CHAIR SCHWARZE

5. APPROVAL OF MINUTES

5.A. **25-2103**
Human Services Committee - Regular Meeting - August 19, 2025

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)

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)

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)

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.

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.)

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)

9. RESIDENCY WAIVERS - JANELLE CHADWICK

10. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

11. COMMUNITY SERVICES UPDATE - MARY KEATING

12. OLD BUSINESS

13. NEW BUSINESS

14. ADJOURNMENT

421 N. COUNTY FARM ROAD
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File #: 25-2103 **Agenda Date:** 9/2/2025 **Agenda #:** 5.A.

DU PAGE COUNTY

Human Services

Final Summary

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

Tuesday, August 19, 2025 **9:30 AM** **Room 3500A**

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)

PRESENT	Cronin Cahill, Schwarze, Yoo, and Rutledge
ABSENT	LaPlante
LATE	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

RESULT:	APPROVED
MOVER:	Cynthia Cronin Cahill
SECONDER:	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)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Cynthia Cronin Cahill
SECONDER:	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)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Sheila Rutledge
SECONDER:	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.

RESULT:	APPROVED
MOVER:	Yeena Yoo
SECONDER:	Cynthia Cronin Cahill
AYES:	Cronin Cahill, Schwarze, Yoo, and Rutledge
ABSENT:	LaPlante
LATE:	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.)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Yeena Yoo
SECONDER:	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.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Cynthia Cronin Cahill
SECONDER:	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)

RESULT:	APPROVED
MOVER:	Cynthia Cronin Cahill
SECONDER:	Sheila Rutledge
AYES:	Cronin Cahill, Schwarze, Yoo, and Rutledge
ABSENT:	LaPlante
LATE:	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..

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

File #: 25-2104 **Agenda Date:** 9/2/2025 **Agenda #:** 6.A.

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 9th day of September, 2025 at Wheaton, Illinois.

_____
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 #:

Purchase Order #: 7431	**Original Purchase Order Date:** Oct 22, 2024	**Change Order #:** 10	**Department:** Community Services
Vendor Name: Healthy Air Heating & Air Inc		**Vendor #:** 14166	**Dept Contact:** Gina Strafford-Ahmed

Background and/or Reason for Change Order Request:

To increase the contract amount by $40,000 as more than anticipated work orders were issued to the contractor
Increase the following lines:
Line 1 - increase by $7,000.00
Line 2 - increase by $15,000.00
Line 3 - increase by $13,000.00
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 ☒ Increase ☐ 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 ≥ $2,500.00, or ≥ 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

REVIEWED BY (Initials Only)

Buyer	Date	Procurement Officer	Date: 8/20/2025
Chief Financial Officer (Decision Memos Over $25,000)	Date	Chairman's Office (Decision Memos Over $25,000)	Date

FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER

Rev 1.7
6/25/18

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

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

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

- ❑ Yes
- ☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future County contracts. Continuing and supplemental disclosure is required. The Bidder agrees to update this disclosure form as follows:

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

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

Ethics | DuPage Co, IL

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

ARTICLE VI. - PROCUREMENT | Code of Ordinances | DuPage County, IL | Municode Library

Section IV: Certification

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

Signature on File

Printed Name: 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

File #: 25-2105 **Agenda Date:** 9/2/2025 **Agenda #:** 6.B.

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

SECTION 1: DESCRIPTION

General Tracking		*Contract Terms*	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: $22,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 09/02/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: $22,000.00
	CURRENT TERM TOTAL COST: $22,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		*Department Information*	
VENDOR: Meghan Butcher	VENDOR #: 30611	DEPT: Community Services/Senior Services	DEPT CONTACT NAME: Natasha Belli
VENDOR CONTACT:	VENDOR CONTACT PHONE: On File	DEPT CONTACT PHONE #: 630-407-6498	DEPT CONTACT EMAIL: Natasha.Belli@dupagecounty.gov
VENDOR CONTACT EMAIL: On File	VENDOR WEBSITE:	DEPT REQ #:	

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.).
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
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. CUSTOMER SERVICE
SOURCE SELECTION	Describe method used to select source. 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). 1. Pay current staff over-time to complete additional work at a higher rate 2. Hire permanent staff for grant period

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION	
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information			
Send Purchase Order To:		*Send Invoices To:*	
Vendor: Meghan Butcher	Vendor#:	Dept: Community Services	Division: Senior Services
Attn:	Email: On File	Attn: Natasha Belli	Email: Natasha.Belli@dupagecounty.gov
Address: On File	City: Hoffman Estates	Address: 421 N County Farm Rd	City: Wheaton
State: IL	Zip: 60169	State: IL	Zip: 60187
Phone: On File	Fax:	Phone: 630-407-6498	Fax: 630-407-6501
Send Payments To:		*Ship to:*	
Vendor: Meghan Butcher	Vendor#:	Dept: Community Services	Division: Senior Services
Attn:	Email: On File	Attn: Natasha Belli	Email: Natasha.Belli@dupagecounty.gov
Address: On File	City: Hoffman Estates	Address: 421 N County Farm Rd	City: Wheaton
State: IL	Zip: 60169	State: IL	Zip: 60187
Phone: On File	Fax:	Phone: 630-407-6498	Fax: 630-407-6501
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Sep 1, 2025	Contract End Date (PO25): Aug 31, 2026
Contract Administrator (PO25):			

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Contract Agreement to provide IIIE TCARE requirements	FY25	5000	1720		25-703S 53090	22,000.00	22,000.00

FY is required, assure the correct FY is selected. 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. 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:

1. **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.
2. **MILESTONE/DELIVERABLE INFORMATION:** *(Note: If Contractor will be engaged in any development activities or will be providing any reports, complete this section)*

Milestone No.	Milestone/Deliverable Description Note: Include enough detail to enable someone not familiar with the Project to understand what will be delivered.	Delivery Dates	Is Acceptance Required by the County or Contractor? Note: Y or N and designate the Approving Party	Costs
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

3. **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

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

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.

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:

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/ 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 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*

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

By: _____
SIGNATURE
Mary A. Keating
Title: Director of Community Services

Meghan Butcher
Signature on File

By: _____
SIGNATURE

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:	[redacted]

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

- ☐ Yes
- ☑ No

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

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

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/

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

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: Signature on File

Title: case manager Date: 8/25/2025

Rev. 1-2025

Change Order

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

File #: 25-2106 **Agenda Date:** 9/2/2025 **Agenda #:** 6.C.

HS Only 912

Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Aug 11, 2025

MinuteTraq (IQM2) ID #:

Purchase Order #: 7751	**Original Purchase Order Date:** Jul 1, 2025	**Change Order #:** 1	**Department:** Community Services
Vendor Name: Crowley Engineering LLCQ		**Vendor #:** 46283	**Dept Contact:** Gina Strafford-Ahmed

Background and/or Reason for Change Order Request:

To increase the PO amount as the final invoice is $19,085.72

1. Increase line 1 by $4,086.72

IN ACCORDANCE WITH 720 ILCS 5/33E-9

☒ (A) Were not reasonably foreseeable at the time the contract was signed.

☐ (B) The change is germane to the original contract as signed.

☐ (C) Is in the best interest for the County of DuPage and authorized by law.

INCREASE/DECREASE

A	Starting contract value	$14,999.00
B	Net $ change for previous Change Orders	$0.00
C	Current contract amount (A + B)	$14,999.00
D	Amount of this Change Order ☒ Increase ☐ Decrease	$4,086.72
E	New contract amount (C + D)	$19,085.72
F	Percent of current contract value this Change Order represents (D / C)	27.25%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	27.25%

DECISION MEMO NOT REQUIRED

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

☐ Change budget code from: _____ to: _____

☐ Increase/Decrease quantity from: _____ to: _____

☐ Price shows: _____ should be: _____

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

DECISION MEMO REQUIRED

☐ Increase (greater than 29 days) contract expiration from: _____ to: _____

☒ Increase ≥ $2,500.00, or ≥ 10%, of current contract amount ☒ Funding Source 5000 1555 53090 RETRO

☐ OTHER - explain below:

Deependra Kantha	6164	Aug 11, 2025	DK	6182	8/11/25
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date

REVIEWED BY (Initials Only)

Buyer	Date	Procurement Officer	Date: 8/20/2025
Chief Financial Officer (Decision Memos Over $25,000)	Date	Chairman's Office (Decision Memos Over $25,000)	Date

FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER

Rev 1.7
6/25/18

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

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

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

- ☐ Yes
- ☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future County contracts. Continuing and supplemental disclosure is required. The Bidder agrees to update this disclosure form as follows:

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

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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

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

Rev. 1-2025

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

File #: HS-P-0045-25 **Agenda Date:** 9/2/2025 **Agenda #:** 7.A.

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#: 25-2053	RFP, BID, QUOTE OR RENEWAL #: #25-103-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: $30,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 09/02/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: $120,000.00
	CURRENT TERM TOTAL COST: $30,000.00	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		*Department Information*	
VENDOR: Prescription Supply, Inc.	VENDOR #: 28804	DEPT: DuPage Care Center	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT: Elaine Polizzi	VENDOR CONTACT PHONE: 419-661-6600	DEPT CONTACT PHONE #: 630-784-4475	DEPT CONTACT EMAIL: jonathan.klimek@dupagecounty.gov
VENDOR CONTACT EMAIL: epolizzi@rxsupply.com	VENDOR WEBSITE:	DEPT REQ #: 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

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.

LOWEST RESPONSIBLE QUOTE/BID (QUOTE < $25,000, BID ≥ $25,000; ATTACH TABULATION)

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

SECTION 3: DECISION MEMO

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

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION	
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information			
Send Purchase Order To:		*Send Invoices To:*	
Vendor: Prescription Supply, Inc	Vendor#: 28804	Dept: DuPage Care Center	Division: Pharmacy
Attn: Elaine Polizzi	Email: epolizzi@rxsupply.com	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 2233 Tracy Road	City: Northwood	Address: 400 N. County Farm Road	City: Wheaton
State: OH	Zip: 43619	State: IL	Zip: 60187
Phone: 419-661-6600 x219	Fax:	Phone: 630-784-4475	Fax:
Send Payments To:		*Ship to:*	
Vendor: Prescription Supply, Inc	Vendor#: 28804	Dept: DuPage Care Center	Division: Pharmacy
Attn: Randy Buck	Email: rbuck@rxsupply.com	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 2233 Tracy Road	City: Northwood	Address: 400 N. County Farm Road	City: Wheaton
State: OH	Zip: 43619	State: IL	Zip: 60187
Phone: 419-661-6600 x123	Fax:	Phone: 630-784-4475	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 10, 2025	Contract End Date (PO25): September 9, 2026

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		secondary pharmaceutials	FY25	1200	2085	52300		6,500.00	6,500.00
2	1	EA		secondary pharmaceutials	FY25	1200	2090	52300		1,260.00	1,260.00
3	1	EA		secondary pharmaceutials	FY26	1200	2085	52300		18,500.00	18,500.00
4	1	EA		secondary pharmaceutials	FY26	1200	2090	52300		3,740.00	3,740.00

FY is required, ensure the correct FY is selected. Requisition Total $ 30,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. 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. 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	Metformin1000mg, 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**
				GRAND TOTAL	**$ 1,398.98**

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
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	Metformin1000mg, 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
				GRAND TOTAL	$ 1398.98
GRAND TOTAL (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
TELPHONE 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@RXSUPPPLY.COM

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

- ☐ Yes
- ☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future County contracts. Continuing and supplemental disclosure is required. The Bidder agrees to update this disclosure form as follows:

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

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

Ethics | DuPage Co, IL

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

ARTICLE VI. - PROCUREMENT | Code of Ordinances | DuPage County, IL | Municode Library

Section IV: Certification

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

Signature on File

Printed Name: CANDACE L. HARBAUER Signat... ...

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

File #: 25-2107 **Agenda Date:** 9/2/2025 **Agenda #:** 7.B.

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

SECTION 1: DESCRIPTION

General Tracking		*Contract Terms*	
FILE ID#: 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
Vendor Information		*Department Information*	
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. 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. The ARxIUM, Inc. contract is specific to the medication dispensing machine located in the Pharmacy Department at the DuPage Care Center. 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: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn: Gina Dewey	Email: gdewey@arxium.com	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 1000 Asbury Drive, Suite 4	City: Buffalo Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60089	State: IL	Zip: 60187
Phone: 847-808-2600	Fax:	Phone: 630-784-4275	Fax:
Send Payments To:		*Ship to:*	
Vendor: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn:	Email:	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 52226 Network Place	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60673	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4275	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 2, 2025	Contract End Date (PO25): September 1, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		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
FY is required, ensure the correct FY is selected.										Requisition Total	$ 26,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. 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. 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	***Wide*** Non-Humid Paper (6/case)	$403.20
	29130020	***Wide*** Humid Proof Paper (6/case)	$680.40
	29132000	***Narrow*** Non-Humid Paper (6/case)	$390.60
	29132100	***Narrow*** 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 2¼" (Dot Matrix) (5/case)	$196.14
	UP601	Thermal Foil 2¼" 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 ⅜" 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 ☐
- Do not store my credit card details ☐

Name on Card:	
Exp Date:	

Phone: 888-627-1438
Fax: 847-808-7871
Email: custadmin@arxium.com

Modification: 2025-07-08

ARxIUM
Innovative Pharmacy Solutions

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,

[redacted]

Gina Dewey
Senior Contracts Administrator
gdewey@arxium.com

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

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

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

- ❑ Yes
- ☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future County contracts. Continuing and supplemental disclosure is required. The Bidder agrees to update this disclosure form as follows:

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

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

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: Clancy McCarthy Signature: Signature on File

Title: Director, Finance Date: August 12, 2025

Budget Transfer

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

File #: 25-2108 **Agenda Date:** 9/2/2025 **Agenda #:** 8.A.

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: Prior to Transfer	Finance Dept Use Only Available Balance: After Transfer	Date of Balance
1420	54107		**SOFTWARE**	$ 1,031.00	1,031.00	∅	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: Prior to Transfer	Finance Dept Use Only Available Balance: After Transfer	Date of Balance
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 — 8/18/25 Date

Signature on File — Chief Financial Officer — 8/20/25 Date

Activity 25-224028 (optional)

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

Finance Department Use Only

Fiscal Year 25 Budget Journal # _____ Acctg Period _____

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

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