

**DU PAGE COUNTY** 

## Human Services

## **Final Regular Meeting Agenda**

| Tuesday, June 6, 2023       |                                | ne 6, 2023                           | 9:30 AM                              | <b>Room 3500A</b> |
|-----------------------------|--------------------------------|--------------------------------------|--------------------------------------|-------------------|
| 1.                          | CAL                            | L TO ORDER                           |                                      |                   |
| 2.                          | ROL                            | L CALL                               |                                      |                   |
| 3.                          | PUBI                           | LIC COMMENT                          |                                      |                   |
| 4.                          | CHAIR REMARKS - CHAIR SCHWARZE |                                      |                                      |                   |
| 5.                          | APPROVAL OF MINUTES            |                                      |                                      |                   |
|                             | 5.A.                           | <u>23-1994</u><br>Human Services Com | mittee - Regular Meeting - Tuesday,  | May 16, 2023      |
| 6. LENGTH OF SERVICE AWARDS |                                |                                      |                                      |                   |
|                             | 6.A.                           | Length of Service Awa                | ard - Marina Vargas - 15 Years - Cor | mmunity Services  |

- 6.B. Length of Service Award Kristen Roskopf 20 Years Community Services
- 6.C. Length of Service Award Brandy Schank 15 Years Community Services

#### 7. COMMUNITY SERVICES - MARY KEATING

#### 7.A. **<u>FI-R-0144-23</u>**

Acceptance and Appropriation of additional funding for the Low Income Home Energy Assistance Program HHS Grant FY23 Inter-Governmental Agreement No. 23-224028 Company 5000 - Accounting Unit 1420 from \$1,748,193 to \$3,291,193 (an increase of \$1,543,000). (Community Services)

#### 7.B. <u>HS-R-0052-23</u>

Approval of Issuance of Payments by DuPage County to Energy Assistance Providers through the Low-Income Home Energy Assistance Program HHS Grant FY23 Inter-Governmental Agreement No. 23-224028 in the amount of \$1,326,980. (Community Services)

#### 8. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

#### 8.A. <u>HS-R-0053-23</u>

Recommendation for Approval of Amendment One to the Community Development Block Grant (CDBG) Urban County Joint Agreement with the City of Wheaton Incorporating Additional Provisions as required by the U.S. Department of Housing and Urban Development CDP-23-02 Notice.

#### 8.B. <u>**HS-R-0054-23**</u>

Recommendation for Approval of Amendment One to the Community Development Block Grant (CDBG) Urban County Joint Agreement with the Village of Downers Grove Incorporating Additional Provisions as required by the U.S. Department of Housing and Urban Development CDP-23-02 Notice.

#### 9. DUPAGE CARE CENTER - JANELLE CHADWICK

#### 9.A. <u>HS-P-0057-23</u>

Recommendation for the approval of a contract purchase order to Prescription Supply, Inc., to provide secondary pharmaceuticals (wholesale pharmaceuticals) for in-house close shop pharmacy, for the DuPage Care Center, for the period of June 19, 2023 through June 18, 2024, for a contract total not to exceed \$60,000; per bid renewal under bid #22-039-DCC, first of three one-year renewals.

#### 9.B. <u>HS-P-0058-23</u>

Recommendation for the approval of a contract purchase order to The Standard Companies, for trash can liners, for the DuPage Care Center, for the period June 23, 2023 through June 22, 2024, for an amount not to exceed \$75,000, under bid renewal #21-036-FM, first of two (2) one (1) year optional renewals.

#### **10. BUDGET TRANSFERS**

#### 10.A. <u>23-1995</u>

Budget Transfer to cover staffing changes including departures, unbudgeted benefits payments, and an increase to fringe benefits (from 5000-1670/5000, 51010, 51050 to 5000-1670/51000,51030, 51040), for the Family Center's Access & Visitation Grant - \$10,181. (Community Services)

#### 11. TRAVEL

#### 11.A. <u>23-1996</u>

Community Services Administrator to attend the National Community Action Partnership 2023 Training Conference in Atlanta, Georgia, from August 21, 2023 through August 25, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), for an approximate total of \$2,876. CSBG grant funded. (Community Services)

#### 11.B. <u>23-1997</u>

Community Development Manager to attend the National Association for County Community & Economic Development Summer Annual Conference in Austin, Texas from July 19, 2023 through July 22, 2023. Expenses to include transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems, for approximate total of \$1,899. CDBG grant funded. (Community Services)

#### 11.C. **<u>23-1998</u>**

Community Services Director to attend the NACCED summer meeting, NACo annual conference, and NACo Affordability Task Force in Travis County, Texas from July 19, 2023 through July 25, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems, for approximate total of \$3,648. CDBG grant funded. (Community Services)

#### **12. INFORMATIONAL**

#### 12.A. **FM-P-0069-23**

Recommendation for the approval of a contract to Commercial Mechanical, Inc., for the Replacement of Air Handling Units S-1 & S-2 in Room G15, S-6 in Penthouse A and S-8 in Penthouse B at the Care Center, for Facilities Management, for the period of June 13, 2023, through November 30, 2024, for a total contract amount not to exceed \$3,250,500 (\$1,900,000 CDBG Funded & \$1,350,500 ARPA Funded), per lowest responsible bid #23-056-FM. (PARTIAL ARPA ITEM)

#### 12.B. <u>FM-CO-0071-23</u>

First Amendment to Resolution FM-P-0269-22, issued to Lamp, Inc., to provide Professional Construction Manager As-Advisor services, for various construction management services to add the following capital projects to the Scope of Work, HVAC replacement work to be completed at the Care Center for air handler units S-1 (Mechanical Room 1209), S-2 (Mechanical Room 3213), and S-4 (Mechanical Room G16C) at the Care Center [ARPA Funded], and to improve the security, building code upgrades, and ADA improvements in the County Board room at the JTK building [Infrastructure funded], and to increase the contract in the amount of \$1,229,246, taking the original contract amount of \$4,865,131 and resulting in a new amended contract total amount not to exceed \$6,094,377, an increase of 25.27%. (PARTIAL ARPA ITEM)

#### 12.C. **<u>23-1999</u>**

Pursuant to FI-O-0056-22 and DT-R-0306B-22, Vehicle Replacement, for the DuPage Care Center, for the FY2023 - FY2024 has been issued through Midwest Transit Equipment, Inc., in the amount of \$176,600.00

A request for a motion was made by Chair Schwarze to accept and place on file. Member Galassi so moved, Member Childress seconded, ally ayes on a voice vote. Motion carried.

#### **13. RESIDENCY WAIVERS - JANELLE CHADWICK**

#### 14. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

- **15. COMMUNITY SERVICES UPDATE MARY KEATING**
- 16. OLD BUSINESS
- **17. NEW BUSINESS**
- **18. ADJOURNMENT**



Minutes

**File #:** 23-1994

Agenda Date: 6/6/2023

Agenda #: 5.A.



# **DU PAGE COUNTY**

## Human Services

### **Final Summary**

| Tuesday, May 16, 2023 | 9:30 AM | <b>Room 3500A</b> |
|-----------------------|---------|-------------------|
|                       |         |                   |

#### 1. CALL TO ORDER

9:30 AM meeting was called to order by Chair Greg Schwarze at 9:40 AM. Chair Schwarze began the committee meeting stating, "Under the authority of the County Board Rules, I appoint Member Patty Gustin to be a temporary member of the Human Services Committee to establish a quorum." Members Childress, DeSart, and Garcia were all detained at the Public Works Committee meeting, which was running behind.

| PRESENT | Galassi, LaPlante, Schwarze, and Gustin |
|---------|---|
| LATE    | Childress, DeSart, and Garcia           |

#### 2. ROLL CALL

Also in attendance were Assistant State's Attorney Renee Zerante, Chief Administrative Officer Nick Kottmeyer (left 10:03), County Board members Patty Gustin and Yeena Yoo, Community Services Administrators NaTasha Belli and Gina Strafford-Ahmed, Finance Buyer Valerie Calvente, DuPage Care Center Administrator Janelle Chadwick, DuPage Care Center Assistant Administrator Anita Rajagopal, Rehab Services Supervisor Karen Cerny, Care Center employees Arlene Rodriguez and Eric Hill, Community Services Director Mary Keating (remote), and Jan Kay from the League of Women Voters.

| PRESENT | Galassi, Gustin, LaPlante, and Schwarze |
|---------|---|
| LATE    | Childress, DeSart, and Garcia           |

#### **3. PUBLIC COMMENT**

No public comments were offered.

#### 4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze announced that the small Human Services Grant was approved at the May 9 County Board meeting. The County will have a press release on Monday, May 22nd announcing the Human Services Grant, and the website will officially open on Tuesday, May 23rd and remain open for 60 days. Any nonprofit that meets the qualifications and would like to apply can find a link on the DuPage County home page.

#### 5. APPROVAL OF MINUTES

#### 5.A. <u>23-1835</u>

Human Services Committee - Regular Meeting - Tuesday, May 2, 2023

| <b>RESULT:</b> | APPROVED      |
|----------------|---------------|
| MOVER:         | Lynn LaPlante |
| SECONDER:      | Kari Galassi  |

#### 6. LENGTH OF SERVICE AWARDS

#### 6.A. Length of Service Award - Arlene Rodriguez - 20 Years - DuPage Care Center Rehab Services Department

Karen Cerny, Rehab Service Supervisor at the DuPage Care Center, presented a 20-year Anniversary Award to Arlene Rodriguez.

#### 6.B. Length of Service Award - Eric Hill - 20 Years - DuPage Care Center Rehab Services Department

Karen Cerny, Rehab Service Supervisor at the DuPage Care Center, presented a 20-year Anniversary Award to Eric Hill.

#### 7. DUPAGE CARE CENTER - JANELLE CHADWICK

Members Childress, DeSart, and Garcia entered the meeting.

#### 7.A. <u>HS-CO-0009-23</u>

Amendment issued to Lifescan Laboratories of Illinois for patient phlebotomy and lab services, for the DuPage Care Center, for the period September 20, 2022 through September 19, 2023, to increase encumbrance in the amount of \$15,000, a 75.00% increase. (6005-0001 SERV) (ARPA ITEM)

| <b>RESULT:</b> | APPROVED AND SENT TO FINANCE |
|----------------|------------------------------|
| MOVER:         | Michael Childress            |
| SECONDER:      | Kari Galassi                 |

#### 7.B. <u>HS-CO-0010-23</u>

Amendment issued to KCI USA, Inc., for rental of wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center, for the period January 26, 2023 through January 25, 2024, to increase encumbrance in the amount of \$45,500, a 304.35% increase. (6266-0001 SERV)

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

#### 7.C. <u>23-1836</u>

Recommendation for the approval of a contract purchase order to Linde Gas & Equipment, Inc., to furnish and deliver Oxygen, Helium and Carbon Dioxide, for the period June 1, 2023 through May 31, 2024, for a total contract total not to exceed \$23,500, under bid renewal #21-015-CARE, first of two (2) one (1)-year optional renewals.

| <b>RESULT:</b> | APPROVED   |
|----------------|--|
| AYES:          | Childress, DeSart, Galassi, Garcia, Gustin, LaPlante, and Schwarze |

#### 7.D. <u>23-1837</u>

Recommendation for the approval of a contract purchase order to Warehouse Direct, for a disk rider floor scrubber with rear spray bar with handle gun, for the DuPage Care Center, for the period of May 17, 2023 through November 30, 2023, for a total amount not to exceed \$20,292, per joint Purchasing, National Cooperative Purchasing Alliance (NCPA) agreement with American Office Products Distributors, contract #189. (ARPA2 Item)

| <b>RESULT:</b> | APPROVED   |
|----------------|--|
| MOVER:         | Michael Childress  |
| SECONDER:      | Kari Galassi   |
| AYES:          | Childress, DeSart, Galassi, Garcia, Gustin, LaPlante, and Schwarze |

#### 8. BUDGET TRANSFERS

#### 8.A. <u>23-1838</u>

Budget Transfer to move the projected unspent administrative funding to Project CDCV21-01 DuPage Care Center Rehab project in order to fully expend the grant award, from various accounts to 5000-1440/53820 - \$500,000. (Community Services)

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

#### 8.B. <u>23-1839</u>

Budget Transfer to transfer monies from Building Improvements (1200-2040/54010) to Engineering & Architectural Services (1200-2040/53010) for WSP for the DuPage Care Center Renovations. \$23,880. (DuPage Care Center)

| <b>RESULT:</b>   | APPROVED          |
|------------------|-------------------|
| <b>MOVER:</b>    | Michael Childress |
| <b>SECONDER:</b> | Paula Garcia      |

#### 9. TRAVEL

#### 9.A. <u>23-1840</u>

Travel Request for Community Services Administrator to attend the annual Community Services Block Grant (CSBG) and Weatherization mandated grant funding training in Springfield, Illinois, from June 6, 2023 through June 8, 2023. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diem, for approximate total of \$622. CSBG grant funded. (Community Services)

| <b>RESULT:</b> | APPROVED AT COMMITTEE |
|----------------|-----------------------|
| MOVER:         | Michael Childress     |
| SECONDER:      | Kari Galassi          |

#### 9.B. <u>23-1841</u>

Travel Request for Community Services Manager to attend the annual Community Services Block Grant (CSBG) and Weatherization mandated grant funding training in Springfield, Illinois, from June 6, 2023 through June 8, 2023. Expenses to include lodging and per diem, for approximate total of \$347. Employee will not incur travel costs, traveling with administrator. CSBG grant funded. (Community Services)

| <b>RESULT:</b> | APPROVED AT COMMITTEE |
|----------------|-----------------------|
| MOVER:         | Michael Childress     |
| SECONDER:      | Kari Galassi          |

#### 9.C. <u>23-1842</u>

Travel Request for Community Services Supervisor to attend the annual Community Services Block Grant (CSBG) and Weatherization mandated grant funding training in Springfield, Illinois, from June 7, 2023 through June 8, 2023. Expenses to include lodging, miscellaneous expenses (parking, gasoline (County vehicle), etc.), and per diem, for approximate total of \$263.50. CSBG grant funded. (Community Services)

| <b>RESULT:</b> | APPROVED AT COMMITTEE |
|----------------|-----------------------|
| <b>MOVER:</b>  | Michael Childress     |
| SECONDER:      | Paula Garcia          |

#### 9.D. <u>23-1843</u>

Travel Request for Community Services Weatherization Coordinator to attend the annual Community Services Block Grant (CSBG) and Weatherization mandated grant funding training in Springfield, Illinois, from June 7, 2023 through June 8, 2023. Expenses to include lodging, and per diem, (no travel expenses incurred, riding with Supervisor), for approximate total of \$188.50. CSBG grant funded. (Community Services)

| <b>RESULT:</b> | APPROVED AT COMMITTEE |
|----------------|-----------------------|
| MOVER:         | Paula Garcia          |
| SECONDER:      | Michael Childress     |

#### **10. CONSENT ITEMS**

#### 10.A. <u>23-1844</u>

Decrease and Close WellSky Corporation - P.O. 5480-0001 SERV \$32,254.67 - Contract Expired. (Community Services)

| <b>RESULT:</b> | APPROVED          |
|----------------|-------------------|
| MOVER:         | Kari Galassi      |
| SECONDER:      | Michael Childress |

#### 11. INFORMATIONAL

#### 11.A. <u>23-1845</u>

GPN 027-23 LIHEAP HHS Grant PY24 - Illinois Department of Commerce and Economic Opportunity - U.S. Department of Health and Human Services - \$2,948,471. (Community Services)

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

#### 11.B. **<u>23-1846</u>**

GPN 028-23 LIHEAP State Supplemental Grant PY24 - Illinois Department of Commerce and Economic Opportunity - \$5,528,383. (Community Services)

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

#### **12. RESIDENCY WAIVERS - JANELLE CHADWICK**

No residency waivers were offered.

#### **13.** DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick, Administrator at the DuPage Care Center, announced the Care Center is no longer on covid outbreak status, but masks are still required as a cautionary measure.

The Care Center is on target for the July 2023 renovation demolition, pending the Health Facilities Planning & Review Board's quarterly meeting at the end of June. Ms. Chadwick does not anticipate any issues with their submission of the Certificate of Need. The groundbreaking demolition ceremony will be held in July, the exact date to be determined.

Last week the Care Center celebrated Nurse's Week with several activities throughout the week. There was great synergy in the group of nurses, which was nice to see after all the stresses brought on by the pandemic. Chair Schwarze and Vice Chair Garcia joined the activities.

This week is Nursing Home Week, which The Care Center has been celebrating throughout the month. This week they will celebrate with breakfast on Thursday morning.

#### 14. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating confirmed Chair Schwarze's announcement regarding the small nonprofit application portal being open for 60 days. In addition to the application there will be an email address on the home page for agencies to ask questions via email. This will give the County staff a record of who asked what, and what information they were given. Based on the questions received from the agencies, they may consider a frequently asked question list. Ms. Keating expressed her appreciation to the Finance team that worked on getting the portal up and running.

Ms. Keating acknowledged the hard work of the Adult Protective Services unit (APS). The unit was contacted by the Illinois Department on Aging (IDOA) to cover the Will County APS cases during a transition in providers. From April 10 through May 15, DuPage County APS Case Managers took 28 new cases from Will County in addition to the 67 DuPage County cases. They also handled 57 pending cases from Will County, for a total of 85 additional cases. Natasha Belli, the Administrator of Senior Services, negotiated a great contract to take on the additional cases. ShaTonya Herring, Manager of APS and her staff did an amazing job.

Construction will begin on the Family Center playground soon. Construction should be completed by August or September. This is an ARPA funded project.

Ms. Keating stated she is on the NACo affordability Task Force. Last week she spent 2 ½ days with members from 29 other counties. Great information on models of homeownership throughout the country were shared on subjects including helping families become homeowners, getting homeowners into distressed areas, and not having accessible housing for county employees and other residents in areas with high tourism. There were interesting models

presented, depending on the goals of the local community. The report of the Task Force will be released at the NACo annual conference. On Saturday, July 2nd there will be a two-hour summit to go over recommendations of the task force. Ms. Keating thanked the County Board members for giving her the opportunity to participate in the process.

Member Gustin asked if there was any discussion about big companies that come to communities and build houses for their employees to purchase. Ms. Keating replied that she is aware of Universal doing this in Orlando, and possibly in California, but they may be rentals. Ms. Keating is not aware of anything in DuPage County, but she will look into it.

Member Galassi asked about the nonprofit application portal and if County Board members will have access to the applications as they come in or not until after the portal closes. Ms. Keating responded there have not been any discussions on that topic, but she recommends waiting until the end, that all agencies' requests will be fresh in their minds. Chair Schwarze's opinion was that it is easier to compare agencies if you read all their information at once. The committee had a verbal consensus that they will wait until the 60-day submission deadline has passed to view applications.

#### **15. OLD BUSINESS**

No old business was discussed.

#### 16. NEW BUSINESS

No new business was discussed.

#### **17. ADJOURNMENT**

With no further business, Chair Schwarze requested a motion to adjourn. Member Gustin so moved, Member Childress seconded, all ayes on a voice vote, the meeting was adjourned at 10:10 a.m.



Finance Resolution

File #: FI-R-0144-23

**Agenda Date:** 6/6/2023

Agenda #: 8.D.

#### ACCEPTANCE AND APPROPRIATION OF ADDITIONAL FUNDING FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM HHS GRANT FY23 INTER-GOVERNMENTAL AGREEMENT NO. 23-224028 COMPANY 5000 - ACCOUNTING UNIT 1420 FROM \$1,748,193 TO \$3,291,193 (AN INCREASE OF \$1,543,000)

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage heretofore accepted and appropriated the Low Income Home Energy Assistance Program HHS Grant FY23, Company 5000 - Accounting Unit 1420, pursuant to Resolution FI-R-0477-22 for the period October 1, 2022 through June 30, 2024; and

WHEREAS, the County of DuPage has been notified by the Illinois Department of Commerce and Economic Opportunity with Amendment No. 001 to Inter-Governmental Agreement No. 23-224028 (ATTACHMENT II) that additional grant funds in the amount of \$1,543,000 (ONE MILLION, FIVE HUNDRED FORTY-THREE THOUSAND AND NO/100 DOLLARS) are available to be used to assist low-income DuPage County residents by offsetting the rising cost of home energy through direct financial assistance, energy counseling, outreach, and education; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that Amendment No. 001 to Inter-Governmental Agreement No. 23-224028 (ATTACHMENT II) be and is hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$1,543,000 (ONE MILLION, FIVE HUNDRED FORTY-THREE THOUSAND AND NO/100 DOLLARS) be made and added to the Low Income Home Energy Assistance Program HHS Grant FY23, Company 5000 - Accounting Unit 1420 and that the program continue as originally approved in all other respects; and

BE IT FURTHER RESOLVED that should state and/or federal funding cease for this grant, the Human Services Committee shall review the need for continuing the specified program and related head count; and

BE IT FURTHER RESOLVED that should the Human Services Committee determine the need for other funding is appropriate, it may recommend action to the County Board by resolution.

Enacted and approved this 13th day of June, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD

Attest:

JEAN KACZMAREK, COUNTY CLERK

#### ATTACHMENT I

#### ADDITIONAL APPROPRIATION FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM HHS GRANT FY23 INTER-GOVERNMENTAL AGREEMENT NO. 23-224028 COMPANY 5000 – ACCOUNTING UNIT 1420 \$1,543,000

#### **REVENUE**

|               | 41000-0002 - Federal Operating Grant - HHS   | \$<br>1,543,000   | _  |           |
|---------------|--|---|----|-----------|
| TOTAL         | ANTICIPATED REVENUE  |   | \$ | 1,543,000 |
| <u>EXPENI</u> | DITURES  |   |    |           |
| PERSON        | NEL  |   |    |           |
|               | 50000-0000 - Regular Salaries<br>50010-0000 - Overtime<br>51010-0000 - Employer Share I.M.R.F.<br>51030-0000 - Employer Share Social Security<br>51040-0000 - Employee Med & Hosp Insurance<br>51050-0000 - Flexible Benefit Earnings<br>TOTAL PERSONNEL | \$<br>160,000<br>5,231<br>16,854<br>12,640<br>20,127<br>1,000 | -  | 215,852   |
| CONTR         | ACTUAL   |   |    |           |
|               | 53804-0000 - Postage & Postal Charges<br>53821-0000 - Energy Grants  | <br>168<br>1,326,980  | _  |           |
|               | TOTAL CONTRACTUAL  |   | \$ | 1,327,148 |
| TOTAL         | ADDITIONAL APPROPRIATION   |   | \$ | 1,543,000 |

#### ATTACHMENT II



Illinois Department of Commerce & Economic Opportunity

April 10, 2023

Ms. Mary Keating Executive Director DUPAGE COUNTY 421 N COUNTY FARM RD Wheaton, IL 60187-3978

Re: Grant No. 23-224028

Dear Ms. Keating:

Enclosed is your fully executed copy of the modification/waiver to the above referenced grant agreement (the "Agreement"). Please retain this copy in your files for reference during the administration of the grant and for future audit and monitoring purposes.

Please be advised that the requested modification/waiver was approved based on information provided by your agency/organization. Pursuant to Section 3.7 of the pre-GATA Agreement, or Article XII of the post-GATA Agreement, as applicable, you are hereby reminded that: (i) during the time period specified in the Agreement, the Grantee is required to maintain books, records and supporting documents related to all disbursements of funds provided under the Agreement, including those which are the subject of the modification/waiver; and (ii) the Grantee's failure to maintain and provide such records during a subsequent monitoring or audit conducted in accordance with applicable provisions of the Agreement, shall establish a presumption in favor of the Department for the recovery of funds for which adequate documentation is not available.

Should you have any questions regarding the modification/waiver, please contact your DCEO Grant Manager.

Sincerely,

1

Signature on File

Kristin A. Richards Director

cc: DCEO Grant Manager

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500 East Monroe Springfield, Illinois 62701-1643 217/782-7500 · TDD: 800/785-6055

× 3

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#### AMENDMENT TO THE GRANT AGREEMENT



#### BETWEEN THE STATE OF ILLINOIS, DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY AND DuPage County

The Illinois Department of Commerce and Economic Opportunity (Grantor) with its principal office at 607 E Adams St, Springfield, IL 62701, and DuPage County (Grantee), with its principal office at 421 North County Farm Road, Wheaton, IL 60187-3978, and payment address (if different than principal office) at N/A, hereby agree that the following amendment (Amendment) shall amend the Grant Agreement (Agreement), which is described below. Grantor and Grantee are collectively referred to herein as "Parties" or individually as a "Party."

All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of a conflict, the terms of this Amendment shall prevail. This Amendment is authorized by Paragraph 26.5 of the Agreement.

WHEREAS, it is the intent of the Parties to perform consistent with all terms herein and pursuant to the duties and responsibilities imposed by Grantor under the laws of the State of Illinois and in accordance with the terms, conditions and provisions hereof.

NOW, THEREFORE, in consideration of the foregoing and the mutual agreements contained in the Agreement and herein, and for other good and valuable consideration, the value, receipt and sufficiency of which are acknowledged, the Parties hereto agree as follows:

#### ARTICLE I AWARD AND AMENDMENT INFORMATION AND CERTIFICATION

- 1.1. Original Agreement. The Agreement, numbered 23-224028, has an original term from 10/01/2022 to 06/30/2024.
- 1.2. Prior Amendments. Below is the list of all prior amendments to the Agreement (mark N/A if none):

| Amendment Number | Effective Date (MM/DD/YYYY) |
|------------------|-----------------------------|
| N/A              |                             |

- <u>Current Agreement Term</u>. The Agreement expires on 06/30/2024, unless terminated pursuant to the Agreement.
- 1.4. <u>Item(s) Altered</u>. Identify which of the following Agreement elements are amended herein (check all that apply):
  - Exhibit A (Project Description)
  - Exhibit B (Deliverables/Milestones)
  - Exhibit C (Payment)
  - Exhibit D (Contact Information)
  - Exhibit E (Performance Measures)
  - Exhibit F (Performance Standards)
- Award Term
- Award Amount
- PART TWO (Grantor-Specific Terms)
- PART THREE (Project-Specific Terms)
- Budget
- 🛛 Budget (Unilateral)

State of Illinois AMENDMENT TO THE GRANT AGREEMENT FISCAL YEAR 2023 / 1/18/22 Page 1 of 4

| Exhibit G (Specific Conditions) | Funding Source   |  |
|---------------------------------|------------------|--|
|                                 | Other (specify): |  |

- 1.5. <u>Effective Date</u>. This Amendment shall be effective on \_\_\_\_\_N/A\_\_\_\_\_. If an effective date is not identified in this Paragraph, the Amendment shall be effective upon the last dated signature of the Parties.
- 1.6. <u>Certification</u>. Grantee certifies under oath that (1) all representations made in this Amendment are true and correct and (2) all Grant Funds awarded pursuant to the Agreement shall be used only for the purpose(s) described therein, including all subsequent amendments. Grantee acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions shall be the basis for immediate termination of the Agreement and repayment of all Grant Funds.
- 1.7. <u>Signatures</u>. In witness whereof, the Parties hereto have caused this Amendment to be executed by their duly authorized representatives.

| ILLINOIS DEPARTMENT OF COMMERCE AND         ECONOMIC OPPORTUNITY         Signature on File       By/ |  |
|--|--|
| By:<br>Signature of First Other Approver, if Applicable  |  |
| Date:  |  |
| Printed Name:  |  |
| Printed Title: Other Approver  |  |

| By:           |                                   |
|---------------|-----------------------------------|
|               | ond Other Approver, if Applicable |
| Date:         |                                   |
| Printed Name: |                                   |
|               |                                   |

Printed Title:

Second Other Approver

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#### ARTICLE II AMENDMENTS

- 2.1. The first line of exhibit C is amended as follows: Grantee shall receive \$3,291,193 under this Agreement.
- 2.2. The first sentence of Paragraph 1.2 of the Agreement is amended as follows: Grant Funds shall not exceed \$3,291,193, of which \$3,291,193 are federal funds.
- 2.3. The Budget is amended by increasing Grant Funds as detailed in the attached revised Budget. This unilateral amendment is in accordance with Article XLI or paragraph 34.3 of the Agreement.

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| STATE OF ILLINOIS  | UNIFORM GRANT MODIF   | ICATION BUDG   | ET TEMPLATE   | Commerce & Eco  | nomic Opportunity  |
|--|---|--|---|---|--|
| Organization Name:   | DuPage County   | DUNS#  | 135836026   | NOFO #  | N/A  |
| CSFA Number:   | 420-70-0090   | CSFA Description:  | Low Income Home<br>Energy Assistance –  | Fiscal Year:  | 2023   |
|  | ECTION A STATE OF ILI   | LINOIS FUNDS   | HHS   | Grant #   | 23-224028  |
| 5  | Revenues  | LINOIS FONDS   |   | 1000 000 000 000 000 000 000 000 000 00   | EVENUE   |
| (a). State of Ill  | inois Modification Amount Requested (   | Total Modification   | Allocation)   | S   | 1,543,000.00   |
|  | · · · · · · · · · · · · · · · · · · ·   |  | OF ILLINOIS FUNDS   | 10 - A - Concepter and a solar method of which  | an storiogic provide Plate Plate Control of  |
| Budget Expenditure Categor   |   | OMB Uniform<br>Guidance<br>Federal Awards  | Current Approved<br>Budget  | Modification Amount   | New Modified<br>Budget   |
| PROG   | RAM SUPPORT   |  |   |   |  |
| 101 Personnel (Salaries & Wa   | Res)  | 200.430  | \$ 104,412.00   | \$ 95,400.00  | \$ 199,812.00  |
| 102 Fringe Benefits  |   | 200.431  | \$ 35,242.00  | \$ 27,872.00  | \$ 63,114.00   |
| 103 Travel   |   | 200.474  | 5 -   | S S S S S S S S S S S S S S S S S S S   | \$   |
| 104 Equipment (Not PCs and I   | laptops)  | 200.439  | \$ -  | \$ -  | s ·  |
| 105 Supplies   | AND A PROPERTY DESCRIPTION  | 200.94   | \$ 201.00   | \$ 168.00   | \$ 369.00  |
| 106 Contractual Services & Su  | ubawards  | 200.318 & 200.92   | 5 .   | \$ .  | 5 -  |
| 107 Consultant (Professional S   | and the second  | 200.459  | s -   | \$ -  | s -  |
| 109 A Occupancy (Rent)   |   | 200.465  | s -   | 5   | \$   |
| 109 B Occupancy (Utilities)  | a sena sun sección de la  | 200.452  | \$ -  | \$  | \$   |
|  | btotal 109 (Occupancy Rent & Utilities)   |  | \$ -  | \$ -  | \$ -   |
| 111 Telecommunications   |   | A Star Star (  | 5 -   | s -   | \$   |
| 112 Training & Education   |   | 200.472  | 5 -   | \$  | 5  |
| 114 Miscellaneous Costs  |   |  | \$ .  | s -   | s  |
|  | SUBTOTAL 100s (P  | rogram Support)  | \$ 139,855.00   | \$ 123,440.00   | \$ 263,295.00  |
| 201 Client Benefits  |   |  | \$ 1,503,446.00   | \$ 1,326,980.00   |  |
| 201 Client Benefits<br>202 Assurance 16 <b>N/A for Lif</b>   | HEAP CARES or LIHEAP State  | (Client Benefits)  | \$         1,503,446.00           \$         1,503,446.00           \$         1,503,446.00   | \$ 1,326,980.00<br>\$ -<br>\$ 1,326,980.00  | \$ 2,830,426.00<br>\$ -<br>\$ 2,830,426.00   |
| 201 Client Benefits<br>202 Assurance 16 <b>N/A for Lli</b>   | HEAP CARES or LIHEAP State  | s (Client Benefits)<br>200,413   | \$ -  | \$  | \$ -   |
| 201 Client Benefits<br>202 Assurance 16 <b>N/A for Lli</b>   | HEAP CARES or LIHEAP State<br>SUBTOTAL 2005   |  | \$ -  | \$  | \$<br>\$ 2,830,426.00  |
| 201 Client Benefits<br>202 Assurance 16N/A for LIP<br>ADM  | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>INISTRATION<br>(Salaries & Wages)  | 200.413  | \$<br>\$ 1,503,446.00   | \$<br>\$ 1,326,980.00   | \$ 2,830,426.00<br>\$ 146,021.00   |
| 201 Client Benefits<br>202 Assurance 16 <i>N/A for LIF</i><br>ADM<br>301 Direct Admin-Personnel  | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>INISTRATION<br>(Salaries & Wages)  | 200.413<br>200.413 (c) & 200.430   | \$<br>\$ 1,503,446.00<br>\$ 76,190.00   | \$<br>\$ 1,326,980.00<br>\$ 69,831.00   | \$<br><b>\$ 2,830,426.00</b><br>\$ 146,021.00<br>\$ 45,208.00  |
| 201 Client Benefits<br>202 Assurance 16 <i>N/A for LII</i><br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben   | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>MNISTRATION<br>(Salaries & Wages)<br>efits   | 200,413<br>200,413 (c) & 200,430<br>200,431  | \$<br>\$ 1,503,446.00<br>\$ 76,190.00<br>\$ 22,459.00   | \$<br>\$ 1,326,980.00<br>\$ 69,831.00<br>\$ 22,749.00   | \$<br>\$ 2,830,425.00<br>\$ 146,021.00<br>\$ 45,208.00   |
| 201 Client Benefits<br>202 Assurance 16N/A for LIP<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel  | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>MNISTRATION<br>(Salaries & Wages)<br>efits   | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474   | \$<br>\$ 1,503,446.00<br>\$ 76,190.00<br>\$ 22,459.00<br>\$ 285.00  | \$<br>\$ 1,326,980.00<br>\$ 69,831.00<br>\$ 22,749.00<br>\$   | \$<br>\$ 2,830,426.00<br>\$ 146,021.00<br>\$ 45,208.00<br>\$ 285.00<br>\$ -  |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Equipment   | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)   | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439  | \$<br>\$ 1,503,446.00<br>\$ 76,190.00<br>\$ 22,459.00<br>\$ 285.00<br>\$  | \$<br>\$ 1,326,980.00<br>\$ 69,831.00<br>\$ 22,749.00<br>\$ -<br>\$   | \$<br>\$ 2,830,426.00<br>\$ 146,021.00<br>\$ 45,208.00<br>\$ 285.00<br>\$ 285.00<br>\$ -<br>\$ 1,688.00  |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>305 Direct Admin-Supplies   | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>HINISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs.and Laptops)<br>al Services & Subawards  | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94  | \$<br><b>\$ 1,503,446.00</b><br><b>\$ 76,190.00</b><br><b>\$ 22,459.00</b><br><b>\$ 22,459.00</b><br><b>\$ 285.00</b><br><b>\$ 285.00</b><br><b>\$ 1,688.00</b>   | \$<br><b>\$ 1,326,980.00</b><br>\$ 69,831.00<br>\$ 22,749.00<br>\$ -<br>\$ -<br>\$ -<br>\$ -  | \$<br>\$ 2,830,426.00<br>\$ 146,021.00<br>\$ 45,208.00<br>\$ 285.00<br>\$ 285.00<br>\$ -<br>\$ 1,688.00  |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>305 Direct Admin-Supplies<br>306 Direct Admin-Contractua  | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>HINISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>al Services & Subawards<br>: (Professional Services)   | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.94  | \$<br><b>\$ 1,503,446.00</b><br><b>\$ 76,190.00</b><br><b>\$ 22,459.00</b><br><b>\$ 285.00</b><br><b>\$ 285.00</b><br><b>\$ 1,688.00</b><br><b>\$ 3,134.00</b>  | \$<br><b>1,326,980.00</b><br><b>5</b><br><b>69,831.00</b><br><b>5</b><br><b>22,749.00</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b>   | \$<br><b>\$ 2,830,426.00</b><br><b>\$ 146,021.00</b><br><b>\$ 45,208.00</b><br><b>\$ 285.00</b><br><b>\$ 285.00</b><br><b>\$ 1,688.00</b><br><b>\$ 3,134.00</b>  |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>304 Direct Admin-Consultant<br>305 Direct Admin-Consultant<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan   | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>NINISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>: (Not PCs and Laptops)<br>: (Professional Services)<br>: (Professional Services)<br>: (y (Rent)<br>cy (Utilities)   | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.318 & 200.92<br>200.459   | \$<br>\$ 1,503,446.00<br>\$ 76,190.00<br>\$ 22,459.00<br>\$ 285.00<br>\$ 285.00<br>\$ 3,134.00<br>\$ 3,134.00<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5   | \$ 1,326,980.00   | \$<br>\$ 2,830,426.000<br>\$ 146,021.000<br>\$ 45,208.000<br>\$ 285.00<br>\$ 285.00<br>\$ .<br>\$ 1,688.00<br>\$ 3,134.000<br>\$ .<br>\$ .<br>\$ .<br>\$ .<br>\$ .<br>\$ .<br>\$ .<br>\$ .   |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>304 Direct Admin-Consultant<br>305 Direct Admin-Consultant<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan   | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>NINISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>al Services & Subawards<br>: (Professional Services)<br>cy (Rent)  | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.318 & 200.92<br>200.459<br>200.465  | \$<br>\$ 1,503,446.00<br>\$ 76,190.00<br>\$ 22,459.00<br>\$ 285.00<br>\$ 285.00<br>\$ 3,134.00<br>\$ 3,134.00<br>\$ \$  | \$<br><b>1,326,980.00</b><br><b>5</b><br><b>69,831.00</b><br><b>5</b><br><b>22,749.00</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b>   | \$<br><b>\$ 2,830,426.00</b><br><b>\$ 146,021.00</b><br><b>\$ 45,208.00</b><br><b>\$ 285.00</b><br><b>\$ 285.00</b><br><b>\$ 1,688.00</b><br><b>\$ 3,134.00</b><br><b>\$ 5</b><br><b>\$ 3,134.00</b><br><b>\$ 5</b><br><b>\$ 5</b><br><b>\$ 1</b>  |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>304 Direct Admin-Consultant<br>305 Direct Admin-Consultant<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan   | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs.and Laptops)<br>: (Not PCs.and Laptops)<br>: (Professional Services)<br>: (Professional Services)<br>: (professional Services)<br>: (y (Rent)<br>cy (Utilities)<br>: (btotal 309 (Occupancy Rent & Utilities)  | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.318 & 200.92<br>200.459<br>200.465  | \$<br>\$ 1,503,446.00<br>\$ 76,190.00<br>\$ 22,459.00<br>\$ 285.00<br>\$ 285.00<br>\$ 3,134.00<br>\$ 3,134.00<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5<br>\$ 5   | \$ 1,326,980.00   | \$ <b>2,830,426.00 5 146,021.00 5 45,208.00 5 285.00 5 5 1,688.00 5 3,134.00 5 5 5 5 5 5 5 5 5 5</b>   |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>304 Direct Admin-Supplies<br>306 Direct Admin-Contractua<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>50<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Training &   | HEAP CARES or LIHEAP State<br>SUBTOTAL 2005<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>al Services & Subawards<br>: (Professional Services)<br>cy (Rent)<br>cy (Utilities)<br>bibtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education  | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.318 & 200.92<br>200.459<br>200.465  | \$<br><b>\$</b> 1,503,446.00<br><b>\$</b> 1,503,446.00<br><b>\$</b> 22,459.00<br><b>\$</b> 285.00<br><b>\$</b> 285.00<br><b>\$</b> 285.00<br><b>\$</b> 3,134.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135. | \$     1,326,980.00       \$     1,326,980.00       \$     69,831.00       \$     22,749.00       \$     -  | \$       2,830,426.000         \$       2,830,426.000         \$       2,830,426.000         \$       146,021.000         \$       45,208.000         \$       285.000         \$       285.000         \$       1,688.000         \$       3,134.000         \$       -         \$       -         \$       -         \$       -         \$       -         \$       -         \$       -         \$       -         \$       -         \$       -         \$       -         \$       -         \$       283.000         \$       259.000  |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>304 Direct Admin-Supplies<br>306 Direct Admin-Contractua<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br><i>Su</i><br>311 Direct Admin-Telecomm   | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>UNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>: (Not PCs and Laptops)<br>: (Not PCs and Laptops)<br>: (Professional Services)<br>: (Professional Services)<br>: (y (Hillities)<br>bbtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>ous Costs  | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.94<br>200.318 & 200.92<br>200.459<br>200.455<br>200.452                                   | \$<br><b>\$</b><br><b>1,503,446.00</b><br><b>\$</b><br><b>1,503,446.00</b><br><b>\$</b><br><b>\$</b><br><b>5</b><br><b>22,459.00</b><br><b>\$</b><br><b>285.00</b><br><b>\$</b><br><b>285.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b>   | \$       1,326,980.00         \$       1,326,980.00         \$       22,749.00         \$       - | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,85.00 \$ 2,85.00 |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>304 Direct Admin-Contractue<br>305 Direct Admin-Consultant<br>309 A Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>301 Direct Admin-Telecomm<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Training &<br>314 Direct Admin-Miscellane   | HEAP CARES or LIHEAP State<br>SUBTOTAL 2005<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>: (Not PCs and Laptops)<br>: (Professional Services)<br>: (Professional Services)<br>: (Professional Services)<br>: (y (Utilities)<br>bibtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>: ous Costs<br>Total Direct Admin Costs                            | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.94<br>200.459<br>200.455<br>200.452   | \$<br><b>\$</b> 1,503,446.00<br><b>\$</b> 1,503,446.00<br><b>\$</b> 22,459.00<br><b>\$</b> 285.00<br><b>\$</b> 285.00<br><b>\$</b> 285.00<br><b>\$</b> 3,134.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135.00<br><b>\$</b> 3,135. | \$ 1,326,980.00   | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 146,021.00  \$ 45,208.00  \$ 285.00  \$ 285.00  \$ 3,134.00  \$ 3,134.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>305 Direct Admin-Consultant<br>305 Direct Admin-Consultant<br>309 A Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Training &<br>314 Direct Admin-Training &<br>314 Direct Admin-Miscellane  | HEAP CARES or LIHEAP State<br>SUBTOTAL 2005<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>: (Not PCs and Laptops)<br>: (Professional Services)<br>: (Professional Services)<br>: (Professional Services)<br>: (y (Utilities)<br>bibtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>: ous Costs<br>Total Direct Admin Costs                            | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.94<br>200.318 & 200.92<br>200.459<br>200.455<br>200.452                                   | \$<br><b>\$</b><br><b>1,503,446.00</b><br><b>\$</b><br><b>1,503,446.00</b><br><b>\$</b><br><b>\$</b><br><b>5</b><br><b>22,459.00</b><br><b>\$</b><br><b>285.00</b><br><b>\$</b><br><b>285.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b>   | \$       1,326,980.00         \$       1,326,980.00         \$       22,749.00         \$       - | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,83.00  \$ 285.00  \$ 285.00  \$ 285.00  \$ 285.00  \$ 3,134.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Fringe Ben<br>305 Direct Admin-Consultant<br>305 Direct Admin-Consultant<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Training &<br>314 Direct Admin-Miscellane<br>317 Indirect Costs* (see belo<br>Rate %:   | HEAP CARES or LIHEAP State<br>SUBTOTAL 2005<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>: (Not PCs and Laptops)<br>: (Professional Services)<br>: (Professional Services)<br>: (Professional Services)<br>: (y (Utilities)<br>bibtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>: ous Costs<br>Total Direct Admin Costs                            | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.94<br>200.459<br>200.455<br>200.452   | \$<br><b>\$</b><br><b>1,503,446.00</b><br><b>\$</b><br><b>1,503,446.00</b><br><b>\$</b><br><b>\$</b><br><b>5</b><br><b>22,459.00</b><br><b>\$</b><br><b>285.00</b><br><b>\$</b><br><b>285.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b>   | \$ 1,326,980.00   | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 146,021.00  \$ 45,208.00  \$ 285.00  \$ 285.00  \$ 3,134.00  \$ 3,134.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>305 Direct Admin-Consultant<br>305 Direct Admin-Consultant<br>309 A Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Training &<br>314 Direct Admin-Training &<br>314 Direct Admin-Miscellane  | HEAP CARES or LIHEAP State<br>SUBTOTAL 2005<br>SUBTOTAL 2005<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>al Services & Subawards<br>: (Professional Services)<br>cy (Rent)<br>cy (Utilities)<br>bibtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>ous Costs<br>Total Direct Admin Costs<br>w)  | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.474<br>200.439<br>200.94<br>200.94<br>200.459<br>200.455<br>200.452   | \$<br><b>\$</b><br><b>1,503,446.00</b><br><b>\$</b><br><b>1,503,446.00</b><br><b>\$</b><br><b>\$</b><br><b>5</b><br><b>22,459.00</b><br><b>\$</b><br><b>285.00</b><br><b>\$</b><br><b>285.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,688.00</b><br><b>\$</b><br><b>3</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,688.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>5</b><br><b>1,588.00</b><br><b>\$</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b><br><b>5</b>   | \$ 1,326,980.00   | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 45,208.00  \$ 285.00  \$ 285.00  \$ 285.00  \$ 3,134.00  \$ 3,134.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Fringe Ben<br>305 Direct Admin-Consultant<br>305 Direct Admin-Consultant<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Training &<br>314 Direct Admin-Miscellane<br>317 Indirect Costs* (see belo<br>Rate %:   | HEAP CARES or LIHEAP State<br>SUBTOTAL 2005<br>SUBTOTAL 2005<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>al Services & Subawards<br>: (Professional Services)<br>cy (Rent)<br>cy (Utilities)<br>bibtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>ous Costs<br>Total Direct Admin Costs<br>w)  | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.431<br>200.474<br>200.439<br>200.94<br>200.318 & 200.92<br>200.459<br>200.455<br>200.452<br>200.452                       | \$<br>\$ 1,503,446.00<br>\$ 1,503,446.00<br>\$ 22,459.00<br>\$ 22,459.00<br>\$ 22,459.00<br>\$ 285.00<br>\$ 285.00<br>\$ 3,134.00<br>\$ 3,134.   | \$ 1,326,980.00   | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 45,208.00  \$ 285.00  \$ 285.00  \$ 285.00  \$ 3,134.00  \$ 4,134                   |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>304 Direct Admin-Supplies<br>306 Direct Admin-Contractua<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Training &<br>314 Direct Admin-Training &<br>314 Direct Admin-Miscellane<br>317 Indirect Costs* (see belo<br>Rate %:<br>Base Calculation Method:                             | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>(Not PCs and Laptops)<br>al Services & Subawards<br>(Professional Services)<br>(cy (Rent)<br>(cy (Utilities)<br>bibtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>ous Costs<br>Total Direct Admin Costs<br>w)<br>SUBTOTAL 300s  | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.431<br>200.474<br>200.439<br>200.94<br>200.318 & 200.92<br>200.459<br>200.455<br>200.452<br>200.452                       | \$<br>\$ 1,503,446.00<br>\$ 1,503,446.00<br>\$ 22,459.00<br>\$ 22,459.00<br>\$ 22,459.00<br>\$ 285.00<br>\$ 285.00<br>\$ 3,134.00<br>\$ 3,134.   | \$ 1,326,980.00   | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 45,208.00  \$ 45,208.00  \$ 285.00  \$ 285.00  \$ 3,134.00  \$ 3,134.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>304 Direct Admin-Supplies<br>306 Direct Admin-Contractua<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Telecomm<br>312 Direct Admin-Training &<br>314 Direct Admin-Miscellane<br>317 Indirect Costs* (see belo<br>Rate %:<br>Base Calculation Method: | HEAP CARES or LIHEAP State<br>SUBTOTAL 200s<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>(Not PCs and Laptops)<br>al Services & Subawards<br>(Professional Services)<br>(cy (Rent)<br>(cy (Utilities)<br>bibtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>ous Costs<br>Total Direct Admin Costs<br>w)<br>SUBTOTAL 300s  | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.431<br>200.474<br>200.439<br>200.94<br>200.318 & 200.92<br>200.459<br>200.455<br>200.452<br>200.452                       | \$<br>\$ 1,503,446.00<br>\$ 1,503,446.00<br>\$ 22,459.00<br>\$ 22,459.00<br>\$ 22,459.00<br>\$ 285.00<br>\$ 285.00<br>\$ 3,134.00<br>\$ 3,134.   | \$ 1,326,980.00   | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 45,208.00  \$ 45,208.00  \$ 285.00  \$ 285.00  \$ 3,134.00  \$ 3,134.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>304 Direct Admin-Supplies<br>306 Direct Admin-Contractua<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Training &<br>314 Direct Admin-Training &<br>314 Direct Admin-Miscellane<br>317 Indirect Costs* (see belo<br>Rate %:<br>Base Calculation Method:                             | HEAP CARES or LIHEAP State<br>SUBTOTAL 2005<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>al Services & Subawards<br>: (Professional Services)<br>cy (Rent)<br>cy (Utilities)<br>bibtotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>ous Costs<br>Total Direct Admin Costs<br>w)<br>SUBTOTAL 300s<br>with OCA Fiscal Pre-Approval<br>n                 | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.431<br>200.474<br>200.439<br>200.94<br>200.318 & 200.92<br>200.459<br>200.455<br>200.452<br>200.452<br>200.452<br>200.452 | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$  | \$ 1,326,980.00           \$ 1,326,980.00         \$ 5                           | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 146,021.00  \$ 45,208.00  \$ 285.00  \$ 285.00  \$ 3,134                   |
| 201 Client Benefits<br>202 Assurance 16N/A for LI<br>ADM<br>301 Direct Admin-Personnel<br>302 Direct Admin-Fringe Ben<br>303 Direct Admin-Travel<br>304 Direct Admin-Travel<br>304 Direct Admin-Supplies<br>306 Direct Admin-Contractua<br>307 Direct Admin-Consultant<br>309 A Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>309 B Direct Admin-Occupan<br>311 Direct Admin-Telecomm<br>312 Direct Admin-Training &<br>314 Direct Admin-Training &<br>314 Direct Admin-Miscellane<br>317 Indirect Costs* (see belo<br>Rate %:<br>Base Calculation Method:                             | HEAP CARES or LIHEAP State<br>SUBTOTAL 2005<br>SUBTOTAL 2005<br>INNISTRATION<br>(Salaries & Wages)<br>efits<br>: (Not PCs and Laptops)<br>al Services & Subawards<br>: (Professional Services)<br>cy (Rent)<br>cy (Utilities)<br>bitotal 309 (Occupancy Rent & Utilities)<br>unications<br>Education<br>ous Costs<br>Total Direct Admin Costs<br>w)<br>SUBTOTAL 300s<br>with OCA Fiscal Pre-Approval<br>n | 200.413<br>200.413 (c) & 200.430<br>200.431<br>200.431<br>200.474<br>200.439<br>200.94<br>200.318 & 200.92<br>200.459<br>200.455<br>200.452<br>200.452                       | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$  | \$ 1,326,980.00           \$ 1,326,980.00         \$ 5                           | \$ 2,830,426.00  \$ 2,830,426.00  \$ 2,830,426.00  \$ 45,208.00  \$ 285.00  \$ 285.00  \$ 285.00  \$ 3,134.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |

| From:        | Vaughn, Garrett   |
|--------------|---|
| To:          | mary keating; Martynowicz, Jeffrey; Kinczyk, Geoffrey; Halsall, Kerri   |
| Cc:          | Moore, Ben; Devos, Amy L.   |
| Subject:     | DuPage County Dept. of Human Resources 23-224028 Grant Modification to Increase Funds **Documents to be completed**   |
| Date:        | Friday, February 10, 2023 3:28:00 PM  |
| Attachments: | 23-224 MOD Budget Template.xisx<br>23-224 MTDC Cakulator.xisx<br>MOD Budget Template Instructions 4.17.20.docx<br>23-224 Indirect Cakulator for Negotiated Rates.xisx<br>image003.ong<br>image004.ong<br>image006.ong |

To provide additional funds to serve LIHEAP customers in your service area, we will be processing a grant modification for your 23-224028 grant. The intent of these funds is to address additional need for services identified in your service territory. The allocation by line item is listed below.

For us to process the grant modification, you will need to submit the following items listed below. Also attached are the directions for completing the mod budget template.

- The attached MOD Budget Template completed and signed; and
- The applicable attached MTDC/NICRA Calculator completed and corresponding with the attached Budget.

Upload the required documents to the OCA Extranet, C/LAA Grant Application and Document Submissions, PY2023 on or before Tuesday, February 21st, 2023.

Agency:

-HHS LIHEAP Increase Mod Amount- (23-224)

| Category:              |    |           |
|------------------------|----|-----------|
| 0100 Program Support   | \$ | 123,440   |
| 0200 Client Assistance | \$ | 1,326,980 |
| 0300 Administration    | 5  | 92,580    |
| HHS Total:             | \$ | 1,543,000 |

Garrett Vaughn, MPA Fiscal Grants Coordinator Office of Community Assistance Illinois Department of Commerce & Economic Opportunity Phone: (217) 685-0347 Email: <u>Garrett.Vaughn@illinois.gov</u> www.illinois.gov/dceo







updates.

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

| GRANTEE (          | GRANTEE CERTIFICATION | UNIFORM              | STATE OF ILLINOIS<br>UNIFORM GRANT BUDGET TEMPLATE | AGENCY: Commerce | AGENCY: Commerce & Economic Opportunity |
|--------------------|-----------------------|----------------------|--|------------------|---|
| Organization Name: |                       | CSFA<br>Description: | Low Income Home Energy<br>Assistance HHS           | NOFO #:          | N/A                                     |
| CSFA #:            | 420-70-0090           | DUNS #:              | 135836026  | Fiscal Vear(s):  | 2023                                    |
| Grant #:           | 23-224028             |                      |  |                  |   |

# (2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

| DuPage County<br>Institution/Organization<br>All Signation<br>Institution/Organization | Signature C | Mary Keating<br>Name of Official        | Director, DuPage County Community Services<br>Title<br>Executive Director (or equivalent) | 2/24/23<br>Date of Execution     |
|--|-------------|---|---|----------------------------------|
| DuPage County<br>Institution/Organgagian<br>anne<br>bile<br>ubis                       | Signature   | Jeffrey Martynowicz<br>Name of Official | Chief Financial Officer<br>Title<br>Chief Financial Officer (or equivalent)               | ン(44 (3023)<br>Dáte of Execution |

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.



HS Resolution

File #: HS-R-0052-23

**Agenda Date:** 6/6/2023

Agenda #: 14.A.

#### APPROVAL OF ISSUANCE OF PAYMENTS BY DUPAGE COUNTY TO ENERGY ASSISTANCE PROVIDERS THROUGH THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM HHS GRANT FY23 INTER-GOVERNMENTAL AGREEMENT NO. 23-224028 IN THE AMOUNT OF \$1,326,980

WHEREAS, the County of DuPage receives grant funds and administers the Low-Income Home Energy Assistance Program (LIHEAP) Energy Assistance HHS Grant FY23 No. 23-224028, Company 5000 Accounting Unit 1420; and

WHEREAS, the energy assistance budget for the LIHEAP Energy Assistance HHS Grant FY23 No. 23-224028 has been increased by \$1,326,980 (ONE MILLION, THREE HUNDRED TWENTY-SIX THOUSAND, NINE HUNDRED EIGHTY AND NO/100 DOLLARS), by way of Amendment No. 001, to a new total of \$2,755,254 (TWO MILLION, SEVEN HUNDRED FIFTY-FIVE THOUSAND, TWO HUNDRED FIFTY-FOUR AND NO/100 DOLLARS); and

WHEREAS, the Illinois Department of Commerce and Economic Opportunity reviews energy assistance applications and directs the County as to the payment amount and the energy assistance provider to be paid; and

WHEREAS, all payments made for the LIHEAP Program are based on payment registers received from the Illinois Department of Commerce and Economic Opportunity; and

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of payments for the LIHEAP Energy Assistance HHS Grant FY23 No. 23-224028, for the period October 1, 2022 through June 30, 2024 for energy assistance, in amounts not to exceed the total grant energy assistance budget.

NOW, THEREFORE, BE IT RESOLVED, that individual payments to provide energy assistance in accordance with the LIHEAP Energy Assistance HHS Grant FY23 No. 23-224028, Company 5000 Accounting Unit 1420, for the period October 1, 2022 through June 30, 2024, for Community Services/LIHEAP, be and it is hereby approved for issuance to the providers on the approved State of Illinois Registers, in amounts not exceeding the grant total of \$2,755,254 (TWO MILLION, SEVEN HUNDRED FIFTY-FIVE THOUSAND, TWO HUNDRED FIFTY-FOUR AND NO/100 DOLLARS).

Enacted and approved this 13th of June, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD

Attest:

JEAN KACZMAREK, COUNTY CLERK



HS Resolution

File #: HS-R-0053-23

**Agenda Date:** 6/6/2023

**Agenda #:** 14.B.

#### APPROVAL OF AMENDMENT ONE TO A HOUSING AND COMMUNITY DEVELOPMENT JOINT RECIPIENT COOPERATION AGREEMENT BETWEEN THE COUNTY OF DUPAGE AND THE CITY OF WHEATON (FOR FEDERAL FISCAL YEARS ENDING IN 2024, 2025, 2026 and CONDITIONAL AUTOMATIC RENEWAL THEREAFTER)

WHEREAS, the United States Congress has enacted the Housing and Community Development Act of 1974, as amended, (hereinafter referred to as "ACT") providing federal financial assistance for various public improvements which will aid in preventing or eliminating blight, and which will assist in the provision of housing and housing opportunities; and

WHEREAS, the ACT provides that local units of government may enter into a joint recipient agreement in order to cooperatively address the purposes of the ACT; and

WHEREAS, the County and the City of Wheaton have determined that joint action is the most effective way to undertake and accomplish activities and purpose of said ACT; and

WHEREAS, the County and the City of Wheaton previously entered into a Joint Recipient Agreement on July 13, 1993 via Resolution number DC-0016-93, which agreement was automatically renewed thereafter for each succeeding urban county qualification period through federal fiscal years 2012, 2013 and 2014, which remained in effect until all funds, including program income or income generated from the expenditure of such funds, which may be received from the U.S. Department of Housing and Urban Development ("HUD") for such urban county qualification periods through 2014 have been expended, returned, or otherwise accounted for, to the satisfaction of HUD; and

WHEREAS, the County and City of Wheaton previously entered into a Joint Recipient Agreement on June 24, 2014 via Resolution DC-R-0128-14, which agreement automatically renews thereafter for each succeeding urban county qualification period, and it is the intention of the parties that such 2014 Joint Recipient Agreement will remain in effect until all funds, including program income or income generated from the expenditure of such funds, which may be received from the U.S. Department of Housing and Urban Development ("HUD") for such urban county qualification periods have been expended, returned, or otherwise accounted for, to the satisfaction of HUD, said Joint Recipient Agreement replaced the 1993 version; and

WHEREAS, HUD issued Notice CPD-23-02 on April 10, 2023, which provides instructions for Urban County Qualification for Participation in the Community Development Block Grant (CDBG) Program for Federal Fiscal Years (FYs) 2024-2026; and

WHEREAS, Section V. Cooperation Agreements of said Notice specifies standards which must be contained within all Cooperation Agreements; and

WHEREAS, Section V. H. has been updated to include additional provisions which must be explicitly contained within each Cooperation Agreement, and

WHEREAS, Section 4.4 of the 2014 Joint Recipient Agreement states prior to the automatic renewal of the Agreement for each succeeding three-year Urban County Qualification period, each party agrees to timely adopt any amendment to the Agreement incorporating necessary changes to meet the requirements for Cooperation Agreements set for in the Urban County Qualification Notice applicable to the subsequent three-year Urban County Qualification period, and to submit such amendment to HUD as provided in the Urban County Qualification Notice, and that such failure to comply will void the automatic renewal for such qualification period; and

WHEREAS, Amendment One to the Agreement is entered into for the purpose of incorporating additional provisions obligating the County and Village, which must be explicitly contained within said Agreement; and

WHEREAS, Upon approval by the DuPage County Board, Amendment One will be fully incorporated into the effective Housing and Community Development Joint Recipient Cooperation Agreement Between DuPage County and the City of Wheaton, adopted June 24, 2014 under Resolution DC-R-0128-14 (for federal fiscal years ending in 2024, 2025, 2026 and conditional automatic renewal thereafter); and

NOW, THEREFORE, BE IT RESOLVED, by the County Board that approval is given to incorporate said Amendment One to the Housing and Community Development Joint Recipient Cooperation Agreement Between DuPage County and the City of Wheaton (for federal fiscal years ending in 2024, 2025, 2026 and conditional automatic renewal thereafter) ("AGREEMENT"), a copy of which is attached hereto and made a part hereof; and

BE IT FURTHER RESOLVED, that the Chair of the DuPage County Board is authorized and directed to execute Amendment One, together with such additional documents as may be required in anticipation of, and strictly subject to, the Mayor of Wheaton executing the Amendment; and

BE IT FURTHER RESOLVED, that the Chair of the DuPage County Board is authorized and directed to execute an Amendment One to the Agreement on behalf of DuPage County and the Clerk is hereby authorized and directed to attest to such execution and affix the official seal thereto; and

File #: HS-R-0053-23

**Agenda Date:** 6/6/2023

**Agenda #:** 14.B.

BE IT FURTHER RESOLVED that the County Clerk be directed to send a copy of this Resolution to Mr. Donald Kathan, Director, Community Planning and Development, Attn: Mr. David Pray, U.S. Department of Housing and Urban Development, Chicago Area Office, Region V, 77 West Jackson Boulevard, Room 2400, Chicago, IL 60604-3507; Honorable Phillip J. Suess, Mayor of Wheaton, Civic Center, 303 W. Wesley St., Wheaton, IL 60187-0727; and a copy to the DuPage Community Development Commission.

Enacted and approved this 13<sup>th</sup> of June, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD

Attest:

JEAN KACZMAREK, COUNTY CLERK



# **COMMUNITY SERVICES**

630-407-6500 Fax: 630-407-6501 csprograms@dupageco.org

www.dupageco.org/community

**TO:** Greg Schwarze, Chairman and Committee Members Human Services Committee

FROM: Mary A. Keating, Director, Department of Community Services

**DATE:** May 24, 2023

SUBJECT: Amendment One to the Housing and Community Development Joint Recipient Cooperation Agreement between DuPage County and the City of Wheaton

Action Requested: Approval of Amendment One to the Housing and Community Development Joint Recipient Cooperation Agreement between DuPage County and the City of Wheaton incorporating additional provisions which must be explicitly contained within the Agreement, as reflected in the U.S. Department of Housing and Urban Development (HUD) Notice CPD-23-02, Instructions for Urban County Qualification for Participation in the CDBG for Fiscal Years 2024-2026, issued 04/10/2023.

**Details:** As part of DuPage County's requalification as a Community Development Block Grant (CDBG) Program Urban County for Federal fiscal years 2024, 2025, and 2026, the County has reviewed the existing Housing and Community Development Joint Recipient Agreement between DuPage County and the City of Wheaton enacted and approved 06/24/2014 under County Board Resolution #DC-R-0128-14. Review was completed to ensure the existing Agreement meets required standards established by the HUD within Section V. of Notice CPD-23-02, Instructions for Urban County Qualification for Participation in the CDBG for Fiscal Years 2024-2026, issued 04/10/2023.

Upon review, it was determined that HUD has added a requirement that cooperative agreements must include the obligation to sign the assurances and certifications in the HUD 424-B form. Therefore, Amendment One to the Housing and Community Development Joint Recipient Cooperation Agreement between DuPage County and the City of Wheaton has been prepared incorporating changes necessary to meet the requirements of cooperation agreements set forth in the above noted Urban County Qualification Notice applicable to the FY2024-2026 three-year urban county qualification period.

Community Development 630-407-6600 Fax: 630-407-6601

#### **Family Center**

422 N. County Farm Rd. Wheaton, IL 60187 630-407-2450 Fax: 630-407-2451

Housing Supports and Self-Sufficiency 630-407-6500 Fax: 630-407-6501

Intake and Referral 630-407-6500 Fax: 630-407-6501

Senior Services 630-407-6500 Fax: 630-407-6501

#### AMENDMENT ONE TO A HOUSING AND COMMUNITY DEVELOPMENT JOINT RECIPIENT COOPERATION AGREEMENT BETWEEN THE COUNTY OF DUPAGE AND THE CITY OF WHEATON (FOR FEDERAL FISCAL YEARS ENDING IN 2024, 2025, 2026 & CONDITIONAL AUTOMATIC RENEWAL THEREAFTER)

THIS AMENDMENT ONE TO THE HOUSING AND COMMUNITY DEVELOPMENT JOINT RECIPIENT COOPERATION AGREEMENT is entered into this 13<sup>th</sup> day of June, 2023 by and between the COUNTY OF DU PAGE, Illinois, a body politic and corporate, with a principal place of business located at 421 N. County Farm Road, Wheaton, IL 60187 (hereinafter called "COUNTY") and the CITY OF WHEATON, an Illinois Municipal Corporation with a principal place of business located at 303 W. Wesley St., Wheaton, IL 60187, (hereinafter called "CITY").

The purpose of this AMENDMENT ONE TO AGREEMENT is to amend an existing Housing and Community Development Joint Cooperation Agreement, between the above parties, which was adopted by Resolution DC-R-0128-14 on 06/24/2014, for the purpose of incorporating additional provisions obligating the COUNTY and CITY, which must be explicitly contained within said AGREEMENT, as reflected in Notice CPD-23-02 issued 04/10/2023.

In consideration of the premises of the AGREEMENT, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree to the following amendment of the terms of the AGREEMENT in accordance with Section 4.4. of the Agreement:

1. Section 3.5 is hereby deleted in its entirety and replaced with the following herewith, "The CITY and COUNTY agree to take all required actions to assure compliance with the COUNTY'S certification under section 104(b) of the Title I of the Housing and Community Development Act of 1974, including signing assurances and certifications in the HUD 424-B. In addition, the grant will be conducted and administered in conformity with the National Environmental Policy Act and related Federal authorities, Uniform Relocation Assistance Act and Real Property Acquisition Policies Act of 1970, as amended, Title VI of the Civil Rights Act of 1964, and the implementing regulations at 24 CFR part 1, and the Fair Housing Act, and the implementing regulations at 24 CFR part 100, and will affirmatively further fair housing. Both the COUNTY and VILLAGE have the obligation to comply with section 109 of Title I of the Housing and Community Development Act of 1974, and the implementing regulations at 24 CFR part 6, which incorporates Section 504 of the Rehabilitation Act of 1973, and the implementing regulations at 24 CFR part 8, Title II of the Americans with Disabilities Act, and the implementing regulations at 28 CFR part 35, the Age Discrimination Act of 1975, and the implementing regulation at 24 CFR part 146, and Section 3 of the Housing and Urban Development Act of 1968, and all other applicable Federal, State, and local laws."

In all other respects, the terms and conditions of the AGREEMENT shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the dates recited below:

CITY OF WHEATON, a Municipal Corporation in the State of Illinois

| By:     |  |
|---------|--|
| -       | Phillip J. Suess, Mayor                        |
| Date:   |  |
| Attest: |  |
|         | Name:  |
|         | Title:   |
|         | COUNTY OF DU PAGE, a body politic<br>State of  |
|         |  |
| By:     | Deborah A. Conroy<br>DuPage County Board Chair |
|         | Deborah A. Conroy                              |
| -       | Deborah A. Conroy<br>DuPage County Board Chair |
| Date:   | Deborah A. Conroy<br>DuPage County Board Chair |



HS Resolution

File #: HS-R-0054-23

**Agenda Date:** 6/6/2023

**Agenda #:** 14.C.

#### APPROVAL OF AMENDMENT ONE TO A HOUSING AND COMMUNITY DEVELOPMENT JOINT RECIPIENT COOPERATION AGREEMENT BETWEEN THE COUNTY OF DUPAGE AND THE VILLAGE OF DOWNERS GROVE (FOR FEDERAL FISCAL YEARS ENDING IN 2024, 2025, 2026 & CONDITIONAL AUTOMATIC RENEWAL THEREAFTER)

WHEREAS, the United States Congress has enacted the Housing and Community Development Act of 1974, as amended, (hereinafter referred to as "ACT") providing federal financial assistance for various public improvements which will aid in preventing or eliminating blight, and which will assist in the provision of housing and housing opportunities; and

WHEREAS, the ACT provides that local units of government may enter into a joint recipient agreement in order to cooperatively address the purposes of the ACT; and

WHEREAS, the County and the Village of Downers Grove have determined that joint action is the most effective way to undertake and accomplish activities and purpose of said ACT; and

WHEREAS, the County and the Village of Downers Grove previously entered into a Joint Recipient Agreement on July 23, 1996 via Resolution number DC-0049-96, which agreement was automatically renewed thereafter for each succeeding urban county qualification period through federal fiscal years 2012, 2013 and 2014, which remained in effect until all funds, including program income or income generated from the expenditure of such funds, which may be received from the U.S. Department of Housing and Urban Development ("HUD") for such urban county qualification periods through 2014 have been expended, returned, or otherwise accounted for, to the satisfaction of HUD; and

WHEREAS, the County and Village of Downers Grove previously entered into a Joint Recipient Agreement on June 24, 2014 via Resolution DC-R-0127-14, which agreement automatically renews thereafter for each succeeding urban county qualification period, and it is the intention of the parties that such 2014 Joint Recipient Agreement will remain in effect until all funds, including program income or income generated from the expenditure of such funds, which may be received from the U.S. Department of Housing and Urban Development ("HUD") for such urban county qualification periods have been expended, returned, or otherwise accounted for, to the satisfaction of HUD, said Joint Recipient Agreement replaced the 1996 version; and

WHEREAS, HUD issued Notice CPD-23-02 on April 10, 2023, which provides instructions for Urban County Qualification for Participation in the Community Development Block Grant (CDBG) Program for Federal Fiscal Years (FYs) 2024-2026; and

WHEREAS, Section V. Cooperation Agreements of said Notice specifies standards which must be contained within all Cooperation Agreements; and

WHEREAS, Section V. H. has been updated to include additional provisions which must be explicitly contained within each Cooperation Agreement; and

WHEREAS, Section 4.4 of the 2014 Joint Recipient Agreement states prior to the automatic renewal of the Agreement for each succeeding three-year Urban County Qualification period, each party agrees to timely adopt any amendment to the Agreement incorporating necessary changes to meet the requirements for Cooperation Agreements set for in the Urban County Qualification Notice applicable to the subsequent three-year Urban County Qualification period, and to submit such amendment to HUD as provided in the Urban year Urban County Qualification period, and to submit such amendment to HUD as provided in the Urban County Qualification Notice, and that such failure to comply will void the automatic renewal for such qualification period; and

WHEREAS, Amendment One to the Agreement is entered into for the purpose of incorporating additional provisions obligating the County and Village, which must be explicitly contained within said Agreement; and

WHEREAS, Upon approval by the DuPage County Board, Amendment One will be fully incorporated into the effective Housing and Community Development Joint Recipient Cooperation Agreement Between DuPage County and the Village of Downers Grove, adopted June 24, 2014 under Resolution DC-R-0127-14 (for federal fiscal years ending in 2024, 2025, 2026 and conditional automatic renewal thereafter); and

NOW, THEREFORE, BE IT RESOLVED, by the County Board that approval is given to incorporate said Amendment One to the Housing and Community Development Joint Recipient Cooperation Agreement Between DuPage County and the Village of Downers Grove (for federal fiscal years ending in 2024, 2025, 2026 and conditional automatic renewal thereafter) ("AGREEMENT"), a copy of which is attached hereto and made a part hereof; and

BE IT FURTHER RESOLVED, that the Chair of the DuPage County Board is authorized and directed to execute Amendment One, together with such additional documents as may be required in anticipation of, and strictly subject to, the Mayor of Downers Grove executing the Amendment; and

BE IT FURTHER RESOLVED, that the Chair of the DuPage County Board is authorized and directed to execute an Amendment One to the Agreement on behalf of DuPage County and the Clerk is hereby authorized and directed to attest to such execution and affix the official seal thereto; and

File #: HS-R-0054-23

**Agenda Date:** 6/6/2023

**Agenda #:** 14.C.

BE IT FURTHER RESOLVED that the County Clerk be directed to send a copy of this Resolution to Mr. Donald Kathan, Director, Community Planning and Development, Attn: Mr. David Pray, U.S. Department of Housing and Urban Development, Chicago Area Office, Region V, 77 West Jackson Boulevard, Room 2400, Chicago, IL 60604-3507; Honorable Bob Barnett, Mayor of Downers Grove, Civic Center, 801 Burlington Avenue, Downers Grove, IL 60515-4776; and a copy to the DuPage Community Development Commission.

Enacted and approved this 13th of June, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD

Attest:

JEAN KACZMAREK, COUNTY CLERK



# **COMMUNITY SERVICES**

630-407-6500 Fax: 630-407-6501 csprograms@dupageco.org

www.dupageco.org/community

TO: Greg Schwarze, Chairman and Committee Members Human Services Committee

FROM: Mary A. Keating, Director, Department of Community Services

**DATE:** May 19, 2023

SUBJECT: Amendment One to the Housing and Community Development Joint Recipient Cooperation Agreement between DuPage County and the Village of Downers Grove

Action Requested: Approval of Amendment One to the Housing and Community Development Joint Recipient Cooperation Agreement between DuPage County and the Village of Downers Grove incorporating additional provisions which must be explicitly contained within the Agreement, as reflected in the U.S. Department of Housing and Urban Development (HUD) Notice CPD-23-02, Instructions for Urban County Qualification for Participation in the CDBG for Fiscal Years 2024-2026, issued 04/10/2023.

**Details:** As part of DuPage County's requalification as a Community Development Block Grant (CDBG) Program Urban County for Federal fiscal years 2024, 2025, and 2026, the County has reviewed the existing Housing and Community Development Joint Recipient Agreement between DuPage County and the Village of Downers Grove enacted and approved 06/24/2014 under County Board Resolution #DC-R-0127-14. Review was completed to ensure the existing Agreement meets required standards established by the HUD within Section V. of Notice CPD-23-02, Instructions for Urban County Qualification for Participation in the CDBG for Fiscal Years 2024-2026, issued 04/10/2023.

Upon review, it was determined that HUD has added a requirement that cooperative agreements must include the obligation to sign the assurances and certifications in the HUD 424-B form. Therefore, Amendment One to the Housing and Community Development Joint Recipient Cooperation Agreement between DuPage County and the Village of Downers Grove has been prepared incorporating changes necessary to meet the requirements of cooperation agreements set forth in the above noted Urban County Qualification Notice applicable to the FY2024-2026 three-year urban county qualification period.

Community Development 630-407-6600 Fax: 630-407-6601

#### **Family Center**

422 N. County Farm Rd. Wheaton, IL 60187 630-407-2450 Fax: 630-407-2451

Housing Supports and Self-Sufficiency 630-407-6500 Fax: 630-407-6501

Intake and Referral 630-407-6500 Fax: 630-407-6501

Senior Services 630-407-6500 Fax: 630-407-6501

#### AMENDMENT ONE TO A HOUSING AND COMMUNITY DEVELOPMENT JOINT RECIPIENT COOPERATION AGREEMENT BETWEEN THE COUNTY OF DUPAGE AND THE VILLAGE OF DOWNERS GROVE (FOR FEDERAL FISCAL YEARS ENDING IN 2024, 2025, 2026 & CONDITIONAL AUTOMATIC RENEWAL THEREAFTER)

THIS AMENDMENT ONE TO THE HOUSING AND COMMUNITY DEVELOPMENT JOINT RECIPIENT COOPERATION AGREEMENT is entered into this 13<sup>th</sup> day of June, 2023 by and between the COUNTY OF DU PAGE, Illinois, a body politic and corporate, with a principal place of business located at 421 N. County Farm Road, Wheaton, IL 60187 (hereinafter called "COUNTY") and the VILLAGE OF DOWNERS GROVE, an Illinois Municipal Corporation with a principal place of business located at 801 Burlington Avenue, Downers Grove, Illinois, 60515, (hereinafter called "VILLAGE").

The purpose of this AMENDMENT ONE TO AGREEMENT is to amend an existing Housing and Community Development Joint Cooperation Agreement, between the above parties, which was adopted by Resolution DC-R-0127-14 on 06/24/2014, for the purpose of incorporating additional provisions obligating the COUNTY and VILLAGE, which must be explicitly contained within said AGREEMENT, as reflected in Notice CPD-23-02 issued 04/10/2023.

In consideration of the premises of the AGREEMENT, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree to the following amendment of the terms of the AGREEMENT in accordance with Section 4.4. of the Agreement:

1. Section 3.5 is hereby deleted in its entirety and replaced with the following herewith, "The VILLAGE and COUNTY agree to take all required actions to assure compliance with the COUNTY'S certification under section 104(b) of the Title I of the Housing and Community Development Act of 1974, including signing assurances and certifications in the HUD 424-B. In addition, the grant will be conducted and administered in conformity with the National Environmental Policy Act and related Federal authorities, Uniform Relocation Assistance Act and Real Property Acquisition Policies Act of 1970, as amended, Title VI of the Civil Rights Act of 1964, and the implementing regulations at 24 CFR part 1, and the Fair Housing Act, and the implementing regulations at 24 CFR part 100, and will affirmatively further fair housing. Both the COUNTY and VILLAGE have the obligation to comply with section 109 of Title I of the Housing and Community Development Act of 1974, and the implementing regulations at 24 CFR part 6, which incorporates Section 504 of the Rehabilitation Act of 1973, and the implementing regulations at 24 CFR part 8, Title II of the Americans with Disabilities Act, and the implementing regulations at 28 CFR part 35, the Age Discrimination Act of 1975, and the implementing regulation at 24 CFR part 146, and Section 3 of the Housing and Urban Development Act of 1968, and all other applicable Federal, State, and local laws."

In all other respects, the terms and conditions of the AGREEMENT shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the dates recited below:

VILLAGE OF DOWNERS GROVE, a Municipal Corporation in the State of Illinois

| By:     |  |   |
|---------|--|---|
| 2       | Bob Barnett, Mayor                             |   |
| Date:   |  |   |
| Attest: |  |   |
|         | Name:  | _ |
|         | Title:   | _ |
|         | COUNTY OF DU PAGE, a body politic<br>State of  |   |
| By:     |  |   |
|         | Deborah A. Conroy<br>DuPage County Board Chair |   |
| Date:   |  |   |
|         |  |   |
| Attest: | Jean Kaczmarek                                 | _ |



File #: HS-P-0057-23

**Agenda Date:** 6/6/2023

**Agenda #:** 14.D.

#### AWARDING RESOLUTION ISSUED TO PRESCRIPTION SUPPLY, INC. TO PROVIDE SECONDARY PHARMACEUTICALS (WHOLESALE) FOR IN-HOUSE CLOSE SHOP PHARMACY FOR THE DUPAGE CARE CENTER (CONTRACT TOTAL AMOUNT \$60,000.00)

WHEREAS, bids have been taken and evaluated 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., to provide secondary pharmaceuticals (wholesale) for in-house close shop Pharmacy, for the period of June 19, 2023 through June 18, 2024, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide secondary pharmaceuticals (wholesale) for in-house close shop Pharmacy, for the period of June 19, 2023 through June 18, 2024 for the DuPage Care Center per renewal under bid #22-039-DCC, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Prescription Supply, Inc., 2233 Tracy Road, Northwood, Ohio 43619, for a contract total amount of \$60,000.00.

Enacted and approved this June 13, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD

Attest:

JEAN KACZMAREK, COUNTY CLERK


| General Tracking      |                               | Contract Terms                | Contract Terms                            |  |  |  |  |
|-----------------------|-------------------------------|-------------------------------|---|--|--|--|--|
| FILE ID#:             | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS:   | INITIAL TERM TOTAL COST:                  |  |  |  |  |
| 23-1741 22-039-DCC    |                               | 1 YR + 3 X 1 YR TERM PERIODS  | \$60,000.00                               |  |  |  |  |
| COMMITTEE:            | TARGET COMMITTEE DATE:        | PROMPT FOR RENEWAL:           | CONTRACT TOTAL COST WITH ALL<br>RENEWALS: |  |  |  |  |
| HUMAN SERVICES        | 06/06/2023                    | 3 MONTHS                      | \$240,000.00                              |  |  |  |  |
|                       | CURRENT TERM TOTAL COST:      | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD:                      |  |  |  |  |
|                       | \$60,000.00                   | FOUR YEARS                    | FIRST RENEWAL                             |  |  |  |  |
| Vendor Information    |                               | Department Information        |   |  |  |  |  |
| VENDOR:               | VENDOR #:                     | DEPT:                         | DEPT CONTACT NAME:                        |  |  |  |  |
| Prescription Supply   | 28804                         | DuPage Care Center            | Jonathan Klimek                           |  |  |  |  |
| VENDOR CONTACT:       | VENDOR CONTACT PHONE:         | DEPT CONTACT PHONE #:         | DEPT CONTACT EMAIL:                       |  |  |  |  |
| Elaine Polizzi        | 419-661-6600 x219             | 630-784-4275                  | jonathan.klimek@dupageco.org              |  |  |  |  |
| VENDOR CONTACT EMAIL: | VENDOR WEBSITE:               | DEPT REQ #:                   | 1   |  |  |  |  |
|                       |                               | 7387                          |   |  |  |  |  |

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Contract to provide Secondary Pharmaceuticals (wholesale pharmaceuticals) for in-house close shop pharmacy for the DuPage Care Center, for a contract total not to exceed \$60,000, for the period June 19, 2023 through June 18, 2024, per renewal under bid #22-039-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.

 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   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| STRATEGIC IMPACT                             | Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.  |  |  |  |  |  |  |  |
| SOURCE SELECTION                             | Describe method used to select source.   |  |  |  |  |  |  |  |
| RECOMMENDATION<br>AND<br>TWO<br>ALTERNATIVES | Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). |  |  |  |  |  |  |  |

#### Form under revision control 01/04/2023

|                                  | 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<br>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.               |

| Sena                   | Purchase Order To:              | Send Invoices To:           |  |  |  |
|------------------------|---------------------------------|-----------------------------|--|--|--|
| Vendor:                | Vendor#:                        | Dept:                       | Division:                              |  |  |
| Prescription Supply    | 28804                           | DuPage Care Center          | Pharmacy Department                    |  |  |
| Attn:                  | Email:                          | Attn:                       | Email:                                 |  |  |
| Elaine Pollizzi        | epolizzi@rxsupply.com           | Jonathan Klimek             | jonathan.klimek@dupageco.org           |  |  |
| Address:               | City:                           | Address:                    | City:                                  |  |  |
| 2233 Tracy Road        | Northwood                       | 400 N. County Farm Road     | Wheaton                                |  |  |
| State:                 | Zip:                            | State:                      | Zip:                                   |  |  |
| Ohio                   | 43619                           | IL                          | 60187                                  |  |  |
| Phone:<br>419-661-6600 | Fax:                            | Phone:<br>630-784-4275      | Fax:                                   |  |  |
| Send Payments To:      |                                 | Ship to:                    |  |  |  |
| Vendor:                | Vendor#:                        | Dept:                       | Division:                              |  |  |
| Prescription Supply    | 28804                           | DuPage Care Center          | Pharmacy Department                    |  |  |
| Attn:                  | Email: Attn:<br>Jonathan Klimek |                             | Email:<br>Jonathan.klimek@dupageco.org |  |  |
| Address:               | City:                           | Address:                    | City:                                  |  |  |
| 2233 Tracy Road        | Northwood                       | 400 N. County Farm Road     | Wheaton                                |  |  |
| State:                 | Zip:                            | State:                      | Zip:                                   |  |  |
| Ohio                   | 43619                           | IL                          | 60187                                  |  |  |
| Phone:<br>419-661-6600 | Fax:                            | Phone:<br>630-784-4275      | Fax:                                   |  |  |
|                        | Shipping                        | Contract Dates              |  |  |  |
| Payment Terms:         | FOB:                            | Contract Start Date (PO25): | Contract End Date (PO25):              |  |  |
| PER 50 ILCS 505/1      | Destination                     | June 19, 2023               | June 18, 2024                          |  |  |

|  | Purchase Requisition Line Details |     |                            |                           |      |         |                   |              |                             |            |           |
|--|-----------------------------------|-----|----------------------------|---------------------------|------|---------|-------------------|--------------|-----------------------------|------------|-----------|
| LN   | Qty                               | UOM | ltem Detail<br>(Product #) | Description               | FY   | Company | AU                | Acct Code    | Sub-Accts/<br>Activity Code | Unit Price | Extension |
| 1  | 1                                 | EA  |                            | Secondary Pharmaceuticals | FY23 | 1200    | 2085              | 52300        |                             | 25,000.00  | 25,000.00 |
| 2  | 1                                 | EA  |                            | Secondary Pharmaceuticals | FY24 | 1200    | 2085              | 52300        |                             | 35,000.00  | 35,000.00 |
| FY is required, assure the correct FY is selected. |                                   |     |                            |                           |      |         | Requisition Total | \$ 60,000.00 |                             |            |           |

|   | Comments  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| HEADER COMMENTS       Provide comments for P020 and P025.         Contract to provide Secondary Pharmaceuticals (wholesale pharmaceuticals) for in-house close shop pha         DuPage Care Center, for a contract total not to exceed \$60,000, for the period June 19, 2023 through June         per renewal under bid #22-039-DCC. |   |  |  |  |  |  |  |  |
| SPECIAL INSTRUCTIONS  | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>June 6, 2023 Human Services Committee June 13, 2023 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 following documents have been attached: W-9

 $\checkmark$  Vendor Ethics Disclosure Statement



# AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Prescription Supply, Inc. located at 2233 Tracy Road, Northwood, Ohio 43619, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #22-039-DCC which became effective on 06/19/2022 and which will expire 06/18/2023. The contract is subject to a first of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature, and shall terminate on 06/18/2024.

The parties now agree to renew said agreement, upon the same terms as previously agreed to, as specified in the original contract.

| CONTRACTOR            | THE C  |
|-----------------------|--------|
|                       |        |
| s                     |        |
| ×                     |        |
| SIGNATURE             | SIGNAT |
| (Elante DI            |        |
| ELAINE FOLIZZI        |        |
| PRINTED NAME          | PRINTE |
| NO COLLALI.           |        |
| VP of SALES MARKETING |        |
| PRINTED TITLE         | PRINTE |
| 12                    |        |
| 4/18/23               |        |
| DATE                  | DATE   |

COUNTY OF DUPAGE

TURE

Donna Weidman

ED NAME

Buyer II

D TITLE

DATE



THE COUNTY OF DUPAGE FINANCE - PROCUREMENT SECONDARY PHARMACEUTICALS FOR CARE CENTER 22-039-DCC BID TABULATION

|     |                             |          |     | ١                  | /                         |    |       |  |
|-----|-----------------------------|----------|-----|--------------------|---------------------------|----|-------|--|
|     |                             |          |     | ſ                  | PRESCRIPTION SUPPLY, INC. |    |       |  |
| NO. | ITEM                        | STRENGTH | UОМ | PACKAGING<br>COUNT | NDC                       |    | PRICE |  |
| 1   | Aspirin-Dipyridamole ER     | 10 mg    | BTL | 60                 | 68462-0405-60             | \$ | 24.06 |  |
| 2   | Atorvastatin                | 20 mg    | BTL | 1000               | 16729-0045-17             | \$ | 19.96 |  |
| 3   | Donepezil                   | 10 mg    | BTL | 1000               | 71093-0128-06             | \$ | 22.60 |  |
| 4   | Duloxetine DR               | 60 mg    | BTL | 1000               | 27241-0099-90             | \$ | 66.06 |  |
| 5   | Galantamine                 | 12 mg    | BTL | 60                 | 57237-0051-60             | \$ | 10.98 |  |
| 6   | Gabapentin                  | 300 mg   | BTL | 1000               | 50228-0180-10             | \$ | 26.81 |  |
| 7   | Hydralazine                 | 50 mg    | BTL | 1000               | 31722-0521-10             | \$ | 29.48 |  |
| 8   | Metformin                   | 1,000 mg | BTL | 1000               | 67877-0563-10             | \$ | 18.98 |  |
| 9   | Potassium Chloride ER Caps. | 10 mEq   | BTL | 500                | 68180-0799-02             | \$ | 27.61 |  |
| 10  | Potassium Chloride ER Tabs. | 20 mEq   | BTL | 500                | 68462-0472-05             | \$ | 41.32 |  |
| 11  | Sevelamer                   | 80mg     | BTL | 270                | 55111-0789-27             | \$ | 45,71 |  |
| 12  | Simvastatin                 | 40 mg    | BTL | 1000               | 16729-0006-17             | \$ | 25.96 |  |

GRAND TOTAL \$ 359.52

NOTES

| Bid Opening 05/19/2022 @ 2:30 PM   | DW,NE |
|------------------------------------|-------|
| Invitations Sent                   | 29    |
| Total Vendors Requesting Documents | 1     |
| Total Bid Responses                | 1     |

# SECTION 7 - BID FORM PRICING

Items shown are for bid analysis purposes only. Shipping and freight for goods must be included in Bid Price.

# PLEASE SUBMIT A FULL PRICE LIST INCLUDING ALL ITEMS.

| NO | ITEM                           | NDC            | STRENGTH | UOM | PACKAGING<br>COUNT | PRICE     |  |
|----|--------------------------------|----------------|----------|-----|--------------------|-----------|--|
| 1  | Aspirin-Dipyridamole ER        | 68462-0405-60  | 10 mg    | BTL | 60                 | \$24.06   |  |
| 2  | Atorvastatin                   | 167,29-0045-17 | 20 mg    | BTL | 1000               | \$19.95   |  |
| 3  | Donepezil                      | 71093-0128-06  | 10 mg    | BTL | 1000               | \$22.60   |  |
| 4  | Duloxetine DR                  | 27241-0099-90  | 60 mg    | BTL | 1000               | \$66.06   |  |
| 5  | Galantamine                    | 57237-0051-60  | 12 mg    | BTL | 60                 | \$10.98   |  |
| 6  | Gabapentin                     | 50228-0180-10  | 300 mg   | BTL | 1000               | \$26.81   |  |
| 7  | Hydralazine                    | 31722-0521-10  | 50 mg    | BTL | 1000               | \$29.48   |  |
| 8  | Metformin                      | 67877-0563-10  | 1,000 mg | BTL | 1000               | \$18.98   |  |
| 9  | Potassium Chloride ER<br>Caps. | 68180-0799-02  | 10 mEq   | BTL | 500                | \$27.61   |  |
| 10 | Potassium Chloride ER<br>Tabs. | 68462-0472-05  | 20 mEq   | BTL | 500                | \$41.32   |  |
| 11 | Sevelamer                      | 55111-0789-27  | 80mg     | BTL | 270                | \$45.71   |  |
| 12 | Simvastatin                    | 16729-0006-17  | 40 mg    | BTL | 1000               | \$25.96   |  |
|    |                                |                |          |     | GRAND TOTAL        | \$ 359.52 |  |

THE COUNTY OF DUPAGE SECONDARY PHARMACEUTICALS 22-039-DCC PAGE 19 of 32

# SECTION 8 - BID FORM SIGNATURE PAGE

The Contractor agrees to provide the service, and/or supplies as described in this solicitation and subject, without limitation, to all specifications, terms, and conditions herein contained. Bidder shall acknowledge receipt of each addendum issued in the space provided on the bid form.

| VP-Admin, Designated Representative<br>(Signature and Tiffe)                               |
|--|
| CORPORATE SEAL<br>(If available)   |
| BID MUST BE SIGNED AND NOTARIZED (WITH SEAL) FOR CONSIDERATION                             |
| Subscribed and sworn to before me this <u>5</u> day of <u>May</u> AD, 20 <u>22</u>         |
| (Notary Public) 0 My Commission Expires: 8/202(0   |
| SARAH MARIE DEILY<br>Notary Public<br>State of Ohio<br>My Comm. Expires<br>August 19, 2026 |



# **Required Vendor Ethics Disclosure Statement**

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

Bid/Contract/PO #:

| Company Name: PRESCRIPTION Supply, TNC | CompanyContact: | Claure Dalina:          |   |
|--|-----------------|-------------------------|---|
| Contact Phone: 419-661-6600 20219      | Contact Email:  | epolizzi @ 12XSUDDII 01 | 1 |

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

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of \$25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

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

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

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

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

| Lobbylsts, Agents and Representatives and all individuals who are<br>or will be having contact with county officers or employees in<br>relation to the contract or bld | Telephone | Email |
|--|-----------|-------|
|  |           |       |
|  |           |       |
|  |           |       |

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

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

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

The full text for the county's ethics and procurement policies and ordinances are available at: https://www.dupageco.org/CountyBoard/Policies/

| I hereby acknowledg  | e that I have accessed a long state of the second state of the sec |  |
|----------------------|--|--|
| Authorized Signature | <u>S</u>   |  |
| Printed Name         | ELAINE POLIDI  |  |
| Title                | VP of SALES/ MARKETINE   |  |
| Date                 | 4/18 23  |  |

Attach additional sheets if necessary. Sign each sheet and number each page. PAGE 1 OF 1 (total number of pages)

File #: HS-P-0058-23

**Agenda Date:** 6/6/2023

**Agenda #:** 14.E.

# AWARDING RESOLUTION ISSUED TO THE STANDARD COMPANIES TO PROVIDE TRASH CAN LINERS FOR THE DUPAGE CARE CENTER (CONTRACT TOTAL AMOUNT \$75,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to The Standard Companies, to provide trash can liners, for the period of June 23, 2023 through June 22, 2024, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide trash can liners, for the period of June 23, 2023 through June 22, 2024 for the DuPage Care Center per, bid renewal #21-036-FM be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division, The Standard Companies, 2601 South Archer Avenue, Chicago, Illinois 60608, for a contract total amount of \$75,000.00.

Enacted and approved this 13th day of June, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD

Attest:

JEAN KACZMAREK, COUNTY CLERK



|                                 | SECTION 1:                    | DESCRIPTION                   |   |  |  |  |
|---------------------------------|-------------------------------|-------------------------------|---|--|--|--|
| General Tracking                |                               | Contract Terms                |   |  |  |  |
| FILE ID#:                       | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS:   | INITIAL TERM TOTAL COST:                  |  |  |  |
| 23-1878                         | 21-036-FM                     | 1 YR + 3 X 1 YR TERM PERIODS  | \$146,645.00                              |  |  |  |
| COMMITTEE:                      | TARGET COMMITTEE DATE:        | PROMPT FOR RENEWAL:           | CONTRACT TOTAL COST WITH ALL<br>RENEWALS: |  |  |  |
| HUMAN SERVICES                  | 06/06/2023                    | 3 MONTHS                      | \$296,645.00                              |  |  |  |
|                                 | CURRENT TERM TOTAL COST:      | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD:                      |  |  |  |
|                                 | \$75,000.00                   | FOUR YEARS                    | FIRST RENEWAL                             |  |  |  |
| Vendor Information              |                               | Department Information        |   |  |  |  |
| VENDOR:                         | VENDOR #:                     | DEPT:                         | DEPT CONTACT NAME:                        |  |  |  |
| The Standard Companies          | 37837                         | DuPage Care Center            | Vinit Patel                               |  |  |  |
| VENDOR CONTACT:                 | VENDOR CONTACT PHONE:         | DEPT CONTACT PHONE #:         | DEPT CONTACT EMAIL:                       |  |  |  |
| Lee Ann White                   | 312-225-2777                  | 630-784-4273                  | vinit.patel@dupageco.org                  |  |  |  |
| VENDOR CONTACT EMAIL:           | VENDOR WEBSITE:               | DEPT REQ #:                   | I   |  |  |  |
| lwhite@thestandardcompanies.com |                               | 7392                          |   |  |  |  |
| 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.). Trash can liners, group 2, for the DuPage Care Center, for the period covering June 23, 2023 through June 22, 2024, for an amount not to exceed \$75,000.00, under bid renewal #21-036-FM, first of two (2) one (1) year optional renewal.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The DuPage Care Center uses trash can liners for trash cans throughout the Center. With liners, the trash is contained and odor associated with trash would be eliminated.

# 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. RENEWAL

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   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| STRATEGIC IMPACT                             | Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.  |  |  |  |  |  |  |
| SOURCE SELECTION                             | Describe method used to select source.   |  |  |  |  |  |  |
| RECOMMENDATION<br>AND<br>TWO<br>ALTERNATIVES | Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). |  |  |  |  |  |  |

|                                  | 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<br>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.               |

| Send P                 | urchase Order To:               | Send Invoices To:           |                          |  |  |
|------------------------|---------------------------------|-----------------------------|--------------------------|--|--|
| Vendor:                | Vendor#:                        | Dept:                       | Division:                |  |  |
| The Standard Companies | 37837                           | DuPage Care Center          | Environmental Concerns   |  |  |
| Attn:                  | Email:                          | Attn:                       | Email:                   |  |  |
| Lee Ann White          | lwhite@thestandardcompanies.com | Vinit Patel                 | vinit.patel@dupageco.org |  |  |
| Address:               | City:                           | Address:                    | City:                    |  |  |
| 2601 S. Archer         | Chicago                         | 400 N. County Farm Road     | Wheaton                  |  |  |
| State:                 | Zip:                            | State:                      | Zip:                     |  |  |
| IL                     | 60608                           | IL                          | 60187                    |  |  |
| Phone:                 | Fax:                            | Phone:                      | Fax:                     |  |  |
| 312-225-2777           |                                 | 630-784-4273                |                          |  |  |
| Send Payments To:      |                                 | Ship to:                    |                          |  |  |
| Vendor:                | Vendor#:                        | Dept:                       | Division:                |  |  |
| The Standard Companies | 37837                           | DuPage Care Center          | Environmental Concerns   |  |  |
| Attn:                  | Email:                          | Attn:                       | Email:                   |  |  |
| A/R                    | thestandardco@cs.com            | Vinit Patel                 | vinit.patel@dupageco.org |  |  |
| Address:               | City:                           | Address:                    | City:                    |  |  |
| 2601 S. Archer         | Chicago                         | 400 N. County Farm Road     | Wheaton                  |  |  |
| State:                 | Zip:                            | State:                      | Zip:                     |  |  |
| IL                     | 60608                           | IL                          | 60187                    |  |  |
| Phone:                 | Fax:                            | Phone:                      | Fax:                     |  |  |
| 312-225-2777           | 312-225-2964                    | 630-784-4273                |                          |  |  |
|                        | Shipping                        | Cor                         | ntract Dates             |  |  |
| Payment Terms:         | FOB:                            | Contract Start Date (PO25): | Contract End Date (PO25) |  |  |
| PER 50 ILCS 505/1      | Destination                     | June 23, 2023               | June 22, 2024            |  |  |

| Purchase Requisition Line Details                         |    |  |     |                            |  |      |                   |              |       |  |           |           |
|---|----|--|-----|----------------------------|--|------|-------------------|--------------|-------|--|-----------|-----------|
| L   | .N | Qty  | UOM | ltem Detail<br>(Product #) | Description   FY (Company) AU   Acct Code     Unit Price |      | Extension         |              |       |  |           |           |
|   | 1  | 1  | EA  |                            | trash can liners   | FY23 | 1200              | 2035         | 52280 |  | 31,250.00 | 31,250.00 |
|   | 2  | 1         EA         trash can liners         FY24         1200         2035         52280         43,750.00 |     | 43,750.00                  |  |      |                   |              |       |  |           |           |
| <i>FY is required, assure the correct FY is selected.</i> |    |  |     |                            |  |      | Requisition Total | \$ 75,000.00 |       |  |           |           |

|                      | Comments   |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>Trash can liners, group 2, for the DuPage Care Center, for the period covering June 23, 2023 through June 22, 2024, for<br>an amount not to exceed \$75,000.00, under bid renewal #21-036-FM, first of two (2) one (1) year optional renewal. |  |  |  |  |  |  |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>June 6, 2023 Human Services Committee June 13, 2023 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 following documents have been attached: W-9

✓ Vendor Ethics Disclosure Statement



# AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and THE STANDARD COMPANIES, located at 2601 S. Archer Ave, Chicago, Illinois hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #21-036-FM which became effective on 06/23/2021 and which will expire 06/22/2023. The contract is subject to a first of two options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature, and shall terminate on 06/22/2024.

The parties now agree to renew said agreement, upon the same terms as previously agreed to, including a one-time price adjustment effective 6/23/2023, as per the attached pricing sheet.

CONTRACTOR

Signature on File

#### THE COUNTY OF DUPAGE

SIGNATURE

Games Bonom 2

PRINTED NAME

5-11.-3

DATE

SIGNATURE

Nickon Etminan

PRINTED NAME

Buyer II

PRINTED TITLE

DATE

Since 1917



# THE STANDARD COMPANES

2601 South Archer Avenue • Chicago, Illinois 60608 • (312) 225-2777 • Fax: (312) 225-2964 E-mail: Thestandardco@cs.com

Diane Borske Manager of Support Services Dupage Care Center 400 N. County Line Road Wheaton, Illinois 60187

April 23, 2023

Re: Can Liners Contract No. 5348

Good Morning Diane:

In line with our recent conversation please note attachment and below (adjusted pricing) regarding all Liners furnished to your operations.

We are all experiencing unprecedented times...rampant inflationary pressures, supply/chain difficulties, extreme resin and energy increased costs.

Despite the continuing challenges we all face and the rapid ever-changing cost/supply environment, we are hopeful that there will be a return to normalcy soon. We have no choice excepting to align our pricing with a fair and reasonable cost/sell ratio as per attachment which will become effective June 23, 2023. This adjustment does not reflect any increase in gross profit dollars; it merely covers a portion of our increased costs. Resin costs, a primary ingredient in liner production has skyrocketed in recent months. In most instances, we have "held the line" on pricing and absorbed these increases. Even those raw material sources with whom we have had relationships for more than 50 years, with guaranteed pricing, are compelled to enforce "force majeure" and implement necessary inflationary adjustments.

Please know that we certainly do appreciate being your partner in these challenging and difficult times and we will continue to provide best quality with optimum value.

We greatly appreciate your trust and confidence in The Standard Companies.

Respectfully,

The Standard Companies Signature on File

George Bonomo

" Originators of Sanitation Standardization" Website: www.Thestandardcompanies.com

Since 1917



THE STANDARD COMPANES

2601 South Archer Avenue · Chicago, Illinois 60608 · (312) 225-2777 · Fax: (312) 225-2964 E-mail: Thestandardco@cs.com

Effective 6/23/23

# Dupage County Care Center Liner Pricing - Contract No. 5348

| Item | DESCRIPTION                        | PRICE   |
|------|------------------------------------|---------|
| 1b   | 24X23 LINER, BLACK, LT, 10/50'S/CS | \$8.45  |
| 2b   | 30X36 LINER, BLACK, MED 10/25'S/CS | \$10.15 |
| 3b   | 40X46 LINER, BLACK, XH, 10/25'S/CS | \$34.00 |
| 4b   | 24X23 LINER, CLEAR, LT, 10/50'S/CS | \$8.45  |
| 5b   | 30X36 CLEAR .50 MIL 10/25's        | \$10.15 |
| 6b   | 40X46 CLEAR 1 MIL 5/20's           | \$15.90 |
| 7b   | 24X23 LINER, GRAY, LT, 10/50'S/CS  | \$9.35  |
| 8b   | 30X36 LINER, MED, GRAY, 10/25'S/C  | \$10.15 |
| 9b   | 40X46 LINER, GREY, XH, 10/25'S/CS  | \$35.70 |
| 10b  | 40X46 LINER, BLACK, 3ML, 100/CS    | \$38.55 |
| 11a  | 38X58 LINER, CLR, 22MIC. 10/15/CS  | \$24.15 |
| 12b  | 30X36 LINER, BLACK, MED 10/25'S/CS | \$10.15 |
| 13b  | 40X46 LINER, BLACK, XH, 10/25'S/CS | \$34.00 |
| 14b  | 24X23 LINER, CLEAR, LT, 10/50'S/CS | \$8.45  |
|      | 40X46 CLEAR 1 MIL 10/25'S CS.      | \$37.50 |

" Originators of Sanitation Standardization" Website: www.Thestandardcompanies.com

# **SECTION 6 - BID FORM PRICING**

The estimated quantities indicated in the schedule are an approximation of two years' requirements based on past experience and are not binding on the County of DuPage. The quantities and items shown below are for bid analysis purposes only. The County of DuPage has the right to order any quantity which the using department deems necessary.

Bidders shall only provide pricing for specified item or equal, i.e., pricing for 1a or 1b. If providing pricing for "or equal", provide Brand Name, Liner Size, MIL Spec, Colors and ROLLS PER CASE.

|     |  | GROUP 1: Fa  | cilities | Managen              | nent       |          |                        |
|-----|--|--|----------|----------------------|------------|----------|------------------------|
| NO. | ITEM   | LOCATION   | UOM      | ROLLS<br>PER<br>CASE | EST<br>QTY | PRICE    | EXTENDED PRICE         |
| 1a  | Pitt Plastics<br>24" x 23" 0.35 mil Black  | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS       | 500                  | 240        | \$       | \$                     |
|     |  |  | OR       |                      |            |          | 1                      |
| 1b  | Or Equal (Provide Description)<br>Brand Name: Cological Bag<br>Liner Size: 24x 33<br>MIL Spec: - 35 ml<br>Color: Black CR 236500 | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS       | 500                  | 240        | \$ 7.82  | \$ 1876 <sup>\$0</sup> |
|     |  |  |          |                      |            |          |                        |
| 2a  | Pitt Plastics<br>30" x 36" 0,50 mil Black  | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | cs       | 250                  | 360        | \$       | \$                     |
|     |  |  | OR       |                      |            |          |                        |
| 2b  | Or Equal (Provide Description)<br>Brand Name: Colonial Bag<br>Liner Size: 30" × 36"<br>MIL Spec: ,5 ml<br>Color: Black           | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS       | 250                  | 360        | \$ 9.35  | \$ 3366°°              |
|     |  |  |          |                      |            |          |                        |
| За  | Pitt Plastics<br>40" x 46" 1.1 mil Black   | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS       | 250                  | 720        | \$       | \$                     |
|     |  |  | OR       |                      |            |          |                        |
| 3b  | Or Equal (Provide Description)<br>Brand Name: Colorual 150<br>Liner Size: 40 ×46<br>MIL Spec: 1.1m<br>Color: Black               | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS       | 250                  | 720        | \$ 31.45 | \$ 22,644∞             |

| 4a | Pitt Plastics<br>24" x 23" 0.35 mil Clear   | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS    | 500 | 240 | \$       | \$         |
|----|---|--|-------|-----|-----|----------|------------|
|    |   |  | OR    |     |     |          |            |
| 4b | Or Equal (Provide Description)<br>Brand Name: Colonial<br>Liner Size: 24"×23"<br>MIL Spec: , 35 ml<br>Color: Clear        | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS    | 500 | 240 | \$ 7.82  | \$ 1876 PD |
|    |   |  |       |     |     |          |            |
| 5a | Pitt Plastics<br>30" x 36" 0.50 mil Clear   | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS    | 250 | 360 | \$       | \$         |
|    |   |  | OR    |     |     |          |            |
| 5b | Or Equal (Provide Description)<br>Brand Name: Colonia (1953)<br>Liner Size: 30" X36"<br>MIL Spec: ,5ml<br>Color: Clear    | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS    | 250 | 360 | \$ 9.36  | \$ 3369 60 |
|    |   |  | 1.1.1 |     |     |          |            |
| 6a | Pitt Plastics<br>40" x 46" 1.1 mil Clear  | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS    | 100 | 480 | \$       | \$         |
|    |   |  | OR    |     |     |          |            |
| 6b | Or Equal (Provide Description)<br>Brand Name: Colonial 15<br>Liner Size: Yor X46<br>MIL Spec: 1.1ml<br>Color: Cless       | 421 N. County<br>Farm Road<br>505 N. County<br>Farm Road | CS    | 100 | 480 | \$ 14.68 | \$ 704640  |
|    |   |  | 2     |     |     |          |            |
| 7a | Pitt Plastics<br>24" x 23" 0.35 mil Gray  | 501 N. County<br>Farm Road                               | CS    | 500 | 300 | \$       | \$         |
|    |   |  | OR    |     |     |          |            |
| 7b | Or Equal (Provide Description)<br>Brand Name: Coloniel (200<br>Liner Size: 24" × 2.3"<br>MIL Spec: . 35 ml<br>Color: Gray | 501 N. County<br>Farm Road                               | CS    | 500 | 300 | \$ p15   | s 2445°    |
|    |   |  |       |     |     |          |            |

| 0 = |  | 10                                 |         |       |        |           |              |
|-----|--|------------------------------------|---------|-------|--------|-----------|--------------|
| 8a  | Pitt Plastics<br>30" x 36" 0.50 mil Gray   | 501 N. County<br>Farm Road         | CS      | 250   | 1200   | \$        | \$           |
|     |  |                                    | OR      |       |        |           |              |
| 8b  | Or Equal (Provide Description)<br>Brand Name: Colonial Boy<br>Liner Size: 30° x 36"<br>MIL Spec: , 5 ml<br>Color: Gray           | 501 N. County<br>Farm Road         | CS      | J.SD  | 1200   | \$ 9.35   | \$ 11,22000  |
|     |  |                                    | r       |       | 1      |           | ľ            |
| 9a  | Pitt Plastics<br>40" x 46" 1.1 mil Gray  | 501 N. County<br>Farm Road         | CS      | 250   | 2500   | \$        | \$           |
|     |  |                                    | OR      |       |        |           |              |
| 9b  | Or Equal (Provide Description)<br>Brand Name: Colonial Bag<br>Liner Size: 40' ×46 <sup>M</sup><br>MIL Spec: J.IMI<br>Color: Gray | 501 N. County<br>Farm Road         | cs      | 250   | 2500   | \$ 3303   | \$ \$2,57500 |
|     |  |                                    | í       |       |        |           |              |
| 10a | Pitt Plastics<br>40" x 46" 3 mil Black   | 501 N. County<br>Farm Road         | CS      | 250   | 1200   | \$        | \$           |
|     | 9  |                                    | OR      |       |        |           |              |
| 10b | Or Equal (Provide Description)<br>Brand Name: Oslovial 50<br>Liner Size: 40" X46"<br>MIL Spec: 3ml<br>Color: Black               | 501 N. County<br>Farm Road         | *<br>CS | 00    | 1200   | \$ 35.66  | \$42,792°=   |
|     |  |                                    |         |       |        |           |              |
| 11a | Colonial Bag<br>38" x 58" 22 mic Clear (high<br>density)   | 421 N. County<br>Farm Road         | CS      | 150   | 300    | \$ 2236   | \$ 670000    |
|     |  |                                    | OR      |       |        | 1,        | 1            |
| 11b | Or Equal (Provide Description)<br>Brand Name:<br>Liner Size:<br>MIL Spec:<br>Color:  | 421 N. County<br>Farm Road         | CS      |       | 300    | \$        | \$           |
|     |  | THE COUNT<br>TRASH CAN LII<br>PAGE |         | 36-FM | pote ( | Cuse pack | 54           |

|     |  |   |    | 1 1 1 2 2 |      |              | and spalling and an and the second |
|-----|--|---|----|-----------|------|--------------|------------------------------------|
| 12a | Pitt Plastics<br>30" x 36" 0.50 mil Black  | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | cs | 250       | 72   | \$           | \$                                 |
|     |  | 1   | OR |           |      |              |                                    |
| 12b | Or Equal (Provide Description)<br>Brand Name: Coloniel 1953<br>Liner Size: 30° X36<br>MIL Spec: 5561<br>Color: Black   | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CS | 250       | 72   | \$ 934       | \$ 67392                           |
|     |  |   |    |           |      |              |                                    |
| 13a | Pitt Plastics<br>40" x 46" 1.1 mil Black   | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CS | 250       | 72   | \$           | \$                                 |
|     |  |   | OR |           |      |              |                                    |
| 13b | Or Equal (Provide Description)<br>Brand Name: Colonial Bag<br>Liner Size: 40* ×46<br>MIL Spec: [-]m!<br>Color: Black   | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CS | 250       | 72   | \$ 31.45     | \$ 2264 40                         |
|     | A Company of the second se         |   |    |           |      |              |                                    |
| 14a | Pitt Plastics<br>24" x 23" 0.35 mil Clear  | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CS | 500       | 72   | \$           | \$                                 |
|     |  | 1   | OR |           |      |              |                                    |
| 14b | Or Equal (Provide Description)<br>Brand Name: Colonial, Bag<br>Liner Size: 24" × 23"<br>MIL Spec: 35~1<br>Color: Clear | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CS | 500       | 72   | \$ 7.82      | \$ 56304                           |
|     |  |   |    |           | SUBT | OTAL GROUP 1 | \$ 189,420,96                      |

|      |   | GROUF<br>400 N. C<br>(NO DOCK, L                                  | ounty F |                      | ad            |                |                         |
|------|---|---|---------|----------------------|---------------|----------------|-------------------------|
| NO.  | ITEM  | LOCATION  | UOM     | ROLLS<br>PER<br>CASE | EST<br>QTY    | PRICE          | EXTENDED PRICE          |
| 1a   | Colonial Bag<br>30" x 36" 0.45 mil Clear  | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CASE    | 250                  | 3700          | \$ 9.83        | \$ 36,37100             |
|      |   |   | OR      |                      |               |                |                         |
| 1b   | Or Equal (Provide Description)<br>Brand Name:<br>Liner Size:<br>MIL Spec:<br>Color:                                       | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CASE    |                      | 3700          | \$             | \$                      |
| 5    |   |   |         | 20 T 1 1             |               |                |                         |
| 2a   | Colonial Bag<br>24" x 23" 0.40 mil Clear  | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CASE    | 250                  | 1200          | \$             | \$                      |
|      | ·   |   | OR      |                      |               |                |                         |
| 2b   | Or Equal (Provide Description)<br>Brand Name: Colorual /Jeg<br>MIL Spec .45 ml<br>Liner Size: 24 " x 2 3"<br>Color: Clear | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CASE    | 500                  | * 1200<br>600 | \$ 10.29       | \$ 617400               |
| - 11 |   |   |         | 34.4 =               |               |                |                         |
| 3a   | Colonial Bag<br>40" x 46" 1.1 mil Clear   | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CASE    | 250                  | 3000          | \$ 3470        | \$ 104,100-             |
|      |   |   | OR      |                      |               |                |                         |
| 3b   | Or Equal (Provide Description)<br>Brand Name:<br>Liner Size:<br>MIL Spec:<br>Color:                                       | 400 N. County<br>Farm Road<br>(NO DOCK,<br>LIFT GATE<br>REQUIRED) | CASE    |                      | 3000          | \$             | \$                      |
|      |   |   |         |                      | SUBTO         | OTAL GROUP 2   | \$ 146,64500            |
|      |   |   | GR      | AND TOT              | AL (GROUI     | • 1 + GROUP 2) | \$ 189,420.9<br>336,065 |
|      | ND TOTAL<br>ords) Three hundred this  | rty-six thou  | sand s  | ixtu-Li              | ve Dolla      | 215            | 336,065                 |
|      | nd total<br>ords) Three hundred this<br>and ninty - Six   | Cents.  |         | 5.0                  |               |                |                         |

# **SECTION 7 - BID FORM SIGNATURE PAGE**

The Contractor agrees to provide the service, and/or supplies as described in this solicitation and subject, without limitation, to all specifications, terms, and conditions herein contained.

I acknowledge the receipt of the following addenda.

Addenda No. 1, \_\_\_\_, \_\_\_, and \_\_\_\_ issued thereto.

Signature on File

CED (Signature and Title)

1

CORPORATE SEAL (If available)

BID MUST BE SIGNED AND NOTARIZED (WITH SEAL) FOR CONSIDERATION

| Subscribed and sworn to before me this<br>Signature on File | R <sup>H</sup> day of <u>MAY</u>                                       | AD, 20 <u>2/</u> |
|---|--|------------------|
| (Notary Public)   | My Commission Expires:   | 9/19/21          |
|   | MIC LE REVOLA<br>NOTARY STATE LLL<br>My Commission SEALE XD1 an OR/19/ | NOIS             |
|   | MICHELLE RUVO  | A 8              |

My Commission Expires 09/19/2021

#### SECTION 8 - MANDATORY FORM TRASH CAN LINERS 21-036-FM (PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

| Full Name of Bidder   | The Standard Companies                                  |
|-----------------------|---|
| Main Business Address | 2601 S. Archer  |
| City, State, Zip Code | Chieggo, Il leveop                                      |
| Telephone Number      | 312/225-2777 Email<br>Address the standard co e cs. com |
| Bid Contact Person    | Lee Ann White   |

The undersigned certifies that he is:

|       | the Owner/Sole<br>Proprietor |          | a Member authorized to<br>sign on behalf of the<br>Partnership | X       |       | Officer<br>rporation | of    | the    |         | a Member<br>Venture |      | Joint |
|-------|------------------------------|----------|--|---------|-------|----------------------|-------|--------|---------|---------------------|------|-------|
| Herei | n after called the Bidde     | r and th | at the members of the P  | artners | hip o | r Officers           | of th | e Cor  | poratio | on are as fol       | OWS: |       |
| R     | ose Bonomo                   |          |  | _       | G     | corge                | 13    | о Лол  | 10      |                     |      |       |
|       | President or Pa              | artner)  |  |         |       | 0                    | (\    | /ice-P | reside  | nt or Partner       | r)   |       |
| 6     | beorge Banomo                | ,        |  |         | Ro    | se B                 | onor  | 20     |         |                     |      |       |
|       | (Secretary or Pa             | artner)  |  |         |       |                      | (Τ    | reasu  | irer 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.

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 therein prescribed.

Further, the undersigned certifies and warrants that he is 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 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 he has examined and carefully prepared this bid and has 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 he 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 he will take in full payment therefore the sums set forth in the bidding schedule (subject to unit quantity adjustments based upon actual usage).

# CONTRACT ADMINISTRATION INFORMATION:

| CORRESPON       | DENCE TO CONTRACTOR:    | REMIT TO CONTRACTOR:               |                          |  |  |  |
|-----------------|-------------------------|------------------------------------|--------------------------|--|--|--|
| NAME            | Lee Ann White           | NAME                               | Joni Florio              |  |  |  |
| CONTACT         |                         | CONTACT                            | AIR                      |  |  |  |
| ADDRESS         | 2601 S. Archer          | ADDRESS                            | 26015 Archer             |  |  |  |
| CITY ST ZIP     | Chicago IL 60608        | CITY ST ZIP                        | Chicago IL Lobos         |  |  |  |
| ТΧ              | 312/ 225-2777           | TX                                 | 312/ 225- 2777           |  |  |  |
| FX              | 312 225-2964            | FX                                 | 312/ 225- 2964           |  |  |  |
| EMAIL           | Luhite e thestandard    | EMAIL                              | the standard co e cs.com |  |  |  |
|                 | Companiés.com           |                                    |                          |  |  |  |
| COUNTY BILL     | TO INFORMATION:         | COUNTY SHIP                        | P TO INFORMATION:        |  |  |  |
|                 | y Facilities Management | DuPage County                      |                          |  |  |  |
| 2-700           |                         | Various Location                   |                          |  |  |  |
| 421 North Cour  |                         | Wheaton, IL 60                     |                          |  |  |  |
| Wheaton, IL 60  | 187                     | TX: (630) 407-5705                 |                          |  |  |  |
| TX: (630) 407-6 | 5193                    | EMAIL: Mary.Ventrella@dupageco.org |                          |  |  |  |

ALL MATERIALS MUST BE BID AND SHIPPED F.O.B. DELIVERED (FREIGHT INCLUDED IN PRICE)



# **Required Vendor Ethics Disclosure Statement**

Date: 5.11.23

|                | o complete and return this form may result in de<br>Contractual Obligation. | lay or cancellation of the | Bid/Contract/PO #: 5348 |
|----------------|---|----------------------------|-------------------------|
| Company Name:  | The Scandard Companies  | CompanyContact:            | George BONOMO           |
| Contact Phone: | 312 225 2777  | Contact Email:             | GBONOMO & ADL.COM       |

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

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of \$25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

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

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

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

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

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

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

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

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

The full text for the county's ethics and procurement policies and ordinances are available at: http://www.dupageco.org/CountyBoard/Policies/

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

| Authorized Signature | Signature on File |   |
|----------------------|-------------------|---|
| Printed Name         | GEDRGE BONOMO     |   |
| Title                | G. K. C           | _ |
| Date                 | 5-11.23           |   |

Attach additional sheets if necessary. Sign each sheet and number each page. PAGE 1 OF 1 (total number of pages)



Budget Transfer

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

**File #:** 23-1995

Agenda Date: 6/6/2023

**Agenda #:** 10.A.

#### DuPage County, Illinois BUDGET ADJUSTMENT Effective October, 2022

| Accounting | Company # | Term protocolo | b-Account Title           |      |           | Finance Dept Use Only<br>Available Balance |                | Date of |
|------------|-----------|----------------|---------------------------|------|-----------|--|----------------|---------|
| Unit       | Account   | Sub-Account    | Title                     |      | Amount    | Prior to Transfer                          | After Transfer | Balance |
| 1670       | 50000     |                | REGULAR SALARIES          | \$   | 8,181.00  | 16,755.01                                  | 8,574.0        | Saya    |
| 1670       | 51010     |                | EMPLOYER SHARE I.M.R.F.   | \$   | 1,400.00  | 2,428.40                                   | 1028.40        | 52423   |
| 1670       | 51050     |                | FLEXIBLE BENEFIT EARNINGS | 5    | 600.00    | 600.00                                     | Ø              | 52473   |
|            |           |                |                           |      |           |  |                |         |
|            |           |                |                           |      |           |  |                |         |
|            |           |                | Tota                      | al Ś | 10,181.00 |  |                |         |

#### ACCESS & VISITATION GRANTS

To: Company/Accounting Unit Name

ACCESS & VISITATION GRANTS

#### To: 5000 Company #

| Accounting |         |             |                                |    |           |                   | pt Use Onlγ<br>e Balance | Date of |
|------------|---------|-------------|--------------------------------|----|-----------|-------------------|--------------------------|---------|
| Unit       | Account | Sub-Account | Title                          |    | Amount    | Prior to Transfer | After Transfer           | Balance |
| 1670       | 51000   |             | BENEFIT PAYMENTS               | \$ | 1,841.00  | (1,846.92)        | 0.08                     | SAW23   |
| 1670       | 51030   |             | EMPLOYER SHARE SOCIAL SECURITY | s  | 1,340.00  | (232.35)          | 1,107.65                 | 52423   |
| 1670       | 51040   |             | EMPLOYEE MED & HOSP INSURANCE  | \$ | 7,000.00  | (5,744.65)        | 1,255.35                 | 52423   |
|            |         |             |                                | _  |           |                   |                          |         |
|            |         |             |                                |    |           |                   |                          |         |
|            |         | II          |                                |    | 10.101.00 |                   |                          |         |

Total \$ 10,181.00

#### Reason for Request:

Due to staffing changes / departures, unbudgeted benfits payments and an increase to fringe benefits have been incurred. Budget transfer to cover the corresponding shortages.

|                 | 0                |                      | Signature on File       |                      | 5/24/22      |
|-----------------|------------------|----------------------|-------------------------|----------------------|--------------|
|                 |                  |                      | Department Head         | Signature on<br>File | Date 5/30/23 |
| Activity        | (optional)       | ****Please sign in b | Chief Financial Officer |                      | Date         |
| 17              |                  | Finance Departme     | ent Use Only            |                      |              |
| Fiscal Year 🔥 ) | Budget Journal # | Acctg Period         |                         |                      |              |
| Entered By/Date |                  | Release              | ed & Posted By/Date     |                      |              |

# HHS-61623 FIN-CB-611323



File #: 23-1996

Agenda Date: 6/6/2023

**Agenda #:** 14.F.

# **OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST**

Valid for overnight and/or out-of-state travel Revised 1-08-2019

| REQUEST DATE: 5/15/2023   |  |
|---|--|
| NAME:   | TITLE: Administrator                                       |
| DEPARTMENT: Community Services                                  | ACCOUNT CODE: 5000-1650/1420                               |
| PURPOSE OF TRIP: (explain fully the necessity of makin          |  |
| Training Conference 8/21/23-8/25/23, Atlanta, Georgia. C        | ning on best practices for operating these programs funded |
| DESTINATION: Atlanta, Georgia                                   |  |
|   | TE OF RETURN ARRIVAL: 8/25/2023                            |
| (Please include a detailed explanation if different from office |  |
| Please indicate the estimated amount for each applica           | ble expense.   |
| REGISTRATION:   | \$1,188.00   |
| TRANSPORTATION:   | \$300.00   |
| LODGING   | \$955.0  |
| MISCELLANEOUS EXPENSES (parking, mileage, etc.)                 | \$100.00   |
| RENTAL CAR: (explain fully the necessity)                       | \$0.00   |
| REFERENCE MATERIALS:  | \$0.00   |
| MEALS: (Per Diems)  | \$333.00   |
| TOTAL   | \$2,876.00   |
| REVIEWED BY AN<br>Signature on File<br>Department Head:         | D DATE APPROVED:<br>Date: 5/22/23                          |
| (Signature)   |  |

Date:

Date:

-----

County Board: \_\_\_\_\_\_\_\_ONLY OUT-OF-STATE TRAVEL

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.



**File #:** 23-1997

Agenda Date: 6/6/2023

**Agenda #:** 14.G.

# OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel Revised 1-08-2019

| REQUEST DATE: 5/23/2023   |                                  |                  |
|---|----------------------------------|------------------|
| NAME:   | TITLE: CD I                      | Manager          |
| DEPARTMENT: CDC   | ACCOUNT CODE:                    | 5000-1440        |
| PURPOSE OF TRIP: (explain fully the necessit  | ty of making the trip)           |                  |
| Community Development Manager to attend th<br>Summer Meeting at National Association of Co<br>funded. |                                  |                  |
| DESTINATION: Austin, TX   |                                  |                  |
| DATE OF DEPARTURE: 7/19/2023  | DATE OF RETURN ARRIVAL:          | 7/22/2023        |
| (Please include a detailed explanation if differe   | nt from official business dates) |                  |
| Please indicate the estimated amount for ea<br>REGISTRATION:<br>TRANSPORTATION:                       | ch applicable expense.           | \$0.0<br>\$500.0 |
| LODGING   |                                  | \$500.0          |
| MISCELLANEOUS EXPENSES (parking, milea  | age, etc.)                       | \$175.0          |
| RENTAL CAR: (explain fully the necessity)   |                                  | \$0.0            |
| REFERENCE MATERIALS:  |                                  | \$0.0            |
| MEALS: (Per Diems)  |                                  | \$224.0          |
| TOTAL   |                                  | \$1,899.00       |
| REVIEWE<br>Signature on File  | D.BY AND DATE APPROVED:          | del              |
| Department Head: (Signa   | ture)                            | Date: 5/23/23    |
| Committee Name: ALL O   | VERNIGHT TRAVEL                  | Date:            |
| County Board:   |                                  | Date:            |

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.

ONLY OUT-OF-STATE TRAVEL



**File #:** 23-1998

Agenda Date: 6/6/2023

Agenda #: 14.H.

# **OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST**

Valid for overnight and/or out-of-state travel Revised 1-08-2019

| TITLE: D                      |                          |
|-------------------------------|--------------------------|
| ACCOUNT CODE:                 |                          |
|                               | 5000-1440                |
|                               |                          |
|                               |                          |
| onference, and NACo Housing A | Affordability Task Force |
|                               |                          |
|                               |                          |
|                               |                          |
|                               |                          |
|                               |                          |
|                               |                          |
| TE OF RETURN ARRIVAL:         | 7/25/2023                |
| cial business dates)          |                          |
|                               |                          |
|                               |                          |
|                               |                          |
|                               |                          |
|                               |                          |
| able expense.                 |                          |
|                               |                          |
|                               | \$600.0                  |
|                               | \$500.0                  |
|                               | \$2,000.0                |
|                               | \$100.0                  |
|                               | \$0.0                    |
|                               |                          |
|                               | \$0.0                    |
|                               | \$448.0                  |
|                               | \$3,648.0                |
|                               |                          |
|                               |                          |
|                               | cial business dates)     |

| Signature on The |                      |
|------------------|----------------------|
| Department Head: | Date: <u>5723/23</u> |
| Committee Name:  | T TRAVEL Date:       |
| County Board:    | Date:                |
| ONLY OUT-OF-S    | STATE TRAVEL         |

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.



File #: FM-P-0069-23

**Agenda Date:** 6/6/2023

**Agenda #:** 17.C.

# AWARDING RESOLUTION ISSUED TO COMMERCIAL MECHANICAL, INC. FOR THE REPLACEMENT OF AIR HANDLING UNITS S-1, S-2, S-6 & S-8 AT THE DUPAGE CARE CENTER FOR FACILITIES MANAGEMENT (CONTRACT TOTAL NOT TO EXCEED \$3,250,500)

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

WHEREAS, the Public Works Committee recommends County Board approval for the issuance of a contract to Commercial Mechanical, Inc., for the replacement of air handling units S-1 & S-2 in Room G15, S-6 in Penthouse A and S-8 in Penthouse B at the Care Center, for the period of June 13, 2023, through November 30, 2024, for Facilities Management; and

WHEREAS, the County Board has determined that the replacement air handling units S-1 & S-2 in Room G15, S-6 in Penthouse A and S-8 in Penthouse B at the Care Center is consistent with the specifications and guidance offered for which American Rescue Plan Act funds can be expended; and

NOW, THEREFORE BE IT RESOLVED, that County Contract, covering said for the replacement of Air Handling Units S-1 & S-2 in Room G15, S-6 in Penthouse A and S-8 in Penthouse B at the DuPage Care Center, for the period June 13, 2023, through November 30, 2024, for Facilities Management, be, and it is hereby approved for issuance of a contract by the Procurement Division to, Commercial Mechanical, Inc., 50 North First Street, Dunlap, IL 51525, for a contract total amount not to exceed \$3,250,500, per lowest responsible bid #23-056-FM. (CDBG Funded & ARPA Funded)

Enacted and approved this 13<sup>th</sup> day of June, 2023, at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD

Attest:

JEAN KACZMAREK, COUNTY CLERK



| General Tracking            |                               | Contract Terms                |   |  |  |  |
|-----------------------------|-------------------------------|-------------------------------|---|--|--|--|
| FILE ID#:                   | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS:   | INITIAL TERM TOTAL COST:                  |  |  |  |
| 23-1920                     | 23-056-FM                     |                               | \$3,250,500.00                            |  |  |  |
| COMMITTEE:                  | TARGET COMMITTEE DATE:        | PROMPT FOR RENEWAL:           | CONTRACT TOTAL COST WITH ALL<br>RENEWALS: |  |  |  |
| PUBLIC WORKS                | 06/06/2023                    |                               | \$3,250,500.00                            |  |  |  |
|                             | CURRENT TERM TOTAL COST:      | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD:                      |  |  |  |
|                             | \$3,250,500.00                |                               | INITIAL TERM                              |  |  |  |
| Vendor Information          |                               | Department Information        |   |  |  |  |
| VENDOR:                     | VENDOR #:                     | DEPT:                         | DEPT CONTACT NAME:                        |  |  |  |
| Commercial Mechanical, Inc. | 13285                         | Facilities Management         | Gavin Carroll                             |  |  |  |
| VENDOR CONTACT:             | VENDOR CONTACT PHONE:         | DEPT CONTACT PHONE #:         | DEPT CONTACT EMAIL:                       |  |  |  |
| Mike Campeggio              | 309-243-7768 Ext. 237         | x2687                         | gavin.carroll@dupageco.org                |  |  |  |
| VENDOR CONTACT EMAIL:       | VENDOR WEBSITE:               | DEPT REQ #:                   | 1   |  |  |  |
| Mike@cmipiping.com          |                               |                               |   |  |  |  |

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 to Commercial Mechanical, Inc., for the Replacement of Air Handling Units S-1 & S-2 in Room G15, S-6 in Penthouse A and S-8 in Penthouse B at the Care Center, for Facilities Management, for the period June 13, 2023, through November 30, 2024, for a total contract amount not to exceed \$3,250,500 (\$1,900,000 CDBG Funded & \$1,350,500 ARPA Funded), per lowest responsible bid #23-056-FM. PARTIAL ARPA ITEM

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Air handling units are necessary to provide the conditioned air for the building, the existing units (AHU's S-1, S-2, S-6 and S-8) have outlived their useful life and need to be replaced.

# 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   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| STRATEGIC IMPACT                             | Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.  |  |  |  |  |  |  |
| SOURCE SELECTION                             | Describe method used to select source.   |  |  |  |  |  |  |
| RECOMMENDATION<br>AND<br>TWO<br>ALTERNATIVES | Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). |  |  |  |  |  |  |

|                                  | 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<br>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.               |

| Send Pur                       | chase Order To:              | Send Invoices To:           |   |  |  |  |
|--------------------------------|------------------------------|-----------------------------|---|--|--|--|
| Vendor:                        | Vendor#:                     | Dept:                       | Division:                                   |  |  |  |
| Commercial Mechanical, Inc.    | 13285                        | Facilities Management       |   |  |  |  |
| Attn:<br>Mike Campeggio        | Email:<br>Mike@cmipiping.com | Attn:                       | Email:<br>FMAccountsPayable@dupageco.o<br>g |  |  |  |
| Address:                       | City:                        | Address:                    | City:                                       |  |  |  |
| 50 North First Street          | Dunlap                       | 421 N. County Farm Road     | Wheaton                                     |  |  |  |
| State:                         | Zip:                         | State:                      | Zip:  |  |  |  |
| IL                             | 61525                        | IL                          | 60187                                       |  |  |  |
| Phone:                         | Fax:                         | Phone:                      | Fax:  |  |  |  |
| 309-243-7768 Ext. 237          | 309-243-9842                 | 630-407-5700                | 630-407-5701                                |  |  |  |
| Send                           | Payments To:                 | Ship to:                    |   |  |  |  |
| Vendor:                        | Vendor#:                     | Dept:                       | Division:                                   |  |  |  |
| Commercial Mechanical, Inc.    | 13285                        | Facilities Management       |   |  |  |  |
| Attn:                          | Email:                       | Attn:                       | Email:                                      |  |  |  |
| Diane Powers                   | Diane@cmipiping.com          | Gavin Carroll               | gavin.carroll@dupageco.org                  |  |  |  |
| Address:                       | City:                        | Address:                    | City:                                       |  |  |  |
| P.O. Box 368                   | Dunlap                       | 400 N. County Farm Rd.      | Wheaton60187                                |  |  |  |
| State:                         | Zip:                         | State:                      | Zip:  |  |  |  |
| IL                             | 61525                        | IL                          | 60187                                       |  |  |  |
| Phone:<br>309-243-7768 Ext.214 | Fax:                         | Phone:<br>630-918-4933      | Fax:  |  |  |  |
| S                              | hipping                      | Cor                         | ntract Dates                                |  |  |  |
| Payment Terms:                 | FOB:                         | Contract Start Date (PO25): | Contract End Date (PO25):                   |  |  |  |
| PER 50 ILCS 505/1              | Destination                  | Jun 13, 2023                | Nov 30, 2024                                |  |  |  |

|  |     |     |                            |                                 | Purchas | se Requis    | ition Lin | e Details |                             |              |              |
|--|-----|-----|----------------------------|---------------------------------|---------|--------------|-----------|-----------|-----------------------------|--------------|--------------|
| LN   | Qty | UOM | ltem Detail<br>(Product #) | Description                     | FY      | Company      | AU        | Acct Code | Sub-Accts/<br>Activity Code | Unit Price   | Extension    |
| 1  | 1   | LO  |                            | Building Improvements -<br>CDBG | FY23    | 1200         | 2040      | 54010     |                             | 300,000.00   | 300,000.00   |
| 2  | 1   | LO  |                            | Building Improvements -<br>CDBG | FY24    | 1200         | 2040      | 54010     |                             | 1,588,250.00 | 1,588,250.00 |
| 3  | 1   | LO  |                            | Building Improvements -<br>ARPA | FY24    | 1100         | 1215      | 54010     | 2206004                     | 1,066,750.00 | 1,066,750.00 |
| 4  | 1   | LO  |                            | Contingency - CDBG              | FY24    | 1200         | 2040      | 54010     |                             | 11,750.00    | 11,750.00    |
| 5  | 1   | LO  |                            | Contingency - ARPA              | FY24    | 1100         | 1215      | 54010     | 2206004                     | 283,750.00   | 283,750.00   |
| FY is required, assure the correct FY is selected.       Requisition Total |     |     |                            |                                 |         | 3,250,500.00 |           |           |                             |              |              |

|                      | Comments  |  |  |  |  |  |  |
|----------------------|---|--|--|--|--|--|--|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>AHU Replacement at Care Center (CDBG & ARPA)   |  |  |  |  |  |  |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>Send PO to Cathie Figlewski, Christine Kliebhan, Katie Boffa and Clara Gomez |  |  |  |  |  |  |
| INTERNAL NOTES       | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.<br>PW: 6/6/23 CB: 6/13/23   |  |  |  |  |  |  |
| 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


#### THE COUNTY OF DUPAGE FINANCE - PROCUREMENT DUPAGE COUNTY CARE CENTER AHU REPLACEMENTS 23-056-FM BID TABULATION

|      |  |     |     | $\checkmark$                 |      |                                    |     |                         |                                    |                        |                   |  |
|------|--|-----|-----|------------------------------|------|------------------------------------|-----|-------------------------|------------------------------------|------------------------|-------------------|--|
|      |  |     |     | COMMERCIAL<br>MECHANICAL, II |      | MG MECHANICAL<br>CONTRACTING, INC. | VOR | RIS MECHANICAL,<br>INC. | BER MECHANICAL<br>INTRACTORS, INC. | AMS INDUSTRIES,<br>INC | IDEAL HEATING CO. | FLO-TECH<br>MECHANICAL<br>SYSTEMS INC. |
|      | ITEM   | UOM | QTY | PRICE                        |      | PRICE                              |     | PRICE                   | PRICE                              | PRICE                  | PRICE             | PRICE                                  |
| Base | Bid  |     |     |                              |      |                                    |     |                         |                                    |                        |                   |  |
| 1    | Room G-15 and Penthouse A and B                    | LS  | 1   | \$ 2,905,00                  | 0.00 | \$ 3,268,000.00                    | \$  | 3,360,500.00            | \$<br>3,647,000.00                 | \$ 3,677,020.00        | \$ 3,790,000.00   | \$<br>4,636,000.00                     |
| 2    | Allowances (General Use – Construction<br>Manager) | LS  | 1   | \$ 50,00                     | 0.00 | \$ 50,000.00                       | \$  | 50,000.00               | \$<br>50,000.00                    | \$ 50,000.00           | \$ 50,000.00      | \$<br>50,000.00                        |
|      | BASE BID TOTAL                                     |     |     | \$ 2,955,00                  | 0.00 | \$ 3,318,000.00                    | \$  | 3,410,500.00            | \$<br>3,697,000.00                 | \$ 3,727,020.00        | \$ 3,840,000.00   | \$<br>4,686,000.00                     |
| Alte | rnate No. 1  |     |     |                              |      |                                    |     |                         |                                    |                        |                   |  |
| 3    | Room G-16C (AHU-S-4)                               | LS  | 1   | \$ 327,00                    | 0.00 | \$ 347,000.00                      | \$  | 363,000.00              | \$<br>369,000.00                   | \$ 388,061.00          | \$ 371,000.00     | \$<br>335,000.00                       |
| Alte | rnate No. 2  |     |     |                              |      |                                    |     |                         |                                    | •                      | •                 |  |
| 4    | Room 1209 (AHU-S-1)                                | LS  | 1   | \$ 229,00                    | 0.00 | \$ 220,000.00                      | \$  | 260,300.00              | \$<br>274,500.00                   | \$ 229,699.00          | \$ 330,000.00     | \$<br>210,000.00                       |
| Alte | rnate No. 3  |     |     |                              |      |                                    |     |                         |                                    | •                      | •                 |  |
| 5    | Room 3213 (AHU-S-2)                                | LS  | 1   | \$ 177,00                    | 0.00 | \$ 130,000.00                      | \$  | 157,600.00              | \$<br>174,500.00                   | \$ 184,069.00          | \$ 283,000.00     | \$<br>140,000.00                       |
|      | GRAND TOTAL \$ 3,688,000.0                         |     |     |                              | 0.00 | \$ 4,015,000.00                    | \$  | 4,191,400.00            | \$<br>4,515,000.00                 | \$ 4,528,849.00        | \$ 4,824,000.00   | \$<br>5,371,000.00                     |

NOTES
1) The Department is requesting a 10% contingency. The request is for Commercial Mechanical, Inc. Base Bid total of \$2,955,000.00 + contingency of (\$2,955,000.00 x 10%) \$295,500.00 = total request of \$3,250,500.00.

| Bid Opening 05/24/2023 @ 11:00 PM  | VC, NE |
|------------------------------------|--------|
| Invitations Sent                   | 313    |
| Total Vendors Requesting Documents | 0      |
| Total Bid Responses                | 7      |

#### **BID PRICING**

The undersigned hereby proposes to provide all labor, services, and materials necessary to replace AHU-S-1 Room G-15, AHU-S-2 Room G-15, AHU-S-6 Penthouse A, AHU-S-8 Penthouse B, AHU-S-1 (Mech Room 1209), AHU-S-2 (Mech Room 3213), and AHU-S-4 (Mech Room G-16C) at Kenneth Moy DuPage Care Center, according to the Drawings and specifications for a complete working system.

#### Base Bid

|                   | ITEM   | UOM                 | QTY          | PRICE                  |
|-------------------|--|---------------------|--------------|------------------------|
| 1.                | Room G-15 and Penthouse A and B<br>(Includes all work in the drawings) | LS                  | 1            | \$ <i>2,905,00</i> 0.* |
| 2.                | Allowances (General Use – Construction Manager)                        | LS                  | 1            | \$ 50,000.00           |
|                   |  | GRAN                | D TOTAL      | \$ 2, 955,000.*        |
| GRANE<br>(In word | Swo Willion, Teme ( undred Rife  | ty Live             | Show         | sand + 1/100-          |
| NO                | ITEM   | UOM                 | QTY          | PRICE                  |
| 2.                | Room G-16C (AHU-S-4)   | LS                  | 1            | \$ 327,000.00          |
| GRANE<br>(In word |  | Show                | pand +       | 0/100                  |
| NO                | ITEM   | UOM                 | QTY          | PRICE                  |
| 0                 | Room 1209 (AHU-S-1)  | LS                  | 1            | \$ 229,000. ª          |
| 3.                |  |                     |              | da 1,000.              |
|                   | TOTAL Jus Sundred Swenty Time 7  | housa               | nda          | 00/100                 |
| GRANE             | (s) Sus Sundred Swenty Thine)  | housa               | ndq          | 00/100                 |
| GRANE<br>(In word | (s) Sus Sundred Swenty Thine)  | <i>housa</i><br>uom | nol 4<br>QTY | 00/<br>//00<br>PRICE   |
| GRANE<br>(In word | (s) Swo Sundred Swenty Thine T   |                     |              | 00/100                 |

THE COUNTY OF DUPAGE DUPAGE COUNTY CARE CENTER AHU REPLACEMENT 23-056-FM PAGE 19 of 39

#### SIGNATURE PAGE

The Contractor agrees to provide the service, and/or supplies as described in this solicitation and subject, without limitation, to all specifications, terms, and conditions herein contained. Bidder shall acknowledge receipt of each addendum issued in the space provided on the bid form.

| X Signature on file  |                               |
|--|-------------------------------|
| (Signature and Title) Patrick A. Pryde, President  |                               |
|  |                               |
|  |                               |
|  | CORPORATE SEAL (If available) |
|  |                               |
|  |                               |
| BID MUST BE SIGNED AND NOTARIZED (WITH SEAL) FOR (   | CONSIDERATION                 |
|  |                               |
|  |                               |
| Subscribed and sworn to before me this <u>24th</u> day of <u>May</u>   | AD, 20 <u>_23</u>             |
| Signature on file  |                               |
| My Commission Expires: March 2   | 6, 2025                       |
| (Notary Public)<br>(Notary Public)<br>LLOYE L. POND<br>OFFICIAL SEAL<br>Notary Public - State Of Illinois<br>My Commission Expires<br>March 26, 2025 |                               |
|  | 1                             |

SEAL

#### MANDATORY FORM

#### **DUPAGE COUNTY AHU REPLACEMENT 23-056-FM**

#### (PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

|     | Full Name of Bidder  | Commercial Mechanical, Inc.                   |                  |                           |                                  |  |  |  |  |
|-----|--|---|------------------|---------------------------|----------------------------------|--|--|--|--|
|     | Main Business Address                                      |   |                  |                           |                                  |  |  |  |  |
|     |  | 50 N. First St., P.O. Box 368                 |                  |                           |                                  |  |  |  |  |
|     | City, State, Zip Code                                      | Dunlap, IL 61525                              |                  |                           |                                  |  |  |  |  |
|     | Telephone Number   | (309)243-7768                                 | Email<br>Address | Mike@cmipiping.com        |                                  |  |  |  |  |
|     | Bid Contact Person   | Mike Campeggio                                |                  |                           |                                  |  |  |  |  |
| The | undersigned certifies that<br>the Owner/Sole<br>Proprietor | a Member authorized to sign on behalf of the  | X an             | Officer of the 🖵          | a Member of the Joint<br>Venture |  |  |  |  |
| Hei | ,  | Partnership<br>and that the members of the Pa |                  |                           | on are as follows:               |  |  |  |  |
| Pa  | trick A. Pryde, President                                  |   | Jason            | B. Cook, Vice President   |                                  |  |  |  |  |
|     | (President or Pa   | rtner)  |                  | (Vice-Preside             | ent or Partner)                  |  |  |  |  |
| Mic | chael A. Campeggio, Secre                                  | etary/Treasurer                               | Micha            | el A. Campeggio, Secretar | ry/Treasurer                     |  |  |  |  |
|     | (Secretary or Par  | rtner)  |                  | (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. 1, 2, , 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 therein prescribed.

Further, the undersigned 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 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 he has examined and carefully prepared this bid and has 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 he 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 he will take in full payment therefore the sums set forth in the bidding schedule (subject to unit quantity adjustments based upon actual usage).

#### CONTRACT ADMINISTRATION INFORMATION:

| CORRESPON  | DENCE TO CONTRACTOR:             | REMIT TO CO | NTRACTOR:                   |
|--|----------------------------------|-------------|-----------------------------|
| NAME   | NAME Commercial Mechanical, Inc. |             | Commercial Mechanical, Inc. |
| CONTACT  | Mike Campeggio                   | CONTACT     | Diane Powers                |
| ADDRESS  | 50 N. First Street               | ADDRESS     | P.O. Box 368                |
| CITY ST ZIP  | Dunlap, IL 61525                 | CITY ST ZIP | Dunlap, IL 61525            |
| ТХ   | (309)243-7768 Ext. 237           | ТХ          | (309)243-7768 Ext. 214      |
| FX   | (309)243-9842                    | FX          | (309)243-9842               |
| EMAIL  | Mike@cmipiping.com               | EMAIL       | Diane@cmipiping.com         |
| COUNTY BILL  | TO INFORMATION:                  | COUNTY SHI  | P TO INFORMATION:           |
| 421 North Cour<br>Wheaton, IL 60<br>TX: (630) 407- | 187                              |             |                             |

#### ALL MATERIALS MUST BE BID AND SHIPPED F.O.B. DELIVERED (FREIGHT INCLUDED IN PRICE)

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

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

Bid/Contract/PO #: 23-056-FM

| Company Name: Commercial Mechanical, Inc. | CompanyContact: Mike Campeggio    |
|---|-----------------------------------|
| Contact Phone: (309)243-7768 Ext. 237     | Contact Email: Mike@cmipiping.com |

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

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of \$25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

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

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

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

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

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

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

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

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

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

https://www.dupageco.org/CountyBoard/Policies/

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

| Authorized Signature |                  |
|----------------------|------------------|
| Printed Name         | Patrick A. Pryde |
| Title                | President        |
| Date                 | May 24, 2023     |

Attach additional sheets if necessary. Sign each sheet and number each page. PAGE 1 OF 1 (total number of pages)



**File #:** FM-CO-0071-23

**Agenda Date:** 6/6/2023

Agenda #: 17.B.

### AMENDMENT TO RESOLUTION FM-P-0269-22 ISSUED TO LAMP, INC FOR PROFESSIONAL CONSTRUCTION MANAGER AS ADVISOR SERVICES FOR FACILITIES MANAGEMENT (INCREASE CONTRACT \$1,229,246)

WHEREAS, the County of DuPage ("COUNTY") and Lamp, Inc. ("CONSTRUCTION MANAGER") entered into an Agreement under Resolution FM-P-0269-22 ("AGREEMENT"), which was adopted and approved by the County Board on September 27, 2022 to provide professional construction management as advisor services; and

WHEREAS, the COUNTY and CONSTRUCTION MANAGER have further identified additional work, both ARPA and Non-ARPA funding that would be beneficial for the County to undertake at this time; and

WHEREAS, construction management services are required for HVAC replacement work to completed at the Care Center for air handler units S-1 (Mechanical Room 1209), S-2 (Mechanical Room 3213), & S-4 (Mechanical Room G16C); and

WHERAS, the County Board has determined that security, building code, and ADA improvements are required to be completed in the County Board Room at the JTK Administration Building; and

WHEREAS, the Project requires Professional Construction Manager as Advisor Services ("Construction Manager") to establish procedures for expediting, directing, and monitoring construction of all the work to be completed; and

WHEREAS, Lamp, Inc., is in the business of providing Professional Construction Manager as Advisor Services; and

WHEREAS, the COUNTY and Lamp, Inc. have agreed to increase the contract amount by \$1,229,246, taking the amended contract amount of \$4,865,131 resulting in a new amended contract amount not to exceed \$6,094,377, 25.27% increase; and

WHEREAS, the County selected the Construction Manager for this work in accordance with the Professional Services Selection Process in compliance with 50 ILCS 510/.01 *et seq.* and Section 2-353 of the DuPage County Procurement Ordinance; and

NOW, THEREFORE, BE IT RESOLVED that the DuPage County Board adopts Change Order Notice, dated May 19, 2023, to County Contract [Purchase Order] #6042-0001 SERV, issued to Lamp, Inc., to provide professional construction manager as advisor services, for ARPA funded and non-ARPA funded Campus Improvements; and

BE IT FURTHER RESOLVED that the DuPage County Clerk be directed to transmit certified copies of this Resolution and attached Change Order Request Form amending contract 6042-0001 SERV to Lamp, Inc. 460 North Grove Avenue, Elgin, IL 60120, Tim Harbaugh/Facilities Management Department, and Nick Alfonso/State's Attorney's Office.

Enacted and approved this 13<sup>th</sup> day of June, 2023 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD

Attest:

JEAN KACZMAREK, COUNTY CLERK



Date:

May 19, 2023

| 1 | will up |
|---|---------|
| 6 |         |
| 1 |         |
| 1 |         |

# Request for Change Order Procurement Services Division

| Att   | tach copies of all   | prior Change C  | Orders   | Mi   | nuteTraq (IQM2) IE  | D #: 23-1923                                  |
|---|--|---|--|--|---|---|
| Purchase Order  | #:6042-0001 SEF  | RV Original Pu<br>Order Date  |  | Change Order #: 5  | Department: Fa  | acilities Management                          |
| Vendor Name: L  | amp, Inc.  |   |  | Vendor #: 40582  | Dept Contact: 1   | ïm Harbaugh                                   |
| Background<br>and/or Reason<br>for Change<br>Order Request: | at the Care Ce<br>Room G16C) a<br>Improvement<br>in the amoun<br>contract total<br>Add new line: | enter for air ha<br>at the Care Ce<br>is in the Count<br>t of \$1,229,244<br>amount not t<br>Building Imp | andler units S-1 (Mec<br>nter [ARPA Funded],<br>ty Board room at the<br>6, taking the original<br>to exceed \$6,094,377<br>provements - DPCC 1 | ects to the Scope of Work,<br>hanical Room 1209), S-2 ( <i>I</i><br>and improve the security,<br>JTK building [Infrastructu<br>contract amount of \$4,86<br>, an increase of 25.27%. P/<br>100-1215-54010-2302004-<br>54010-2302004-54010 \$14 | Mechanical Roor<br>, building code u<br>ure Funded], and<br>5,131 and result<br>ARTIAL ARPA<br>4-54010 \$834,89 | to increase the contract ing in a new amended |
|   |  |   |  | 220-54010-2300801 \$247,   |   |   |
| 1   |  |   |  | WITH 720 ILCS 5/33E-9  |   |   |
| 🔀 (A) Were not r  | easonably fores  | eeable at the tir   | me the contract was sig  | jned.  |   |   |
|   | e is germane to i  | -   | -  |  |   |   |
| 🔀 (C) is in the be  | est interest for th  | e County of Du  | Page and authorized b  |  |   |   |
|   |  |   | INCREAS  | E/DECREASE   |   |   |
| A Starting cor  | ntract value   |   |  |  |   | \$4,865,131.00                                |
| B Net \$ chang  | ge for previous C  | hange Orders  |  |  |   | \$0.00  |
| C Current con   | tract amount (A  | + B)  |  |  |   | \$4,865,131.00                                |
| D Amount of t   | this Change Ord  | er  | 🔀 Increase   | Decrease   |   | \$1,229,246.00                                |
| E New contra  | ct amount (C + E   | )}  |  |  |   | \$6,094,377.00                                |
| F Percent of c  | urrent contract v  | value this Chan   | ge Order represents (D   | / C)   |   | 25.27%  |
| G Cumulative  | percent of all Ch  | ange Orders (B  | +D/A); (60% maximum or   | construction contracts)  |   | 25.27%  |
|   |  |   | DECISION MEN   | IO NOT REQUIRED  |   |   |
| Cancel entire   |  | Clo   | ose Contract   | Contract Extension   | (29 days)   | Consent Only                                  |
| <br>Increase/Decre  | ease quantity fro  | )m:   | to:  |  |   |   |
| Price shows:  |  |   | should be:   |  |   |   |
| Decrease rema   | aining encumbra<br>tract   |   | rease encumbrance<br>I close contract  | Decrease encu  | mbrance   | Increase encumbrance                          |
|   |  |   | DECISION M   | EMO REQUIRED   |   |   |
| Increase (great   | ter than 29 days)  | contract expira   |  | to:  |   |   |
| ∑ Increase ≥ \$2,5<br>OTHER - explai                        |  | of current con  | tract amount 🔀 Fun   | ding Source ARPA & Infrasti  | ructure   |   |
|   |  |   |  |  |   |   |
|   |  |   |  | 1  |   |   |
| F   |  | 5665  | May 19, 2023   | <ul> <li>Signature on file</li> </ul>  |   |   |
| Prepared By (Initial  | ls)  | Phone Ext   | Date   | Recommended for Approv   | al (Initials) Phon  | e Ext Date                                    |
|   |  |   | <b>REVIEWED B</b>  | Y (Initials Only)  |   |   |
|   |  |   |  |  |   | 10/1/02                                       |
| luyer   |  |   | Date   | Brogwanner   |   |   |
| ayer  |  |   | Date   | Procurement Officer  |   | 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:      | May 19, 2023 |
|------------------------|------------|--------------|
| MinuteTraq (IQN        | /12) ID #: | 23-1923      |
| Department Requisition | n #:       |              |

| Requesting Department: Facilities Management | Department Contact: Tim Harbaugh |  |
|--|----------------------------------|--|
| Contact Email: tim.harbaugh@dupageco.org     | Contact Phone: x5670             |  |
| Vendor Name: Lamp, Inc.                      | Vendor #: 40582                  |  |

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

Change order to add the following capital projects to the Scope of Work, HVAC replacement work to completed at the Care Center for air handler units S-1 (Mechanical Room 1209), S-2 (Mechanical Room 3213), & S-4 (Mechanical Room G16C) at the Care Center [ARPA Funded], and improve the security, building code, upgrades and ADA improvements in the County Board room at the JTK building [Infrastructure Funded], and to increase the contract in the amount of \$1,229,246, taking the original contract amount of \$4,865,131 and resulting in a new amended contract total amount not to exceed \$6,094,377, an increase of 25.27%. PARTIAL ARPA

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

This agreement with Lamp, Inc. is for Professional Construction Manager as Advisor Services, for the JTK Administration Building HVAC Replacement, Care Center HVAC Replacement and Pre-Construction Services for Facilities Management. Two capital projects have been identified as needing improvements; the HVAC replacement work to completed at the Care Center for air handler units S-1 (Mechanical Room 1209), S-2 (Mechanical Room 3213), & S-4 (Mechanical Room G16C) at the Care Center, and improve the security, building code upgrades, and ADA improvements in the County Board room at the JTK building,

#### Strategic Impact

Financial Planning

Select one of the six strategic imperatives in the County's Strategic Plan this action will most impact and provide a brief explanation.

Staff is working at maximum work load to manage majority of the construction projects on campus.

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

A request for a Statement of Interest was issued for a Professional Construction Manager as Advisor Services for the 421 JTK Administration Building, 400 Care Center Facility and 410 Power Plant; four firms responded and three Construction Manager as Advisor firms were interviewed. Lamp Inc. was determined to possess the qualified staff to provide these Professional Construction Manager as Advisor Services

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

1) Staff recommends approval of a Professional Construction Manager as Advisor Services contract with Lamp Inc., for the air handler replacement project at the Care Center and and improvement to the County Board room in the JTK Building for Facilities Management.

2) Select another firm. However, staff does not recommend this, and has determined that Lamp Inc. possesses the qualified engineering staff to provide these services on behalf of the County. A Construction Manager is need because of the Capital Projects Facilities Management is undertaking.

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.

The HVAC replacement project at the Care Center is fully ARPA funded and the County Board room improvements are funded from the County Infrastructure fund.

# **AIA** Document G701° – 2017

# **Change Order**

PROJECT: (Name and address) County of DuPage (Multiple Tasks)

**OWNER:** (Name and address) County of DuPage 421 N. County Farm Road Wheaton, IL 60187

CONTRACT INFORMATION: Contract For: Lamp Incorporated Date: June 1, 2022

**ARCHITECT:** (Name and address) Kluber, Inc. 41 W. Benton Street Aurora, IL 60506

Wight & Company 2500 N. Frontage Rd. Darien, IL 60561

CHANGE ORDER INFORMATION: Change Order Number: 001 Date: June 13, 2023

**CONTRACTOR:** (Name and address) Lamp Incorporated 460 North Grove Avenue Elgin, IL 60120

#### THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Addition of the following tasks:

Task 8: 400 Building (Care Center) - AHU 1, 2, 4 - Trade Contractor Bids and Construction Management Services -AHU S-1 (Rm 1209), AHU S-2 (Rm 3213), AHU S-4 (Rm G-16C)

Task 9: 421 Building (Administration Bldg.) - County Board Room Improvements

Addition of the following language:

Unspent dollars for each task under the contract will move to contingency.

Contingency dollars may be expended for general campus facilities improvements, under a written change order approved by the Deputy Director of Facilities of his designee.

| The original Contract Sum was  | \$ 4,865,131.00 |
|--|-----------------|
| The net change by previously authorized Change Orders                    | \$ 0.00         |
| The Contract Sum prior to this Change Order was                          | \$ 4,865,131.00 |
| The Contract Sum will be increased by this Change Order in the amount of | \$ 1,229,246.00 |
| The new Contract Sum including this Change Order will be                 | \$ 6.094.377.00 |
|  |                 |

The Contract Time will be increased by Zero (0) days. The new date of Substantial Completion will be December 2024

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

#### NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

| N/A                    | Lamp/Incorporated      | County of DuPage       |
|------------------------|------------------------|------------------------|
| ARCHITECT (Firm name)  | CONTRACTOR (Firm name) | OWNER (Firm name)      |
|                        | Signature on file      |                        |
| SIGNATURE              | SIGNATURE              | SIGNATURE              |
| -                      | Lan C-Lamp, Hesiden    | -                      |
| PRINTED NAME AND TITLE | PRINTED NAME AND TITLE | PRINTED NAME AND TITLE |
|                        | 5/25/2023              |                        |
| DATE                   | DATE                   | DATE                   |

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1

# The County of DuPage

# 400 Building AHU - 1, 2, 4

Trade Contractor Bids and Construction Management Services AHU S-1(Rm 1209), AHU S-2(Rm 3213), AHU S-4(Rm G-16C)

> PROJECT BUDGET (Task #8) The County of DuPage Project #23-056-FM



May 16, 2023

| PKG # | TRADE PACKAGE                                  |    | BUDGET  |
|-------|--|----|---------|
|       |  |    |         |
| 23A-1 | HVAC   | \$ | 733,000 |
|       |  |    |         |
|       | TRADE PACKAGE SUBTOTAL                         | \$ | 733,000 |
|       | Preconstruction                                | ¢  | 7 500   |
|       |  | +  | 7,500   |
|       | General Conditions (Supervision)               |    | 42,110  |
|       | Project General Conditions                     |    | 19,200  |
|       | Kluber A+E - Architectural Fees (Construction) |    |         |
|       | Performance Bond                               |    |         |
|       | Construction Management Fee (4.0%)             | \$ | 32,072  |
|       | Insurance (1.0%)                               |    | 1,009   |
|       | SUBTOTAL (Lamp Incorporated Services)          | \$ | 101,891 |
|       | Construction Contingency (20%)                 | \$ | 146,600 |
|       | Escalation (5%)                                | \$ | -       |
|       | SUBTOTAL                                       | \$ | 146,600 |
|       | Owner Costs (Permits, Testing, etc.)           | \$ |         |
|       |  | •  |         |
|       | Commissioning                                  | -  |         |
|       | FF&E   |    | Owner   |
|       | SUBTOTAL                                       | \$ | -       |
|       |  |    |         |

PROJECT TOTAL \$ 981,491

# The County of DuPage

# Jack T. Kneupfer Administration Building County Board Room Improvements

# PROJECT BUDGET (Task #9) The County of DuPage Project #TBD



May 24, 2023

| PKG # | TRADE PACKAGE                 | BUDGET        |
|-------|-------------------------------|---------------|
|       |                               |               |
| 06A-1 | General Trades                | \$ 28,204     |
| 08B-1 | Aluminum, Glass, & Glazing    | \$ 65,000     |
| 09A-1 | Drywall                       | \$ 16,250     |
| 09D-1 | Acoustic Ceiling              | *Not Required |
| 09F-1 | Flooring                      | \$ 18,675     |
|       | Moisture Mitigation Allowance | \$ 7,000      |
| 09G-1 | Painting                      | *By Owner     |
| 12A-1 | Casework                      | \$ 40,000     |
| 21A-1 | Fire Protection (Allowance)   | \$ 4,600      |
| 22A-1 | Plumbing                      | *Not Required |
| 23A-1 | HVAC                          | \$ 6,900      |
| 26A-1 | Electrical                    | *By Owner     |
| 27A-1 | Low Voltage                   | *By Owner     |
| 27B-1 | Fire Alarm                    | *By Owner     |
|       |                               |               |

### TRADE PACKAGE SUBTOTAL \$ 186,629

| Preconstruction                                | \$  | -          |  |
|--|-----|------------|--|
| General Conditions (Supervision)               | \$  | 22,355     |  |
| Project General Conditions                     | \$  | 18,000     |  |
| Wight & Co - Architectural Fees (Construction) | *By | *By Owner  |  |
| Performance Bond                               | *No | t Required |  |
| Construction Management Fee (4.0%)             | \$  | 9,079      |  |
| Insurance (1.0%)                               | \$  | 2,361      |  |
| SUBTOTAL (Lamp Incorporated Services)          | \$  | 51,795     |  |
|  |     |            |  |
| Construction Contingency (15%)                 | \$  | 9,331      |  |
| Escalation (0.0%)                              | \$  | -          |  |
| SUBTOTAL                                       | \$  | 9,331      |  |
|  |     |            |  |
| Owner Costs (Permits, Testing, etc.)           | *By | Owner      |  |
| Commissioning                                  | *By | Owner      |  |
| FF&E   | *By | Owner      |  |
| SUBTOTAL                                       | \$  | -          |  |
|  |     |            |  |

PROJECT TOTAL \$ 247,755



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

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

Date: May 31, 2023

Bid/Contract/PO #:

| Company Name: Lamp Incorporated     | Company Contact: Ian C. Lamp     |  |
|-------------------------------------|----------------------------------|--|
| Contact Phone: (847) 741-7220 x 305 | Contact Email: ilamp@lampinc.net |  |

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

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of \$25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

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

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

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

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

| Lobbyists, Agents and Representatives and all individuals who are<br>or will be having contact with county officers or employees in<br>relation to the contract or bid | Telephone            | Email                    |
|--|----------------------|--------------------------|
| lan Lamp   | (847) 741-7220 x 305 | ilamp@lampinc.net        |
| Chad Alexander   | (847) 741-7220 x 320 | calexander@lampinc.net   |
| Thomas McGrath   | (847) 741-7220 x 322 | tmcgrath@lampinc.net     |
| Jay Schaack  | (847) 741-7220 x 308 | jschaack@lampinc.net     |
| Steven Lamp  | (847) 741-7220 x 311 | slamp@lampinc.net        |
| Maureen Weeks  | (847) 741-7220 x 310 | mweeks@lampinc.net       |
| Greg Lamp  | (847) 741-7220 x 304 | glamp@lampinc.net        |
| Bob Arnolde  | (224) 281-2657       | barnolde@lampinc.net     |
| Kari Christensen   | (847) 741-7220 x 315 | kchristensen@lampinc.net |

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

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

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

#### The full text for the county's ethics and procurement policies and ordinances are available at: http://www.dupageco.org/County/oard/Policies/

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

#### Authorized Signature 🦷 Signature on file

|              |             | 1 |   |  |
|--------------|-------------|---|---|--|
| Printed Name | lan C. Lamp |   | ) |  |
|              | •           |   |   |  |

| Title            | President  |    |                         |
|------------------|--|----|-------------------------|
| Date             | May 31, 2023   |    |                         |
| Attach additiona | al sheets if necessary. Sign each sheet and number each page. Page | of | (total number of pages) |



Informational

File #: 23-1999

Agenda Date: 6/6/2023

**Agenda #:** 12.C.



General 630-407-6900

Maintenance 630-407-6920

Permitting 630-407-6900

Trails/Paths 630-407-6900

# DIVISION OF TRANSPORTATION

630 407 6900 Tax: 630-407-6901 detroidupageco org

# MEMORANDUM

| TO:   | Nick Kottmeyer, P.E., Chief Administrative Officer<br>Jeffrey Martynowicz, Chief Financial Officer |  |  |  |
|-------|--|--|--|--|
| FROM: | Christopher C. Snyder, P.E.<br>Director of Transportation/County Engineer                          |  |  |  |
| DATE: | May 5, 2023  |  |  |  |
| RE:   | FY2023 and FY2024 Vehicle Replacements   |  |  |  |

Attached is the purchase requisition for two (2) vehicle replacements for the DuPage County Care Center. To meet the operational needs of this department, these vehicles have been requisitioned pursuant to FI-O-0056-22 and DT-R-0306B-22 approved by the County Board on October 25, 2022. These vehicles have been locally sourced and are available for immediate pick up. I am requesting your signature approvals for the Division of Transportation to process this purchase order for the FY2023 vehicle replacement.

Signature on File Date: <u>5/5/77</u> \_Date: <u>5/5/23</u> Approved Jeffrey Martynowicz Chief Financial Officer

Signature on File

Approved Nick Kottmeyer, P.E. Chief Administrative Officer

| Department          | Rpi Yr | Unicit | Year | Current-Make | Current<br>Madei | Proposed.<br>Medel | Estimated<br>Cost with<br>Discount | 6   | stintated<br>stur/out | Esi | FY 2023<br>limated Cost | Reg Rol Vehice            | Schooluled/Estimated<br>Delivery |
|---------------------|--------|--------|------|--------------|------------------|--------------------|------------------------------------|-----|-----------------------|-----|-------------------------|---------------------------|----------------------------------|
| Convalescent Center | FY2024 | CH-13  | 2011 | Ford         | E-250            | Transit            | \$ 85,00                           | 0\$ | 90,000                | Ś   | 90,000,00               | HIGH TOP TRANSIT W/WCHAIR | Net en ilsble te est             |
| Convalescent Center | FY2024 | CH-14  | 2010 | Ford         | E-250            | Transit            | \$ 85,00                           | 0\$ | 90,000                | •   |                         | HIGH TOP TRANSIT W/WCHAIR |                                  |



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

|   | SECTION 1:                               | DESCRIPTION                        |   |  |  |  |  |
|---|--|------------------------------------|---|--|--|--|--|
| General Tracking  |  | Contract Terms                     |   |  |  |  |  |
| MINUTETRAQ ID#:   | RFP, BID, QUOTE OR RENEWAL #:            | INITIAL TERM WITH RENEWALS:        | INITIAL TERM TOTAL COST:<br>\$176,600.00                  |  |  |  |  |
| COMMITTEE:  | TARGET COMMITTEE DATE:                   | PROMPT FOR RENEWAL:                | CONTRACT TOTAL COST WITH ALL<br>RENEWALS:<br>\$176,600.00 |  |  |  |  |
|   | CURRENT TERM TOTAL COST:<br>\$176,600.00 | MAX LENGTH WITH ALL RENEWALS:      | CURRENT TERM PERIOD:<br>INITIAL TERM                      |  |  |  |  |
| Vendor Information  | 6  | Department Information             |   |  |  |  |  |
| VENDOR:<br>Midwest Transit Equipment, Inc.                              | VENDOR #:<br>41757                       | DEPT:<br>DuPage County Care Center | DEPT CONTACT NAME:<br>Vinit Patel                         |  |  |  |  |
| VENDOR CONTACT:<br>Thomas Boldwin                                       | VENDOR CONTACT PHONE:<br>815-933-2412    | DEPT CONTACT PHONE #:<br>784-4273  | DEPT CONTACT EMAIL:<br>vinit.patel@dupageco.org           |  |  |  |  |
| VENDOR CONTACT EMAIL: VENDOR WEBSITE:<br>tom.boldwin@midwesttransit.com |  | 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.). The DuPage County vehicle replacement policy requires that a vehicle be in service a minimum of 12 years or have a minimum of 150,000 miles, and/ or must be assessed by a mechanic prior to being considered for replacement. These vehicles have been taken out of service due to mechanics assessment.

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

Each year as part of the budget process, the Division of Transportation will assess and recommend vehicles to be replaced for the upcoming fiscal year. Due to supply chain and reduced inventory, the County Board authorized the Division of Transportation to move forward with FY2023 and FY2024 vehicle replacement recommendations as soon as contract orders open.

#### 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 THAN LOWEST RESPONSIBLE BID

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. FINANCIAL PLANNING SOURCE SELECTION Describe method used to select source. The Division of Transportation chose Midwest Transit Equipment, Inc.in accordance with the DuPage County Procurement Ordinance - Section 2-355 - Circumstances not suitable for bld (extreme supply chain Interruption) and DT-R-03068-22. Available cooperatives are no longer accepting new vehicle orders. The vehicles being replaced has been taken out of service due to condition and in the interest of user safety. The DOT contacted three (3) vendors for vehicle availability and pricing. Midwest Transit Equipment, Inc. had a vehicle available and competitively priced. RECOMMENDATION Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including AND status quo, (I.e., take no action). TWO 1. Award a contract to Midwest Transit Equipment, Inc. This is the recommended option as Friendly Ford has provided pricing ALTERNATIVES competitive to closed cooperatives and other area dealers. The vehicle is immediately available.

|                                  | 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<br>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.               |

| Send Pure                                  | thase Order To:                          | Send Involces To:                    |   |  |  |  |
|--|--|--------------------------------------|---|--|--|--|
| Vendor:<br>Midwest Transit Equipment, Inc. | vendor#.                                 |                                      | Division:<br>DOT Finance                  |  |  |  |
| Attn:<br>Thomas Boldwin                    | Email:<br>tom.boldwin@midwesttransit.com | Attn:                                | Email:<br>DOTFinance@dupageco.org         |  |  |  |
| Address:<br>146 W. Issert Dr.              | City:<br>Kankakee                        | Address:<br>421 N. County Farm Road  | City:<br>Wheaton                          |  |  |  |
| State;<br>IL                               | Zlp:<br>60901                            | State:<br>IL                         | Zip:<br>60187                             |  |  |  |
| Phone:<br>630-824-8686                     | Fax:                                     | Phone:<br>630-407-6900               | Fax:<br>630-407-6901                      |  |  |  |
| Send Pa                                    | syments To:                              | Ship to:                             |   |  |  |  |
| Vendor:<br>same as above                   | Vendor#:                                 | Dept:<br>Division of Transportation  | Division:<br>Fleet Maintenance            |  |  |  |
| Attn:                                      | Email:                                   | Attn:<br>William Bell                | Email:<br>william.bell@dupageco.org       |  |  |  |
| Address:                                   | City:                                    | Address:<br>180 N. County Farm Road  | City:<br>Wheaton                          |  |  |  |
| State:                                     | Zip:                                     | State:<br>IL                         | Zip:<br>60187                             |  |  |  |
| Phone:                                     | Fax:                                     | Phone:<br>630-407-6931               | <b>Fax</b> :                              |  |  |  |
| Shi  | pping                                    | Con                                  | tract Dates                               |  |  |  |
| ayment Terms:<br>ER 50 ILCS 505/1          | FOB:<br>Destination                      | Contract Start Date (PO25);<br>05/01 | Contract End Date (PO25):<br>Nov 30, 2024 |  |  |  |

|       |         |           |                            |                               | Purcha | se Requisi | tion Lir | ne Details |                             |                      |            |
|-------|---------|-----------|----------------------------|-------------------------------|--------|------------|----------|------------|-----------------------------|----------------------|------------|
| LN    | Qty     | UOM       | ltem Detail<br>(Product #) | Description                   | FY     | Company    | AU       | Acct Code  | Sub-Accts/<br>Activity Code | Unit Price           | Extension  |
| 1     | 2       | EA        |                            | Ford Transit Wheel Chair Vans | FY23   | 1200       | 2040     | 54120      |                             | 88,300.00            | 176,600.0  |
| FY is | require | d, assure | the correct FY             | is selected.                  |        |            |          |            |                             | Requisition Total \$ | 176,600.00 |

|                      | Comments  |
|----------------------|---|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>(2) Ford Transit Wheel Chair Vans for the DuPage County Care Center.   |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>Vehicle Replacement Schedule<br>FY2024 - (2) Ford Transit Vans   |
| INTERNAL NOTES       | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.<br>Per Bill of Sale<br>Email copy of PO to DOTFinance@dupageco.org; william.bell@dupageco.org; vinit.patel@dupageco.org |
| 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

#### RETAIL ORDER FOR A NEW MOTOR VEHICLE

SELLER: MIDWEST TRANSIT EQUIPMENT INC. 146 W. ISSERT DR. KANKAKEE, IL 60901

PHONE NUMBER: 815-933-2412

PURCHASER: DUPAGE COUNTY 400 N. COUNTY FARM RD. WHEATON, IL 60167

CONTACT: BILL BELL

PHONE NUMBER: 630-921-0100

Please enter my order for the following vehicles:

#### TWO (2) 2023 FORD TRANSIT/FRV WHEELCHAIR VAN 8 PASSENGER/2 WHEELCHAIR

| ID #208267 | VIN# | 1FBAX2C82PKA37826 |
|------------|------|-------------------|
| 1D#208269  | VIN# | 1FBAX2C809KA37825 |

TOTAL PRICE

PRICE

\$ 88,300.00 EA.

\$176,600.00

DATE: MAY 1, 2023

Price includes all applicable fleet incentives and rebates. Price does not include any applicable license/title/registration fees Or taxes. These will be billed accordingly.

#### PAYMENT IS DUE AT TIME OF DELIVERY

ALL WARRANTIES, IF ANY, BY A MANUFACTURER OR SUPPLIER OTHER THAN SELLER ARE THEIRS, <u>NOT</u> SELLER'S AND ONLY SUCH MANUFACTURER OR OTHER SUPPLIER SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES, UNLESS SELLER FURNISHES BUYER WITH A SEPARATE WRITTEN WARRANTY OR SERVICE CONTRACT MADE BY SELLER ON ITS OWN BEHALF, SELLER HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE: (A) ON ALL GOODS AND SERVICES SOLD BY SELLER.

The two pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning same has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as appears in writing on the face of this agreement. I have read the matter printed on the second page and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am of legal age, and hereby acknowledge receipt of a copy of this order.

#### THIS ORDER IS A BINDING CONTRACT AND IS NON-CANCELABLE.

ACCEPTED BY: DUPAGE COUNTY

#### ACCEPTED BY: MIDWEST TRANSIT EQUIPMENT INC.

Signature on File

PURCHASER'S SIGNATURE

HRISTOPHER SNYDER PRINT NAME

DIRECTOR

TITLE

SELLERS AUTHORIZED REPRESENTATIVE DATE

THOMAS BOLDWIN PRINT NAME

DIRECTOR OF GOVERNMENTAL SALES

#### RETAIL ORDER FOR A MOTOR VEHICLE, CONTINUED

#### MOTOR VEHICLES

#### ADDITIONAL TERMS AND CONDITIONS

- As used in this order the Terms (a) "Seller" shall mean the Seller to whom this order is addressed and who shall become a party 1. hereto by its acceptance hereof. (b) "Purchaser" shall mean the party executing this order as such on the face hereof, and (c) "Manufacturer" shall mean the corporation that manufactured the vehicle or chassis, it being understood by Purchaser and Seller that Seller is in no respect the agent of Manufacturer, that Seller and Purchaser are the sole parties to this order and that reference to manufacturer herein is for the purpose of explaining generally certain contractual relationships existing between Seller and Manufacturer with respect to new motor vehicles.
- Manufacturer has reserved the right to change the design of any new motor vehicle, chassis, accessories or parts thereof at any time 2. without notice and without obligation to make the same or any similar change upon any motor vehicle, chassis, accessories or parts thereof previously purchases by or shipped to Seller or being manufactured or sold in accordance with Seller's orders. Correspondingly, in the event of any such change by Manufacturer, Seller shall have no obligations to Purchaser to make the same or any similar change in any motor vehicle, chassis, accessories or parts thereof covered this order either before or subsequent to delivery thereof to Purchaser.
- Seller shall not be liable for failure to deliver or delay in delivering the motor vehicle covered by this order where such failure or 3. delay is due, in whole or in part, to any cause beyond the control or without the fault or negligence of Seller.
- The price for the motor vehicle specified on the face of this order includes reimbursement for Federal Excise taxes, but does not 4. include sales taxes, use taxes or occupational taxes based on sales volume, (Federal, State, or Local) unless expressly so stated. Purchaser assumes and agrees to pay, unless prohibited by law, any such sales, use or occupational taxes imposed on or applicable to the transaction covered by this order, regardless of which party may have primary tax liability therefore.
- FACTORY WARRANTY: ANY WARRANTY ON ANY NEW VEHICLE OR USED VEHICLE STILL SUBJECT TO A 5. MANUFACTURER'S WARRANTY IS THAT MADE BY THE MANUFACTURER ONLY. THE SELLER HEREBY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

USED VEHICLE WHETHER OR NOT SUBJECT TO MANUFACTURER'S WARRANTY: UNLESS A SEPARATE WRITTEN INSTRUMENT SHOWING THE TERMS OF ANY SELLER'S WARRANTY OR SERVICE CONTRACT IS FURNISHED BY SELLER TO BUYER, THIS VEHICLE IS SOLD "AS IS - NOT EXPRESSLY WARRANTED OR GUARANTEED", AND THE SELLER HEREBY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

- PURCHASER SHALL NOT BE ENTITLED TO RECOVER FROM SELLER ANY CONSEQUENTIAL DAMAGES, 6. DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.
- The purchaser, before or at the time of delivery of the motor vehicle covered by this order will execute such forms of agreement or 7. documents as may be required by the terms and conditions of payment indicated on the front of this order.
- The purchaser agrees to take possession of equipment and pay for them upon delivery of vehicle(s) as provided on front page 8. within 10 days of notice that the equipment is ready for delivery.
- "New Motor Vehicle" is defined as a vehicle that has not been previously titled and with less than 500 miles at time of delivery to 9. purchaser.

Signature on File

Terms and conditions read, understood and agreed to by

Signature , Date: 5/5/23

LARISTOPHER SNYDER Printed Name

DUPAGE COUNTY



# VEHICLE REGISTRATION INFORMATION

Thank you for your purchase/lease of a vehicle(s) from Midwest Transit Equipment Inc. In order to accurately register/license/title your vehicle(s) we request the following information be provided.

| NAME VEHICLE IS TO BE REGISTERED IN:                   | DUPAGE COUNT         | Ϋ́Υ       |
|--|----------------------|-----------|
| STREET ADDRESS TO BE USED:                             | 400 N. COUNTY I      | FARM RD.  |
| PO BOX OR SUITE NUMBER IF APPLICABL                    | E                    |           |
|  | , STATE              | ZIP 60187 |
| PRINTED NAME OF PERSON COMPLETING<br>Signature on File | THIS FORM: LHRISTOPH | BZ SNYNDZ |
| TITLE <u>DIRECTOR</u>                                  | PHONE NUMBER: (#30   |           |

Note: Providing accurate information is paramount to insure proper registration, license and titling. It is the purchaser's responsibility to provide Midwest Transit Equipment with any changes of the information provided above prior to vehicle delivery and registration. Failure to do so will result in additional fees to the purchaser in the event changes are needed after the registration process has been submitted to the State.

RETURN THIS FORM TO YOUR MIDWEST TRANSIT SALES REPRESENTATIVE.



# CUSTOMER CASH PAYMENT AUTHORIZATION FORM

Revised 04/2005

| CHICTOMED DUROPHENE  |   |
|--|---|
| CUSTOMER INFORMATION   | INCENTIVE INFORMATION   |
| DUPAGE COUNTY  | Program Number Dollar Amount Customer's Initial   |
| First Name M.I. Last or Business Name  | 1. MOBILITY \$1,000.00 × US   |
| 1  | 2. <u>GPC</u> \$ 600.00 × US  |
| VEHICLE INFORMATION  | 3.  |
| 1FBAX2C80PKA37825       Vehicle Identification Number (VIN)   Delivery Date  | 4.  |
| CUSTOMER MUST SELECT AND SI  | SIGN OPTION "A" OR "B" BELOW  |
| IMPORTANT CUST<br>SIRIUS Satellite Radio - For vehicles equipped with the satellite radio option, custo<br>providing program benefits and activation services.   | TAMED NOTION  |
| <ul> <li>"A" Dealer Assignment (Use this section to assign payment to the dealer.)</li> <li>I. I acknowledge that I have taken delivery of the vehicle identified above.</li> <li>I assign payment of the Customer Cash Incentive(s) to the selling dealer.</li> <li>I acknowledge incentive(s) reflect as a reduction on the Bill of Sale or Lease.</li> <li>× Signature on File</li> </ul> | <ul> <li>"B" Direct Payment to Customer (Use this section to obtain payment direct from Ford.)</li> <li>1. 1 acknowledge that 1 have delivery of the vehicle identified above.</li> <li>2. Please mail check directly to me.</li> </ul> |
| A Signature of the    X Signature       Customer signature     /Date   | Customer Signature  |

I have read and understand the program rules and provisions and agree to comply with the requirements described therein. I certify that the above customer qualifies for program incentive(s). Records supporting the validity of this claim are available in this dealership for examination by Ford.

Authorized Dealership Signature

Date

Customer Signature Date
I have read and understand the program rules and provisions and agree to comply with
the requirements described therein. I certify that the above customer qualifies for
program incentive(s). Records supporting the validity of this claim are available in this
dealership for examination by Ford.

Authorized Dealership Signature

Date



# CUSTOMER CASH PAYMENT AUTHORIZATION FORM

Revised 04/2005

| CUSTOMER INFORMATION  |    | INCEN'         | TIVE INFORMA  | ΓΙΟΝ               |
|---|----|----------------|---------------|--------------------|
| DUPAGE COUNTY   |    | Program Number | Dollar Amount | Customer's Initial |
| First Name M.I. Last or Business Name   | 1. | MOBILITY       | \$1,000.00    | × us               |
|   | 2. | GPC            | \$ 600.00     | ×US                |
| VEHICLE INFORMATION   | 3. |                |               |                    |
| 1ER A V2C9201/ 402000   | 4. |                |               |                    |
| IFBAX2C82PKA37826           Vehicle Identification Number (VIN)           Delivery Date | 5. |                |               |                    |
|   | 6. |                |               |                    |

# CUSTOMER MUST SELECT AND SIGN OPTION "A" OR "B" BELOW IMPORTANT CUSTOMER NOTICE

SIRIUS Satellite Radio - For vehicles equipped with the satellite radio option, customer information will be provided to SIRIUS Satellite Radio for purposes of providing program benefits and activation services.

| "A" Dealer Assignment (Use this section to assign a   |  | "B" Direct Payment to Customer (L<br>Ford.)   |
|---|--|---|
| <ol> <li>I acknowledge that I have taken delivery of the veh</li> <li>I assign payment of the Customer Cash Incentive(s)</li> <li>I acknowledge incentive(s) reflect as a reduction or<br/>Signature on File</li> </ol> | ) to the selling dealer.<br>a the Bill of Sale or Lease. | <ol> <li>I acknowledge that I have delivery</li> <li>Please mail check directly to me.</li> </ol>   |
| Customer Signature  | × 5/5/23<br>Date   | Customer Signature  |
| I have read and understand the program rules and prov<br>the requirements described therein. I certify that the a<br>program incentive(s). Records supporting the validity<br>dealership for examination by Ford.       | bove customer qualifies for                              | I have read and understand the program<br>the requirements described therein. I c<br>program incentive(s). Records support<br>dealership for examination by Ford. |
| Authorized Dealership Signature   | Date   | Authorized Dealership Signature   |

| "B" Direct Payment to Customer (Use this section to obtain payment direct from Ford.)   |                                  |  |  |  |  |
|---|----------------------------------|--|--|--|--|
| <ol> <li>I acknowledge that I have delivery of the veh</li> <li>Please mail check directly to me.</li> </ol>  | icle identified above.           |  |  |  |  |
| Customer Signature  | Date                             |  |  |  |  |
| I have read and understand the program rules and<br>the requirements described therein. I certify that<br>program incentive(s). Records supporting the va-<br>dealership for examination by Ford. | the above customer qualifies for |  |  |  |  |
| Authorized Dealership Signature   | Date                             |  |  |  |  |





# **Required Vendor Ethics Disclosure Statement**

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

Date: May 1, 2023

Bid/Contract/PO #: Company Name: MIDWEST TRANSIT EQUIPMENT INC. Company Contact: TOM BOLDWIN

| Contact Phone: 800.933.2412 | Contact Email: tom.boldwin@midwesttransit.com |    |
|-----------------------------|---|----|
|                             |   | í. |

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

). Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of \$25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and polltical action committees to which the contracting person has made contributions

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

| Recipient | Donor | Description (e.g. cash, type of item, in-<br>kind services, etc.) | Amount/Value | Date Made |
|-----------|-------|---|--------------|-----------|
| -         |       |   |              | 1         |

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

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

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

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

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

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

The full text for the county's ethics and procurement policies and ordinances are available at: http://www.dupageco.org/CountyBoard/Policies/

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

| Authorized Signature | Signature on File              |  |
|----------------------|--------------------------------|--|
| Printed Name         | THOMAS BOLDWIN                 |  |
| Title                | DIRECTOR OF GOVERNMENTAL SALES |  |
| Date                 | May 1, 2023                    |  |
|                      |                                |  |

Attach additional sheets if necessary. Sign each sheet and number each page. Page of (total number of pages)

FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER