



DU PAGE COUNTY

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

Judicial and Public Safety Committee Regular Meeting Agenda

Tuesday, January 6, 2026

8:00 AM

County Board Room

1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIRWOMAN'S REMARKS - CHAIR EVANS

5. APPROVAL OF MINUTES:

5.A. [25-2914](#)

Judicial and Public Safety Committee- Regular Meeting Minutes- Tuesday, November 18, 2025

6. PROCUREMENT REQUISITIONS

6.A. [JPS-P-0004-26](#)

Recommendation for the approval of a contract purchase order to Northeast DuPage Family and Youth Services, to provide services to youths who are at risk of domestic violence and trauma, for the period of February 1, 2026 through January 31, 2027, for a contract total amount not to exceed \$33,000. Other Professional Services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Code Section 2-353(1)(b). (Probation and Court Services)

6.B. [JPS-P-0005-26](#)

Recommendation for the approval of a contract purchase order to the DuPage County Health Department, to provide mental health services and transportation to clients in pretrial court, for the DuPage County Public Defender, for the period of January 13, 2026 through November 30, 2026, for a contract total amount not to exceed \$50,250; per Intergovernmental Agreement. (Public Defender)

6.C. [JPS-P-0006-26](#)

Recommendation for the approval of a contract to Favorite Healthcare Staffing, LLC, to provide supplemental medical staffing as needed, for the Sheriff's Office, for the period of January 13, 2026 through November 30, 2028, for a contract total not to exceed \$450,000; per RFP #25-064-SHF. (Sheriff's Office)

6.D. [JPS-P-0007-26](#)

Recommendation for the approval of a contract to Health Advocates Network, Inc. d/b/a Staff Today Ltd, to provide supplemental medical staffing as needed, for the Sheriff's Office, for the period of January 13, 2026 through November 30, 2028, for a contract total not to exceed \$450,000; per RFP #25-064-SHF. (Sheriff's Office)

6.E. [JPS-P-0008-26](#)

Recommendation for the approval of a contract to Worldwide Travel Staffing Ltd., to provide Supplemental Medical Staffing as needed, for the Sheriff's Office, for the period of January 13, 2026 through November 30, 2028, for a contract total not to exceed \$600,000; per RFP #25-064-SHF. (Sheriff's Office)

6.F. [JPS-P-0009-26](#)

Recommendation for the approval of a contract purchase order to Sentinel Offender Services, LLC, to provide GPS device and electronic monitoring services to juveniles and indigent adult offenders and their victims, for Probation and Court Services, for the period of February 1, 2026 through March 31, 2028, for a contract total amount of \$678,000. Contract pursuant to the Intergovernmental Cooperation Act (NASPO Master Agreement #22PSX0021). (Probation and Court Services)

6.G. [JPS-P-0012-26](#)

Recommendation for the approval of a contract purchase order to Sentinel Offender Services, LLC, to provide alcohol monitoring services and remote breath RBPro to adult clients, for the period of April 1, 2026 through March 31, 2028, for Probation and Court Services, for a contract total amount of \$35,917. Contract pursuant to the Intergovernmental Cooperation Act (NASPO Master Agreement #22PSX0021, Grant Funded – Contingent on Renewal). (Probation and Court Services)

6.H. [JPS-P-0011-26](#)

Recommendation for the approval of a contract purchase order to Heartland Business Systems, to provide an Enterprise Agreement with Fortinet, for the Sheriff's Office, for the period of January 13, 2026 through January 13, 2031, for a contract total not to exceed \$687,565.74. Contract pursuant to the Intergovernmental Cooperation Act (TIPS Contract #220105). (Sheriff's Office)

6.I. [26-0192](#)

Recommendation for the approval of a contract to Dr. Michaela Mozley, to provide expertise, experience, and knowledge to complete court-ordered psychosexual evaluations for court-involved individuals, for the period of January 17, 2026 through January 16, 2027, for a contract total amount not to exceed \$27,500. Other Professional Services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Code Section 2-353(1)(b). (Probation & Court Services)

6.J. [26-0193](#)

Recommendation for the approval of a contract to Raymond W. Johnson, as a Veteran Mentor Coordinator to develop a veteran peer mentor program, for the period of January 15, 2026 through September 30, 2026, for a contract total amount not to exceed \$29,260. Other professional services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Code Section 2-353(1)(b). (Probation and Court Services - Grant Funded).

7. RESOLUTIONS7.A. [FI-R-0015-26](#)

Resolution declaring equipment, inventory, and/or property on Attachment A, purchased by the DuPage County Sheriff's Office, as Surplus Equipment. (Sheriff's Office)

7.B. [FI-R-0016-26](#)

Additional appropriation for the Illinois State Opioid response Criminal Justice Medication Assisted Recovery Integration Grant PY26, MOU Number 2026-008, Company 5000 - Accounting Unit 4496, in the amount of \$15,000. (Sheriff's Office)

8. GRANTS8.A. [26-0194](#)

GPN Number 001-26:Illinois State Opioid Response Criminal Justice Medication Assisted Recover Integration PY26-Illinois Department of Human Services/Health Management Associates-US Department of Health and Human Services- \$15,000. (Sheriff's Office)

8.B. [26-0195](#)

GPN Number 002-26: Patrick Leahy Bulletproof Vest Partnership PY25-Us Department of Justice-\$159,666. (Sheriff's Office)

9. INFORMATIONAL9.A. [26-0196](#)

Safe Harbor Monthly Report- November 2025 (18th Judicial Circuit Court)

9.B. [26-0197](#)

Public Defender's Office November 2025 Monthly Statistical Report (Public Defender's Office)

10. OLD BUSINESS**11. NEW BUSINESS****12. ADJOURNMENT**



Minutes

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

File #: 25-2914

Agenda Date: 12/2/2025

Agenda #: 5.A.



DU PAGE COUNTY

Judicial and Public Safety Committee

Draft Summary

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

Tuesday, November 18, 2025

8:00 AM

County Board Room

1. CALL TO ORDER

8:00 AM meeting was called to order by Chair Lucy Evans at 8:03 AM.

2. ROLL CALL

Member Garcia and Member Cahill were present. Member Childress arrived at 8:10am.

RESULT:	APPROVED
PRESENT	DeSart, Eckhoff, Evans, Honig, Haider, Krajewski, Ozog, Schwarze, Tornatore, Zay, and Yoo
LATE	Childress

3. PUBLIC COMMENT

25-2843

Online Public Comment

4. CHAIRWOMAN'S REMARKS - CHAIR EVANS

Chair Evans stated " Welcome committees members and she hoped everyone had a good weekend"

5. APPROVAL OF MINUTES:

5.A. [25-2799](#)

Judicial and Public Safety Committee- Regular Meeting Minutes- Tuesday, November 4, 2025

RESULT:	APPROVED
MOVER:	Andrew Honig
SECONDER:	Saba Haider

6. PROCUREMENT REQUISITIONS

6.A. [JPS-P-0049-25](#)

Recommendation for the approval of a contract purchase order to the DuPage County Health Department, to provide a court navigator for court participants in the 18th Judicial Circuit, for the period of December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$48,000. (18th Judicial Circuit Court)

RESULT:	APPROVED AND SENT TO FINANCE
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MOVER: Greg Schwarze**SECONDER:** Saba Haider6.B. [JPS-P-0050-25](#)

Recommendation for the approval of a contract purchase order to Megan Elsner of Lafata Law, LLC, to provide professional services as a Child Protection GAL Attorney, for the period of December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$42,000. Other professional services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b). (18th Judicial Circuit Court)

RESULT: APPROVED AND SENT TO FINANCE**MOVER:** Greg Schwarze**SECONDER:** Yeena Yoo6.C. [JPS-P-0051-25](#)

Recommendation for the approval of a contract purchase order to William G. Worobec, of the Law Office of William G. Worobec, to provide professional services as a Child Protection GAL Attorney, for the period of December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$42,000. Other professional services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b). (18th Judicial Circuit Court)

Member Krajewski, Zay and Tornatore had questions and Evan Shields answered them.

RESULT: APPROVED AND SENT TO FINANCE**MOVER:** Greg Schwarze**SECONDER:** Yeena Yoo**AYES:** Childress, Eckhoff, Evans, Honig, Haider, Ozog, Schwarze, Tornatore, and Yoo**NAY:** DeSart, Krajewski, and Zay6.D. [JPS-P-0052-25](#)

Recommendation for the approval of a contract purchase order to William G. Worobec, of the Law Office of William G. Worobec, to provide professional services as a conflict attorney in the Sexually Violent Person Act or Sexually Dangerous Person Act, for the period of December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$48,000. Other professional services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b). (18th Judicial Circuit Court)

RESULT: APPROVED AND SENT TO FINANCE**MOVER:** Sam Tornatore**SECONDER:** Greg Schwarze

AYES:	Childress, Eckhoff, Evans, Honig, Haider, Ozog, Schwarze, Tornatore, and Yoo
NAY:	DeSart, Krajewski, and Zay

6.E. [JPS-P-0053-25](#)

Recommendation for the approval of a contract purchase order to the DuPage County Health Department, to provide mental health case management services, for Probation & Court Services, for the period of December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$208,000; per Intergovernmental Agreement. (Probation & Court Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Saba Haider
SECONDER:	Yeena Yoo

6.F. [JPS-P-0054-25](#)

Recommendation for the approval of a contract purchase order to Streicher's, Inc., for the purchase of ballistic and stab resistant armor for the deputies, for the Sheriff's Office, for the period of December 1, 2025 through November 30, 2026, for a contract total not to exceed \$400,000. Contract pursuant to the Governmental Joint Purchasing Act, NASPO contract pricing - Master Agreement #198469. (Sheriff's Office)

Member Yoo had a question and the Sheriff's Office answered

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Dawn DeSart
SECONDER:	Jim Zay

6.G. [JPS-P-0055-25](#)

Recommendation for the approval of a contract purchase order to CDW Government, LLC, for the purchase of IT office equipment and supplies, for the Sheriff's Office, for the period of December 1, 2025 through November 30, 2026, for a contract total not to exceed \$525,000. Contract pursuant to the Intergovernmental Cooperation Act (Omnia Contract #2024056-01. (Sheriff's Office)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Jim Zay
SECONDER:	Greg Schwarze

6.H. [JPS-P-0056-25](#)

Recommendation for the approval of a contract purchase order to Heartland Business Systems, for the purchase of IT office equipment and supplies, for the Sheriff's Office, for the period of December 1, 2025 through November 30, 2026, for a contract total not to exceed \$650,000. Contract pursuant to the Intergovernmental Cooperation Act (TIPS

Contract #220105). (Sheriff's Office)

Member Yoo had a question and the Sheriff's Office answered

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Sam Tornatore
SECONDER:	Dawn DeSart

6.I. [JPS-P-0057-25](#)

Recommendation for the approval of a contract purchase order to American Infrastructure & Tower, LLC, to provide preventative maintenance for digital radio equipment, for the Sheriff's Office, for the period of December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$252,676; per lowest responsible bid #25-102-SHF. (Sheriff's Office)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Dawn DeSart
SECONDER:	Yeena Yoo

6.J. [JPS-P-0058-25](#)

Recommendation for the approval of a contract purchase order issued to Journal Technologies, Inc., for a case management system and monthly storage costs and upgrades, for the Public Defender's Office, for the period of December 1, 2025 through November 30, 2026, for a contract total amount of \$270,976; per RFP #17-143-BF. (Public Defender's Office)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Yeena Yoo
SECONDER:	Dawn DeSart

6.K. [JPS-P-0059-25](#)

Recommendation for the approval of a contract purchase order to Vizocom ICT, LLC, for the purchase of nitrile gloves, for the Sheriff's Office, for the period of November 1, 2025 through November 30, 2026, for a contract total not amount to exceed \$14,750; per lowest responsible bid (invoice #15763). (Sheriff's Office)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Saba Haider
SECONDER:	Jim Zay

6.L. [JPS-P-0060-25](#)

Recommendation for the approval of a contract purchase order issued to New Traditions, for transferring bodies to the county morgue, for the Coroner's Office, for the period of December 1, 2025 through November 30, 2029, for a contract total amount not to exceed \$480,000; per RFP #25-121-COR. (Coroner's Office)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Greg Schwarze
SECONDER:	Saba Haider

6.M. [JPS-P-0061-25](#)

Recommendation for the approval of a contract purchase order issued to NMS Labs, for toxicology lab services, for the Coroner's Office, for the period of December 1, 2025 through November 30, 2029, for a contract total amount not to exceed \$400,000; per RFP #25-120-COR. (Coroner's Office)

Member Zay had a question and Chair Evans said they would find the answer for him.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Yeena Yoo
SECONDER:	Saba Haider

6.N. [JPS-P-0062-25](#)

Recommendation for the approval of a contract purchase order issued to Sutton Ford, Inc., to furnish and deliver one (1) Ford Escape for the Children's Advocacy Center, for the period of November 25, 2025 through November 30, 2026, for a contract total amount not to exceed \$33,135. Contract pursuant to the Governmental Joint Purchasing Act, 30 ILCS 525/2 (State of Illinois - Central Management Services, JPMC Police Pursuit and Special Service Vehicles). (State's Attorney)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Saba Haider
SECONDER:	Jim Zay

6.O. [25-2800](#)

Recommendation for the approval of a contract to LexisNexis, a division of RELX, Inc., for the purchase of online legal research, for the Public Defender's Office, for the period of April 1, 2026 through March 31, 2027, for a total contract amount not to exceed \$29,832. Per 55 ILCS 5/5-1022(c) not suitable for competitive bids - Sole Source. (Public Defender's Office)

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Yeena Yoo

7. RESOLUTIONS

7.A. [FI-R-0197-25](#)

Acceptance and Appropriation of the Sustained Traffic Enforcement Program PY26 Grant Inter-Governmental Agreement No. HS-26-0179, 0402 Company 5000-Accounting Unit 4525 in the amount of \$39,294 (Sheriff's Office)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Dawn DeSart
SECONDER:	Michael Childress

8. BUDGET TRANSFERS

8.A. [25-2801](#)

Transfer of funds from account no 1000-5900-5220 (Operating Supplies and Materials) to account no 1000-5900-54100-0700 (IT Equipment- Capital Lease) and 1000-5900-53800-0001 (Copier Usage) in the amount of \$1,525. (Circuit Court)

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Michael Childress

8.B. [25-2802](#)

Transfer of funds from account nos. 1000-5900-53817 (Jurors/Witness Fees), 1000-5900-53370 (Repair & Maint. Other Equipment), 1000-5900-53806 (Software & Maintenance), 1000-5900-53808 (Statutory & Fiscal Charges), and 1000-5900-53070 (Medical Services) to account no. 1000-5900-51010 (Building Improvements) in the amount of \$8,861 to cover prepaid expenses for extended service warranties. (18th Judicial Circuit Court)

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Michael Childress

8.C. [25-2803](#)

Transfer of funds from account no. 1000-6500-54110 (Equipment and Machinery) to account no. 1000-6500-54100 (IT Equipment - Capital Lease) in the amount of \$3,000 for copier leasing for the remainder of the fiscal year. (State's Attorney)

RESULT:	APPROVED
MOVER:	Michael Childress
SECONDER:	Dawn DeSart

9. ACTION ITEMS

9.A. [JPS-CO-0008-25](#)

Recommendation for the approval of a change order amending purchase order 6919-0001 SERV, issued to Sentinel Offender Services, LLC, to provide alcohol monitoring services and remote breath RBPro to adult clients, to increase the purchase order in the amount of \$37,000, resulting in an amended purchase order total amount not to exceed \$37,001. (Grant-Funded) (Probation & Court Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Greg Schwarze

SECONDER: Dawn DeSart

9.B. [JPS-CO-0009-25](#)

Amendment to Purchase Order 7523-0001 SERV, issued to CDW, LLC, to increase the contract encumbrance in the amount of \$40,000, for a new contract total not to exceed \$340,000. (Sheriff's Office)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Michael Childress

SECONDER: Saba Haider

10. GRANTS

10.A. [25-2804](#)

GPN 026-25:BJA PY26 Strengthening the Medical Examiner- Coroner System Program-Bureau of Justice Assistance- DuPage County Coroner's Office- \$93,558. (Coroner's Office)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Saba Haider

SECONDER: Andrew Honig

11. INFORMATIONAL

11.A. [25-2805](#)

Safe Harbor Monthly Report- October 2025 (18th Judicial Circuit Court)

RESULT: ACCEPTED AND PLACED ON FILE

MOVER: Saba Haider

SECONDER: Dawn DeSart

11.B. [25-2806](#)

Public Defender's Office October 2025 Monthly Statistical Report (Public Defender's Office)

RESULT: ACCEPTED AND PLACED ON FILE

MOVER: Saba Haider

SECONDER: Dawn DeSart

12. OLD BUSINESS

Member Zay asked a question about the Coroner's Office and Chair Evans said she would find the answer.

13. NEW BUSINESS

No new business was discussed.

14. ADJOURNMENT

With no further business, the meeting was adjourned.

MOVER: Greg Schwarze

SECONDER: Andrew Honig



File #: JPS-P-0004-26

Agenda Date: 1/6/2026

Agenda #: 6.A.

AWARDING RESOLUTION ISSUED TO
NORTHEAST DUPAGE FAMILY AND YOUTH SERVICES
TO PROVIDE COUNSELING TO YOUTHS AND THEIR FAMILIES
FOR PROBATION AND COURT SERVICES
(CONTRACT TOTAL AMOUNT \$33,000)

WHEREAS, an agreement has been prepared in accordance with County Board policy; and

WHEREAS, the Judicial and Public Safety Committee recommends County Board approval for the issuance of a contract to Northeast DuPage Family and Youth Services, to provide counseling to individual youths and their families when domestic battery is charged, for the period of February 1, 2026 through January 31, 2027, for Probation and Court Services.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide counseling to individual youths and their families when domestic battery is charged, for the period of February 1, 2026 through January 31, 2027, for Probation and Court Services, is hereby approved for the issuance of a contract purchase order by the Procurement Division to Northeast DuPage Family and Youth Services, 3 Friendship Plaza, Addison, IL 60101, for a contract total amount of \$33,000.

Enacted and approved this 13th day of January, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-0073	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$33,000.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$33,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Northeast DuPage Family and Youth Services	VENDOR #: 13227	DEPT: Probation & Court Services	DEPT CONTACT NAME: Sharon Donald
VENDOR CONTACT: Shannon Hartnett	VENDOR CONTACT PHONE: 630-742-8913	DEPT CONTACT PHONE #: 630-407-8413	DEPT CONTACT EMAIL: sharon.donald@dupagecounty.gov
VENDOR CONTACT EMAIL: shartnett@nedfys.org	VENDOR WEBSITE: https://www.nedfys.org/	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.). To provide services to youth who are at risk of involvement with the juvenile justice system. This program is designed to address symptoms of anxiety, impulsiveness, information processing and negative self-perception. It is also designed to help youth stop using violent behaviors to resolve conflict and teach parents different strategies to support their children.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To provide individual and group services for juveniles and their families. This agency is one of the three agencies that form the DuPage Youth Service Coalition and are the sole Comprehensive Community-Based Youth Services (CCBYS) providers for DuPage County.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. Northeast DuPage Family and Youth Services, Outreach Community Ministries, and 360 Youth Services from DuPage service Coalition are the sole Comprehensive Community-Based Youth Services (CCBYS) providers for DuPage County, each location based, with designated service areas.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Approve the contract with Northeast DuPage Youth and Family Services who is one of the three CCBYS agencies who is qualified based on their existing service capacity and completion of the curriculum training. 2) Do not provide counseling services to juveniles and their families will pay higher cost for detention and placement.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Northeast DuPage Family and Youth Services	Vendor#: 13227	Dept: Probation & Court Services	Division: Finance
Attn: Shannon Hartnett	Email: shartnett@nedfys.org	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: 3 Friendship Plaza	City: Addison	Address: 503 N County Farm Road	City: Wheaton
State: Illinois	Zip: 60101	State: Illinois	Zip: 60187
Phone: 630-742-8913	Fax:	Phone: 630-407-8413	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Northeast DuPage Family and Youth Services	Vendor#: 13227	Dept: Probation & Court Services	Division: Finance
Attn: Shannon Hartnett	Email: shartnett@nedfys.org	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: 3 Friendship Plaza	City: Addison	Address: 503 N County Farm Road	City: Wheaton
State: Illinois	Zip: 60101	State: Illinois	Zip: 60187
Phone: 630-742-8913	Fax:	Phone: 630-407-8413	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Feb 1, 2026	Contract End Date (PO25): Jan 31, 2027

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Contractual treatment for counseling juveniles and their families that deal with exposure to trauma/chronic stress and symptomatology of trauma/chronic stress	FY26	1400	6120	53070		28,000.00	28,000.00
2	1	EA		Contractual treatment for counseling juveniles and their families that deal with exposure to trauma/chronic stress and symptomatology of trauma/chronic stress	FY27	1400	6120	53070		5,000.00	5,000.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 33,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.

PEACE SERVICE AGREEMENT

This SERVICE AGREEMENT (hereinafter 'AGREEMENT') is effective as of the 1st day of February 2026, and is entered into by and between the Department of Probation and Court Services, 18th Judicial Circuit Court, 503 North County Farm Road, Wheaton, Illinois (hereinafter "DEPARTMENT") and Northeast DuPage Family and Youth Services, 3 Friendship Plaza, Addison, Illinois (hereinafter "PROVIDER")

RECITALS

WHEREAS, the Department has the authority to refer juveniles to treatment as part of a probation adjustment (705 ILCS 405/5-305), monitor non-residential programs for juveniles pursuant to pre-trial conditions (705 ILCS 405/5-505), and direct juvenile probationers to participate in treatment services pursuant to court order (705 ILCS 405/5-715); and

WHEREAS, the DEPARTMENT has requested counseling services for juveniles who have been exposed to trauma and where that exposure is having an impact on their behavior; and

WHEREAS, the PROVIDER is in the business of providing such services to juveniles and is willing to provide such services to the DEPARTMENT'S referred juveniles.

NOW, THEREFORE, the parties do hereby mutually covenant, promise and agree as follows:

1. **Incorporation of Recitals:** The matters recited above are hereby incorporated into and made a part of this AGREEMENT.
2. **Term:** This AGREEMENT is for a term commencing February 1, 2026 and continuing through January 31, 2027 ("TERM"), unless terminated sooner as provided herein.
3. **Scope of Services:** The PROVIDER agrees to provide the services required and set forth on Exhibit "A" including the deliverables set forth thereon ("SERVICES"), in accordance with the terms and conditions of this Agreement. The DEPARTMENT may, from time to time, request changes in the scope of SERVICES. Any such changes, including any increase or decrease in PROVIDER'S fees, shall be documented by an amendment to this AGREEMENT in accordance with State and County laws.
4. **Compensation and Payment:** Compensation for SERVICES during the initial term shall be based on a rate of \$65.00 per youth participant per session and shall not exceed \$650 per group session with no reimbursement for expenses. Total compensation shall not exceed twelve thousand dollars, (\$12,000). Compensation shall be based on actual SERVICES performed during the TERM of this AGREEMENT and the DEPARTMENT shall not be obligated to pay for any SERVICES not in compliance with this AGREEMENT. In the event of early termination of this AGREEMENT, the DEPARTMENT shall only be obligated to pay the fees incurred up to the date of termination. In no event shall the DEPARTMENT be liable for any costs incurred or SERVICES performed after the effective date of termination as provided herein. PROVIDER shall submit invoices referencing this AGREEMENT with such supporting documentation as may be requested by the DEPARTMENT. The DEPARTMENT will process payment in its normal course of business.
5. **Non-appropriation:** Expenditures not appropriated in the current fiscal year budget are deemed to be contingent liabilities only and are subject to appropriation in subsequent fiscal year budgets. In the event sufficient funds are not appropriated in a subsequent fiscal year by the County and/or DEPARTMENT for performance under this AGREEMENT, the DEPARTMENT shall notify PROVIDER and this Agreement shall terminate on the last day of the fiscal period for which funds were appropriated. In no event shall the DEPARTMENT be liable to the Individual for any amount in excess of the cost of the services rendered up to and including the last day of the fiscal period.
6. **Termination of Contract / Notice:** Except as otherwise set forth in this AGREEMENT, either party shall

have the right to terminate this AGREEMENT for any cause upon serving thirty (30) days' prior written notice upon the other party. Upon such termination, the liabilities of the parties to this AGREEMENT shall cease, but they shall not be relieved of the duty to perform their obligations up to the date of termination. Insurance and indemnity obligations shall survive termination.

7. **Standards of Performance:** PROVIDER agrees to devote such time, attention, skill, and knowledge as is necessary to perform SERVICES effectively and efficiently. PROVIDER acknowledges and accepts a relationship of trust and confidence with the DEPARTMENT and agrees to cooperate with the DEPARTMENT in performing SERVICES to further the best interests of the DEPARTMENT.
8. **Assignment:** Either party may assign this AGREEMENT provided, however, the other party shall first approve such assignment in writing.
9. **Confidentiality and Ownership of Documents.**
 - 9.1 **Confidential Information.** In the performance of SERVICES, PROVIDER may have access to certain information that is not generally known to others ("CONFIDENTIAL INFORMATION"). PROVIDER agrees not to use or disclose to any third party, except in the performance of SERVICES, any CONFIDENTIAL INFORMATION or any records, reports or documents prepared or generated as a result of this AGREEMENT without the prior written consent of the DEPARTMENT. PROVIDER shall not issue publicity news releases or grant press interviews, except as may be required by law, during or after the performance of the SERVICES, nor shall PROVIDER disseminate any information regarding SERVICES without the prior written consent of the DEPARTMENT. PROVIDER agrees to cause its personnel, staff and/or subcontractors, if any, to undertake the same obligations of confidentiality agreed to by PROVIDER under this AGREEMENT. The terms of this Paragraph 9.1 shall survive the expiration or termination of this AGREEMENT.
 - 9.2 **Ownership.** All records, reports, documents, and other materials containing CONFIDENTIAL INFORMATION prepared or generated as a result of this AGREEMENT, shall at all times be and remain the property of the DEPARTMENT. All of the foregoing items shall be delivered to the DEPARTMENT upon demand at any time and in any event, shall be promptly delivered to the DEPARTMENT upon expiration or termination of the AGREEMENT. In the event any of the above items are lost or damaged while in PROVIDER'S possession, such items shall be restored or replaced at PROVIDER'S expense.
10. **Representations and Warranties of Individual:** PROVIDER represents and warrants that the following shall be true and correct as of the effective date of this AGREEMENT and shall continue to be true and correct during the TERM of this AGREEMENT.
 - 10.1 **Licensed Professionals.** Services required to be performed by professionals shall be performed by professionals licensed to practice by the State of Illinois in the applicable professional discipline. Proof of such licensure and/or accreditation shall be provided at the execution of this Agreement and before the start of any work assignment of PROVIDER or any new or part-time employees of PROVIDER. Upon request PROVIDER shall furnish the DEPARTMENT with a resume of the qualifications and experience of each person providing services, together with a current copy of their license. PROVIDER shall notify the DEPARTMENT immediately should the status of any agency licensures or temporary staff licenses or certifications change or should any misdemeanor or felony criminal charges be filed against any PROVIDER or any PROVIDER employee, except for minor traffic violations.
 - 10.2 **Compliance with Laws.** PROVIDER is and shall remain in compliance with all local, state and federal laws, County of DuPage ordinances, and regulations relating to this AGREEMENT and the performance of SERVICES. Further, PROVIDER is and shall remain in compliance with all DEPARTMENT policies and rules, including, but not limited to, criminal background checks for all personnel performing SERVICES.

- 10.3 Good Standing. PROVIDER is not in default and has not been deemed by the DEPARTMENT to be in default under any other Agreement with the County during the five (5) year period immediately preceding the effective date of this AGREEMENT.
- 10.4 Authorization. In the event PROVIDER is an entity other than a sole proprietorship, PROVIDER represents that it has taken all action necessary for the approval and execution of this AGREEMENT, and execution by the person signing on behalf of PROVIDER is duly authorized by PROVIDER and has been made with complete and full authority to commit PROVIDER to all terms and conditions of this AGREEMENT which shall constitute valid, binding obligations of PROVIDER.
- 10.5 Gratuities. No payment, gratuity or offer of employment, except as permitted by the Illinois State Gift Ban Act, was made by or to PROVIDER in relation to this AGREEMENT or as an inducement for award of this AGREEMENT.
11. Independent Contractor: It is understood and agreed that the relationship of PROVIDER to the DEPARTMENT is and shall continue to be that of an independent contractor and neither PROVIDER nor any of PROVIDER'S employees shall be entitled to receive DEPARTMENT employee benefits. As an independent contractor, PROVIDER agrees to be solely responsible for the payment of all taxes and withholdings specified by law, which may be due in regard to compensation paid by the DEPARTMENT. Individual agrees that neither PROVIDER nor its employees, staff or subcontractors shall represent themselves as employees or agents of the DEPARTMENT. PROVIDER hereby represents that PROVIDER'S valid taxpayer identification number as defined by the United States Internal Revenue Code (social security number or federal employer identification number) was or will be provided to the DEPARTMENT upon request.
12. Indemnification: PROVIDER agrees to indemnify and hold harmless the DEPARTMENT, its members, trustees, employees, agents, officers and officials, from and against any and all liabilities, taxes, tax penalties, interest, losses, penalties, damages and expenses of every kind, nature and character, including costs and attorney fees, arising out of, or relating to, any and all claims, liens, damages, obligations, actions, suits, judgments, settlements, or causes of action of every kind, nature and character, in connection with or arising out of the acts or omissions of PROVIDER or its employees or its subcontractors under this AGREEMENT. This includes, but is not limited to, the unauthorized use of any trade secrets, U.S. patent or copyright infringement. The indemnities set forth herein shall survive the expiration or termination of this AGREEMENT. Notwithstanding the foregoing, the PROVIDER and DEPARTMENT shall not be deemed to have waived any rights, protections or immunities under 745 ILCS 10/1-101, et. seq. (Local Government and Governmental Employees Tort Immunity Act).
13. Favored Nation: PROVIDER shall furnish SERVICES to the DEPARTMENT at the lowest price that the PROVIDER charges to other similarly situated parties. If PROVIDER overcharges, in addition to all other remedies, the DEPARTMENT is entitled to a refund in the amount of the overcharge, plus interest at the rate of 1% per month from the date the overcharge was paid by the DEPARTMENT until the date refund is made. The DEPARTMENT has the right to offset any overcharge against any amounts due to PROVIDER under this or any other AGREEMENT between PROVIDER and the DEPARTMENT, and at the DEPARTMENT'S sole option the right to declare PROVIDER in default under this AGREEMENT.
14. Insurance.
- 14.1 The PROVIDER shall maintain, at its sole expense, insurance coverage including:
- 14.1.a Worker's Compensation Insurance in the statutory amounts.
- 14.1.b Employer's Liability Insurance in an amount not less than five hundred thousand (\$500,000.00) dollars each accident/injury and five hundred thousand

(\$500,000.00) each employee/disease.

14.1.c Commercial (Comprehensive) General Liability Insurance, (including contractual liability) with a limit of not less than three million dollars (\$3,000,000) total; including limits of not less than one million (\$1,000,000) dollars per occurrence, and two million (\$2,000,000) dollars excess liability in the annual aggregate injury/property damage combined single limit.

14.2 It shall be the duty of the PROVIDER to provide to the Department, copies of the PROVIDER's Certificates of Insurance before issuance of a Notice to Proceed.

14.3 The insurance required to be purchased and maintained by PROVIDER shall be provided by an insurance company acceptable to the Department, and except for the insurance required in subparagraph 8.1.e licensed to do business in the State of Illinois; and shall include at least the specific coverage and be written for not less than the limits of the liability specified herein or required by law or regulation whichever is greater; and shall contain a provision or endorsement that the coverage afforded will not be canceled, materially changed, or renewal refused until at least thirty (30) days prior written notice has been given to Department.

14.4 PROVIDER's insurance required by Paragraphs 14.1.c, above, shall name the County of DuPage, the Eighteenth Judicial Circuit Court of DuPage County, and the Department, its officers, employees and agents as additional insured parties.

15. **Entire Agreement and Amendment:**

15.1 This Agreement, including matters incorporated herein, contains the entire agreement between the parties.

15.2 There are no other covenants, warranties, representations, promises, conditions or understandings; either oral or written, other than those contained herein.

15.3 This Agreement may be executed in one or more counterparts, each of which shall for all purposes be deemed to be an original and all of which shall constitute the same instrument.

15.4 No modification of or amendment to this Agreement shall be effective unless such modification or amendment is in writing and signed by both parties hereto.

15.5 In event of a conflict between the terms or conditions of this Agreement and any term or condition found in any exhibit or attachment, the terms and conditions of this Agreement shall prevail.

16. **Governing Law:** This AGREEMENT shall be subject to and governed by the laws of the State of Illinois. The exclusive venue for the resolution of any disputes or the enforcement of any rights pursuant to this AGREEMENT shall be in the 18th Judicial Circuit Court of DuPage County, Illinois.

17. **Waiver of/Failure to Enforce Breach:** The parties agree that the waiver of, or failure to enforce, any breach of this Agreement by the remaining party shall not be construed, or otherwise operate, as a waiver of any future breach of this Agreement. Further the failure to enforce any particular breach shall not bar or prevent the remaining party from enforcing this Agreement with respect to a different breach.

18. **Severability:** If one or more of the provisions contained in this AGREEMENT for any reason is held to be invalid, illegal, or unenforceable in any respect by a court of competent jurisdiction, the same shall not affect any other provision of this AGREEMENT, but this AGREEMENT shall be construed as if the

invalid, illegal, or unenforceable provision had never been contained herein.

19. **County Approval:** If applicable, This AGREEMENT is subject to approval of the appropriate committee(s) and County Board of the County of DuPage.
20. **Notices:** All notices, approvals or other communications that either party desires or is required to give to the other party under the terms of this Agreement shall be in writing and shall be considered to be properly given (i) if delivered by messenger, (ii) if mailed in the United States via certified or registered mail, postage prepaid, return receipt requested, (iii) if telefaxed, telegraphed or telecopied or (iv) if delivered by reputable express carrier, prepaid, the next business day after delivery to such carrier, addressed to such party as follows:

IF TO THE DEPARTMENT:

Department of Probation and Court Services
503 N. County Farm Road
Wheaton, IL 60187
Attn: Kathy Starkovich

Copy to: Du Page County Finance Department
421 North County Farm Road
Wheaton, IL 60187
Attn: Jeffrey Martynowicz

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

Copy to: Mark Winistorfer, Assistant State's Attorney
DuPage County State's Attorney's Office
505 North County Farm Road
Wheaton, IL 60187-2521

IF TO PROVIDER:

Northeast DuPage Family and Youth Services
3 Friendship Plaza
Addison, IL 60101
Attn: Shannon Hartnett, Executive Director

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

**DEPARTMENT OF PROBATION
AND COURT SERVICES**

**NORTHEAST DUPAGE FAMILY AND YOUTH
SERVICES**

Signature On File

Signature On File

By: 
KATHY STARKOVICH
DIRECTOR

By: _____
SHANNON HARTNETT
EXECUTIVE DIRECTOR

Exhibit A

SCOPE OF SERVICES

County's Purchase Order #		County Resolution #	
Contract Name	<u>PEACE GROUP SERVICE AGREEMENT</u>	Contract Date	<u>February 1, 2026</u>
County's Project Manager	<u>RAY STUBNER</u>	Contractor's Project Manager	<u>SHANNON HARTNETT</u>

This Scope of Services is for PROVIDER providing to the DEPARTMENT certain SERVICES pursuant to the above-referenced AGREEMENT. The undersigned agree that this Grant-Funded Consulting project ("Project") shall be conducted pursuant to the terms and conditions of the above-referenced County Report and Contract and by the following terms and conditions:

1. **DESCRIPTION OF PROVIDER'S WORK:**

A. SERVICES shall include assessment of client needs, individual counseling in keeping with individual client's needs, and group counseling in keeping with individual client needs.

- Both individual and group counseling shall include counseling of both juvenile and parent(s)/guardian(s).
- Both individual and group counseling shall include delivery of Psychotherapy Education for Adolescents Conflict and Emotional Regulation (PEACE) curriculum.
- Both individual and group counseling may include other clinically appropriate techniques (e.g. cognitive behavioral therapy) provided such treatment is delivered in a manner consistent with the DEPARTMENT'S "Philosophy of Treatment" (see attached Exhibit B).

B. Assessment of client needs:

- All clients shall be assessed by PROVIDER to determine appropriateness for the PEACE curriculum. All clients shall be assessed by PROVIDER for individual treatment needs through a clinical interview.

C. Group counseling:

- Unless deemed clinically inappropriate, all referrals for SERVICES shall receive group counseling.
- Group counseling shall be delivered once per week, unless cancelation occurs in advance with notification of counseling participants and the DEPARTMENT.
- All participants in Group counseling shall be referrals from the DEPARTMENT unless otherwise approved in writing by the DEPARTMENT.
- All Group counseling shall be delivered by a licensed professional counselor, licensed professional social worker, or clinical intern completing requirements of an accredited graduate program under the supervision of a licensed professional counselor or social worker.

D. Individual counseling:

- Individual counseling shall only be provided in response to an assessed clinical need and following written approval from DEPARTMENT.
- Individual counseling shall include material adapted from “PEACE” curriculum.
- Individual counseling shall directly address juvenile’s exposure to trauma/chronic stress and symptomology of trauma/chronic stress.
- Individual counseling may also address factors indirectly related to juvenile’s exposure to trauma/chronic stress and symptomology of trauma/chronic stress.

2. **DELIVERABLES:**

A. On a weekly basis:

- PROVIDER shall provide the DEPARTMENT with documentation summarizing any completed assessments.
- PROVIDER shall provide the DEPARTMENT with attendance records for group and individual counseling.
- PROVIDER shall provide the DEPARTMENT a summary of participant behavior in group and individual counseling, including but not limited to inappropriate behavior or factors which may indicate an increased risk of re-offending.

B. On a monthly basis:

- PROVIDER shall provide an invoice for all SERVICES provided during the month. Invoices shall be itemized by juvenile to whom SERVICES delivered and PROVIDER’s staff delivering services.

Exhibit B

PHILOSOPHY OF TREATMENT AND INTERVENTION 18th Judicial Circuit Court Department of Probation and Court Services

In the past ten years, research has identified key factors that are associated with criminal behavior, the process which leads to the commission of criminal acts, and the main steps or stages of behavior change. A general model has emerged that identifies the **principles of effective intervention**.

These principles are **RISK, NEED, RESPONSIVITY** and **PROGRAM INTEGRITY**. Risk involves matching the duration, levels, and intensity of treatment and services to the criminal risk level of the individual. High-risk clients require more intensive and extensive services while low-risk clients require minimal or no intervention. The need principle focuses on the appropriate targets for intervention. Six factors are directly correlated to an individual's propensity to commit crime. They are: 1) history of antisocial behavior; 2) antisocial personality; 3) antisocial values and attitudes; 4) criminal/deviant peer association; 5) substance abuse and 6) dysfunctional family relations. Responsivity refers to the delivery of effective treatment programs in a style and mode that is consistent with the ability and learning style of the individuals. Factors to consider in the area of responsivity are motivation, culture/ethnic issues, gender, verbal skills, communication barriers and cognitive and emotional development. Program integrity refers to organizations that develop policies and procedures to enhance integrity and professional conduct, provide ongoing training and supervision of staff and adherence to program designs.

Appropriate corrections interventions have been found to reduce recidivism about 30%. Interventions that have produced these long-term outcomes are behaviorally based, focus on changing criminogenic attitudes and beliefs, increase system competence (e.g., families, peers, schools, employment) and aim to increase the ratio of pro-social to antisocial behavior.

It is the goal of the Department of Probation and Court Services to develop access to a broad continuum of community-based services that adequately address offender risk, need and responsivity for the purpose of significantly reducing criminal re-offending, utilizing the most cost-effective services.

The Department of Probation and Court Services has developed the following objectives to guide the establishment of service delivery plans for those individuals under their supervision.

1. Intervention intensity and duration are based on the client's risk for re-offending, based on current research and methodology for identifying key risk factors.
2. Criminogenic beliefs, attitudes and behaviors are the highest dynamic risk factors for re-offending and need to be the primary focus of any intervention.
3. System interventions that are community-based and involve entire systems (families, spouse, peers, employment) are more likely to be effective.
4. Treatment for emotional/behavioral issues that are not linked to criminal conduct, nor are criminogenic in nature will not result in recidivism reduction.
5. Preferred treatment interventions are those which are designed to change antisocial attitudes, to increase personal skills (self-control, self-management and problem solving), to increase collateral/familial support (collateral's knowledge of client's risk factors and willingness to support client in making behavioral changes), to build on the offender's strengths and focus

on assessing the offender's total situation and treating it rather than using a strict individual or medical model approach.

6. Traditional insight-oriented, psychodynamic or non-directive therapeutic interventions are not supported for high-risk criminal offenders or for changing criminal behavior and attitudes.
7. All interventions require a behavioral treatment plan with measurable, concrete objectives and timelines that have been reviewed and accepted by probation and meet departmental guidelines for interventions.
8. Effective interventions will provide opportunities for offenders to participate in skill training with directed practice.
9. Short- and long-term behavioral outcome data, along with satisfaction measures, will be collected by the Probation Department and by the service provider.
10. Services will be monitored to assess the offender's progress in line with the service delivery plan.
11. Service plans will address public safety issues as well as behavior change.
12. Service plans will outline steps to actively engage pro-social supports for offenders in their communities in order to positively reinforce desired behaviors.

STEP-UP SERVICE AGREEMENT

This SERVICE AGREEMENT (hereinafter 'AGREEMENT') is effective as of the 1st day of February 2026, and is entered into by and between the Department of Probation and Court Services, 18th Judicial Circuit Court, 503 North County Farm Road, Wheaton, Illinois (hereinafter "DEPARTMENT") and Northeast DuPage Family and Youth Services, 3 Friendship Plaza, Addison, Illinois (hereinafter "PROVIDER")

RECITALS

WHEREAS, the Department has the authority to refer juveniles to treatment as part of a probation adjustment (705 ILCS 405/5-305), monitor non-residential programs for juveniles pursuant to pre-trial conditions (705 ILCS 405/5-505), and direct juvenile probationers to participate in treatment services pursuant to court order (705 ILCS 405/5-715); and

WHEREAS, the DEPARTMENT has requested counseling services for juveniles charged with domestic battery; and

WHEREAS, the PROVIDER is in the business of providing such services to juveniles and is willing to provide such services to the DEPARTMENT'S referred juveniles.

NOW, THEREFORE, the parties do hereby mutually covenant, promise and agree as follows:

1. **Incorporation of Recitals:** The matters recited above are hereby incorporated into and made a part of this AGREEMENT.
2. **Term:** This AGREEMENT is for a term commencing February 1, 2026, and continuing through January 31, 2027 ("TERM"), unless terminated sooner as provided herein.
3. **Scope of Services:** The PROVIDER agrees to provide the services required and set forth on Exhibit "A" including the deliverables set forth thereon ("SERVICES"), in accordance with the terms and conditions of this Agreement. The DEPARTMENT may, from time to time, request changes in the scope of SERVICES. Any such changes, including any increase or decrease in PROVIDER'S fees, shall be documented by an amendment to this AGREEMENT in accordance with State and County laws.
4. **Compensation and Payment:** Compensation for SERVICES during the initial term shall be based on an hourly rate of \$65.00 per youth participant per session and shall not exceed six hundred fifty dollars (\$650) with no reimbursement for expenses. Total compensation shall not exceed twenty-one thousand dollars, (\$21,000). Compensation shall be based on actual SERVICES performed during the TERM of this AGREEMENT and the DEPARTMENT shall not be obligated to pay for any SERVICES not in compliance with this AGREEMENT. In the event of early termination of this AGREEMENT, the DEPARTMENT shall only be obligated to pay the fees incurred up to the date of termination. In no event shall the DEPARTMENT be liable for any costs incurred or SERVICES performed after the effective date of termination as provided herein. PROVIDER shall submit invoices referencing this AGREEMENT with such supporting documentation as may be requested by the DEPARTMENT. The DEPARTMENT will process payment in its normal course of business.
5. **Non-appropriation:** Expenditures not appropriated in the current fiscal year budget are deemed to be contingent liabilities only and are subject to appropriation in subsequent fiscal year budgets. In the event sufficient funds are not appropriated in a subsequent fiscal year by the County and/or DEPARTMENT for performance under this AGREEMENT, the DEPARTMENT shall notify

PROVIDER and this Agreement shall terminate on the last day of the fiscal period for which funds were appropriated. In no event shall the DEPARTMENT be liable to the Individual for any amount in excess of the cost of the services rendered up to and including the last day of the fiscal period.

6. **Termination of Contract / Notice:** Except as otherwise set forth in this AGREEMENT, either party shall have the right to terminate this AGREEMENT for any cause upon serving thirty (30) days' prior written notice upon the other party. Upon such termination, the liabilities of the parties to this AGREEMENT shall cease, but they shall not be relieved of the duty to perform their obligations up to the date of termination. Insurance and indemnity obligations shall survive termination.
7. **Standards of Performance:** PROVIDER agrees to devote such time, attention, skill, and knowledge as is necessary to perform SERVICES effectively and efficiently. PROVIDER acknowledges and accepts a relationship of trust and confidence with the DEPARTMENT and agrees to cooperate with the DEPARTMENT in performing SERVICES to further the best interests of the DEPARTMENT.
8. **Assignment:** Either party may assign this AGREEMENT provided, however, the other party shall first approve such assignment in writing.
9. **Confidentiality and Ownership of Documents.**
 - 9.1 **Confidential Information.** In the performance of SERVICES, PROVIDER may have access to certain information that is not generally known to others ("CONFIDENTIAL INFORMATION"). PROVIDER agrees not to use or disclose to any third party, except in the performance of SERVICES, any CONFIDENTIAL INFORMATION or any records, reports or documents prepared or generated as a result of this AGREEMENT without the prior written consent of the DEPARTMENT. PROVIDER shall not issue publicity news releases or grant press interviews, except as may be required by law, during or after the performance of the SERVICES, nor shall PROVIDER disseminate any information regarding SERVICES without the prior written consent of the DEPARTMENT. PROVIDER agrees to cause its personnel, staff and/or subcontractors, if any, to undertake the same obligations of confidentiality agreed to by PROVIDER under this AGREEMENT. The terms of this Paragraph 9.1 shall survive the expiration or termination of this AGREEMENT.
 - 9.2 **Ownership.** All records, reports, documents, and other materials containing CONFIDENTIAL INFORMATION prepared or generated as a result of this AGREEMENT, shall at all times be and remain the property of the DEPARTMENT. All of the foregoing items shall be delivered to the DEPARTMENT upon demand at any time and in any event, shall be promptly delivered to the DEPARTMENT upon expiration or termination of the AGREEMENT. In the event any of the above items are lost or damaged while in PROVIDER'S possession, such items shall be restored or replaced at PROVIDER'S expense.
10. **Representations and Warranties of Individual:** PROVIDER represents and warrants that the following shall be true and correct as of the effective date of this AGREEMENT and shall continue to be true and correct during the TERM of this AGREEMENT.
 - 10.1 **Licensed Professionals.** Services required to be performed by professionals shall be performed by professionals licensed to practice by the State of Illinois in the applicable professional discipline. Proof of such licensure and/or accreditation shall be provided at the execution of this Agreement and before the start of any work assignment of PROVIDER or any new or part-time employees of PROVIDER. Upon request PROVIDER shall furnish the DEPARTMENT with a resume of the qualifications and experience of each person providing services, together with a current copy of their license. PROVIDER shall notify the DEPARTMENT immediately should the status of any agency licensures or temporary staff licenses or certifications change, or should any misdemeanor or felony criminal charges be filed against any PROVIDER or any

PROVIDER employee, except for minor traffic violations.

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

DEPARTMENT, and at the DEPARTMENT'S sole option the right to declare PROVIDER in default under this AGREEMENT.

14. **Insurance.**

- 14.1 The PROVIDER shall maintain, at its sole expense, insurance coverage including:
 - 14.1.a Worker's Compensation Insurance in the statutory amounts.
 - 14.1.b Employer's Liability Insurance in an amount not less than five hundred thousand (\$500,000.00) dollars each accident/injury and five hundred thousand (\$500,000.00) each employee/disease.
 - 14.1.c Commercial (Comprehensive) General Liability Insurance, (including contractual liability) with a limit of not less than three million dollars (\$3,000,000) total; including limits of not less than one million (\$1,000,000) dollars per occurrence, and two million (\$2,000,000) dollars excess liability in the annual aggregate injury/property damage combined single limit.
- 14.2 It shall be the duty of the PROVIDER to provide to the Department, copies of the PROVIDER's Certificates of Insurance before issuance of a Notice to Proceed.
- 14.3 The insurance required to be purchased and maintained by PROVIDER shall be provided by an insurance company acceptable to the Department, and except for the insurance required in subparagraph 8.1.e licensed to do business in the State of Illinois; and shall include at least the specific coverage and be written for not less than the limits of the liability specified herein or required by law or regulation whichever is greater; and shall contain a provision or endorsement that the coverage afforded will not be canceled, materially changed, or renewal refused until at least thirty (30) days prior written notice has been given to Department.
- 14.4 PROVIDER's insurance required by Paragraphs 14.1.c, above, shall name the County of DuPage, the Eighteenth Judicial Circuit Court of DuPage County, and the Department, its officers, employees, and agents as additional insured parties.

15. **Entire Agreement and Amendment:**

- 15.1 This Agreement, including matters incorporated herein, contains the entire agreement between the parties.
- 15.2 There are no other covenants, warranties, representations, promises, conditions or understandings; either oral or written, other than those contained herein.
- 15.3 This Agreement may be executed in one or more counterparts, each of which shall for all purposes be deemed to be an original and all of which shall constitute the same instrument.
- 15.4 No modification of or amendment to this Agreement shall be effective unless such modification or amendment is in writing and signed by both parties hereto.

15.5 In event of a conflict between the terms or conditions or this Agreement and any term or condition found in any exhibit or attachment, the terms and conditions of this Agreement shall prevail.

16. **Governing Law:** This AGREEMENT shall be subject to and governed by the laws of the State of Illinois. The exclusive venue for the resolution of any disputes or the enforcement of any rights pursuant to this AGREEMENT shall be in the 18th Judicial Circuit Court of DuPage County, Illinois.
17. **Waiver of/Failure to Enforce Breach:** The parties agree that the waiver of, or failure to enforce, any breach of this Agreement by the remaining party shall not be construed, or otherwise operate, as a waiver of any future breach of this Agreement. Further the failure to enforce any particular breach shall not bar or prevent the remaining party from enforcing this Agreement with respect to a different breach.
18. **Severability:** If one or more of the provisions contained in this AGREEMENT for any reason is held to be invalid, illegal, or unenforceable in any respect by a court of competent jurisdiction, the same shall not affect any other provision of this AGREEMENT, but this AGREEMENT shall be construed as if the invalid, illegal, or unenforceable provision had never been contained herein.
19. **County Approval:** If applicable, This AGREEMENT is subject to approval of the appropriate committee(s) and County Board of the County of DuPage.
20. **Notices:** All notices, approvals or other communications that either party desires or is required to give to the other party under the terms of this Agreement shall be in writing and shall be considered to be properly given (i) if delivered by messenger, (ii) if mailed in the United States via certified or registered mail, postage prepaid, return receipt requested, (iii) if telefaxed, telegraphed or telecopied or (iv) if delivered by reputable express carrier, prepaid, the next business day after delivery to such carrier, addressed to such party as follows:

IF TO THE DEPARTMENT:

Department of Probation and Court Services
503 N. County Farm Road
Wheaton, IL 60187
Attn: Kathy Starkovich

Copy to: Du Page County Finance Department
421 North County Farm Road
Wheaton, IL 60187
Attn: Jeffrey Martynowicz

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

Copy to: Mark Winistorfer, Assistant State's Attorney
DuPage County State's Attorney's Office
505 North County Farm Road
Wheaton, IL 60187-2521

IF TO PROVIDER:

Northeast DuPage Family and Youth Services
3 Friendship Plaza
Addison, IL 60101
Attn: Shannon Hartnett, Executive Director

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

**DEPARTMENT OF PROBATION
AND COURT SERVICES**

Signature On File

By:  _____
KATHY STARKOVICH
DIRECTOR

**NORTHEAST DUPAGE FAMILY AND YOUTH
SERVICES**

Signature On File

By: _____
SHANNON HARTNETT
EXECUTIVE DIRECTOR

Exhibit A

SCOPE OF SERVICES

County's Purchase Order #		County Resolution #	
Contract Name	<u>STEP UP GROUP SERVICE AGREEMENT</u>	Contract Date	<u>February 1, 2026</u>
County's Project Manager	<u>RAY STUBNER</u>	Contractor's Project Manager	<u>SHANNON HARTNETT</u>

This Scope of Services is for PROVIDER providing to the DEPARTMENT certain SERVICES pursuant to the above-referenced AGREEMENT. The undersigned agree that this Grant-Funded Consulting project ("Project") shall be conducted pursuant to the terms and conditions of the above-referenced County Report and Contract and by the following terms and conditions:

1. **DESCRIPTION OF PROVIDER'S WORK:**

A. SERVICES shall include assessment of client needs, individual counseling in keeping with individual client's needs, and group counseling in keeping with individual client needs.

- Both individual and group counseling shall include counseling of both juvenile and parent(s)/guardian(s).
- Both individual and group counseling shall include delivery of "Step Up" curriculum, as developed and copyrighted by Greg Routt and Lily Anderson of King County, Washington. [Note: "Step Up" curriculum is used by permission of the authors.]
- Both individual and group counseling may include other clinically appropriate techniques (e.g. cognitive behavioral therapy) provided such treatment is delivered in a manner consistent with the DEPARTMENT'S "Philosophy of Treatment".

B. Assessment of client needs:

- All clients shall be assessed by PROVIDER for determining appropriateness for the Step-UP curriculum.
- All clients shall be assessed by PROVIDER for individual treatment needs through a clinical interview.
- PROVIDER shall work with each client to develop a safety plan to prevent additional domestic violence.
- PROVIDER shall administer the "Step Up" behavior checklist to each client upon referral and program completion.

C. Group counseling:

- Unless deemed clinically inappropriate, all referrals for SERVICES shall receive group counseling.

- Group counseling shall follow the “Step Up” curriculum.
- Group counseling shall be delivered once per week, unless cancelation occurs in advance with notification of counseling participants and the DEPARTMENT.
- Group counseling shall be delivered to separate “youth” and “parent” groups as designated in the “Step Up” curriculum
- All participants in Group counseling shall be referrals from the DEPARTMENT unless otherwise approved in writing by the DEPARTMENT.
- All Group counseling shall be delivered by a licensed professional counselor, licensed professional social worker, or clinical intern completing requirements of an accredited graduate program under the supervision of a licensed professional counselor or social worker.

D. Individual counseling:

- Individual counseling shall only be provided in response to an assessed clinical need and following written approval from DEPARTMENT.
- Individual counseling shall include material adapted from “Step Up” curriculum.
- Individual counseling shall directly address juvenile’s aggressive behavior as related to domestic battery arrest.
- Individual counseling may also address factors indirectly related to juvenile’s aggressive behavior and/or family dynamics indirectly related to juvenile’s aggressive behavior.

2. **DELIVERABLES:**

A. On a weekly basis:

- PROVIDER shall provide the DEPARTMENT with documentation summarizing any completed assessments.
- PROVIDER shall provide the DEPARTMENT with attendance records for group and individual counseling.
- PROVIDER shall provide the DEPARTMENT a summary of participant behavior in group and individual counseling, including but not limited to inappropriate behavior or factors which may indicate an increased risk of re-offending.

B. On a monthly basis:

- PROVIDER shall provide an invoice for all SERVICES provided during the month. Invoices shall be itemized by juvenile to whom SERVICES delivered and PROVIDER’s staff delivering services.



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	Northeast DuPage Family and Youth Services
CONTACT PERSON:	Shannon Hartnett
CONTACT EMAIL:	shartnett@nedfys.org

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Printed Name: Shannon Harnett

Signature: _____

Signature On File

Title: Executive Director

Date: 12/08/2025



File #: JPS-P-0005-26

Agenda Date: 1/6/2026

Agenda #: 6.B.

AWARDING RESOLUTION ISSUED TO
DUPAGE COUNTY HEALTH DEPARTMENT
TO PROVIDE MENTAL HEALTH SERVICES AND TRANSPORTATION
TO CLIENTS IN PRETRIAL
FOR PUBLIC DEFENDER
(CONTRACT TOTAL AMOUNT \$50,250)

WHEREAS, an agreement has been made in accordance with County Board policy; and

WHEREAS, the Judicial and Public Safety Committee recommends County Board approval for the issuance of a contract to the DuPage County Health Department, to provide mental health services and transportation to clients in pretrial, for the period of January 13, 2026 through November 30, 2026, for Public Defender.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide mental health case management services to mentally ill clients and transportation, for the period of January 13, 2026 through November 30, 2026, for Public Defender per, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to DuPage County Health Department, 111 North County Farm Road, Wheaton, Illinois 60187 for a contract total amount of \$50,250.

Enacted and approved this 13th day of January, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 26-0083	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$50,250.00
	CURRENT TERM TOTAL COST: \$50,250.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: DuPage County Health Department	VENDOR #: 23985	DEPT: Public Defender	DEPT CONTACT NAME: Jeff York
VENDOR CONTACT: Adam Forker	VENDOR CONTACT PHONE: 630-221-7419	DEPT CONTACT PHONE #: 630-407-8300	DEPT CONTACT EMAIL: Jeff.York@dupagecounty.gov
VENDOR CONTACT EMAIL: Adam.Forker@dupagehealth.org	VENDOR WEBSITE:	DEPT REQ #:	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Provide linkage to treatment for individuals involved in the criminal justice system with substance use disorders & mental health needs.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Case Manager to conduct mental health and/or substance use screening for individuals in pre-trial court.			

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.
IGA (INTERGOVERNMENTAL AGREEMENT)

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

SECTION 3: DECISION MEMO

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

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: DuPage County Health Department	Vendor#: 19161	Dept: Public Defender	Division:
Attn: Adam Forker	Email: Adam.Forker@dupagehealth.org	Attn: Melissa Buckardt	Email: Melissa.Buckardt@dupagecounty.gov
Address: 111 N. County Farm Road	City: Wheaton	Address: 503 N, County Farm Road, 3rd Floor	City: Wheaton
State: Illinois	Zip: 60187	State: Illinois	Zip: 60187
Phone: 630-221-7419	Fax:	Phone: 630-407-8303	Fax: 630-407-8310
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: DuPage County Health Department	Vendor#: 23985	Dept: Public Defender	Division:
Attn: Adam Forker	Email: account.receivable@lexisnexis.com	Attn: Jeff York	Email: Jeff.York@dupagecounty.gov
Address: 111 N. County Farm Road	City: Chicago	Address: 503 N, County Farm Road, 3rd Floor	City:
State: Illinois	Zip: 60187	State: Illinois	Zip: 60187
Phone: 630-221-7419	Fax:	Phone: 630-407-8300	Fax: 630-407-8310
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 13, 2026	Contract End Date (PO25): Nov 30, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Conduct mental health and/ or substance use screening for individuals in pre-trial court	FY26	5000	6350	53090		40,250.00	40,250.00
2	1	EA		Transportation for individuals in pre-trial court	FY26	5000	6350	53510		10,000.00	10,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 50,250.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 1st allowed invoice date of 1/13/26.
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.

INTERAGENCY PROFESSIONAL SERVICES AGREEMENT

This INTERAGENCY PROFESSIONAL SERVICES AGREEMENT (hereinafter 'AGREEMENT') is effective as of the 13th day of January 2026, and is entered into by and between the DuPage County Public Defender (hereinafter "PUBLIC DEFENDER") and the DuPage County Health Department (hereinafter "HEALTH DEPARTMENT")

RECITALS

WHEREAS, it is desirable for and the PUBLIC DEFENDER seeks to provide a Community Support Specialist (Case Manager) in pretrial court to provide mental health and/or substance use screening to clients of the PUBLIC DEFENDER; and

WHEREAS, the PUBLIC DEFENDER has received a grant from the Illinois Criminal Justice Information Authority (Byrne State Crisis Intervention Program) in support of public defense services which will fund the Community Support Specialist (Case Manager); and

WHEREAS, it is desirable for the HEALTH DEPARTMENT and the PUBLIC DEFENDER to work cooperatively to reduce the prevalence and recidivism of individuals with substance use disorders and of individuals with mental health needs in the criminal justice system; and

WHEREAS, the HEALTH DEPARTMENT has the expertise, knowledge, resources and professional licensure necessary to provide said certain mental health and/or substance use screening services; and

WHEREAS, the HEALTH DEPARTMENT and the PUBLIC DEFENDER seek to partner to address and provide linkage to treatment for individuals involved in the criminal justice system with substance use disorder needs and with mental health needs; and

WHEREAS, the HEALTH DEPARTMENT and the PUBLIC DEFENDER seek to partner for screening serves, according to the terms and conditions set forth below.

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

1. Incorporation of Recitals: The matters recited above are hereby incorporated into and made a part of this AGREEMENT.
2. Term: This AGREEMENT is for a term commencing on January 13, 2026, and continuing until November 30, 2026, unless terminated sooner as provided herein.
3. Scope of Services:
The HEALTH DEPARTMENT shall provide a Community Support Specialist (Case Manager) to conduct mental health and/or substance use screening for individuals in pre-trial

level. The HEALTH DEPARTMENT agrees to provide the services set forth in Exhibit "A" which is attached and incorporated herein at such times as may be scheduled. The HEALTH DEPARTMENT will provide prior notice to the PUBLIC DEFENDER in the event that the HEALTH DEPARTMENT is unavailable for any reason once services are scheduled. The HEALTH DEPARTMENT agrees to render professional services and perform the functions and duties under this AGREEMENT at all times in strict accordance with currently approved methods and practices in the HEALTH DEPARTMENT'S field.

4. Compensation.

(a)The PUBLIC DEFENDER will compensate the HEALTH DEPARTMENT, by way of funds from the Illinois Criminal Justice Information Authority grant for one Part Time (20-hrs/week) Community Support Specialist (Case Manager) for Pre-Trial court; compensation shall not exceed Dollars \$40,250 during the term of this agreement. Reimbursement will be made in monthly installments of \$3,354.16, based on invoicing from HEALTH DEPARTMENT for services described in scope of services. It is expressly understood that said compensation is dependent upon the PUBLIC DEFENDER having sufficient funds from the Illinois Criminal Justice Information Authority grant.

5. Use of facilities: The PUBLIC DEFENDER shall permit the HEALTH DEPARTMENT to use such facilities in the DuPage County Correctional Center (where will the evaluations take place?) as he deems available and suitable for the performance of the services to be provided hereunder. The provision of facilities is an accommodation only and the PUBLIC DEFENDER makes no warranties, expressed, or implied, as to their condition. If from time to time, no facilities are available and suitable, the HEALTH DEPARTMENT will be relieved of the obligations hereunder until the facilities can be used, and the AGREEMENT shall not terminate by reason of a temporary unavailability of facilities.

Further, neither party shall be liable for any delay or non-performance of their obligations caused by any contingency beyond their control including but not limited to Acts of God, war, civil unrest, strikes, walkouts, fires, or natural disasters.

6. Ownership: Unless otherwise provided by law, all records, reports, documents, and other materials prepared by the HEALTH DEPARTMENT in performing services, as well as all records, reports, documents, and other materials containing Confidential Information prepared or generated as a result of this AGREEMENT, shall at all times be and remain the property of the PUBLIC DEFENDER. All of the foregoing items shall be delivered to the PUBLIC DEFENDER upon demand at any time and in any event, shall be promptly delivered to the PUBLIC DEFENDER upon expiration or termination of the AGREEMENT. In the event any of the above items are lost or damaged while in the HEALTH DEPARTMENT'S

possession, such items shall be restored or replaced at the HEALTH DEPARTMENT'S expense. The HEALTH DEPARTMENT may, from time to time, bring in equipment and materials owned by the HEALTH DEPARTMENT, subject to the PUBLIC DEFENDER'S review for security purposes, and these items shall remain the property of the HEALTH DEPARTMENT.

7. Personnel: HEALTH DEPARTMENT will participate by providing one Community Support Specialist (Case Manager) for up to 20 hours per week in pre-trial court utilizing one case manager within the limitations of this AGREEMENT ("HEALTH DEPARTMENT PERSONNEL"). Any such HEALTH DEPARTMENT PERSONNEL, shall be deemed employees or under the control of the HEALTH DEPARTMENT as to the performance of their duties, and the HEALTH DEPARTMENT shall be responsible for all employee benefits it chooses to extend to them, and for all applicable statutory protections accruing to them.

If the PUBLIC DEFENDER determines, in his sole discretion, that any HEALTH DEPARTMENT PERSONNEL are or act in a manner unsuitable to the nature of pre-trial services, he may give written notice to the HEALTH DEPARTMENT to remove that individual and the HEALTH DEPARTMENT shall comply within the time set in the notice. No notice need be given in an emergency, as determined by the PUBLIC DEFENDER or his Deputy on the scene. If the PUBLIC DEFENDER determines, in his sole discretion, that the situation is one that may be corrected, he can, but is not required to, permit the HEALTH DEPARTMENT a reasonable opportunity for correction prior to removal.

8. Termination: Either party may terminate this AGREEMENT upon sixty (60) days written notice, and the parties may also mutually agree to termination. Termination may occur based on insufficiency of funds in the Illinois Criminal Justice Information Authority grant to support this AGREEMENT. Upon termination, this AGREEMENT shall be and become of no further force and effect and each of the parties shall be relieved and discharged of their respective obligations from the date of termination.
9. Insufficient funds: This AGREEMENT may be terminated if the PUBLIC DEFENDER fails to have sufficient funds in the Illinois Criminal Justice Information Authority grant to support the AGREEMENT and/or the DuPage County Correctional Center Substance Use Disorder Recovery Pod Program and/or the DuPage County Correctional Center Behavioral Health Re-Entry Program.
10. Notices: All notices required under this AGREEMENT shall be in writing and sent to the addresses and persons set forth below, or to such other addresses as may be designated by a party in writing. All notices shall be deemed received when (i) delivered personally; (ii) sent by confirmed telex or facsimile (followed by the actual document) during normal business hours, or the next workday if sent in that manner after close of business; or (iii) one (1) day after deposit with a commercial express courier specifying next day delivery, with written verification of receipt.

11. Entire Agreement and Amendment: This AGREEMENT, including all exhibits and referenced documents, constitutes the entire agreement of the parties with respect to the matters contained herein. All attached exhibits are incorporated into and made a part of this AGREEMENT. No modification of or amendment to this AGREEMENT shall be effective unless such modification or amendment is in writing and signed by both parties hereto. Any prior agreements or representations, either written or oral, relating to the subject matter of this AGREEMENT are of no force or effect.

For the PUBLIC DEFENDER:
DuPage County PUBLIC DEFENDER's Office
Attention:
503 N County Farm Road
Wheaton IL, 60187

For: HEALTH DEPARTMENT
DuPage County Health Department
111 N. County Farm Road
Wheaton IL, 60187

IN WITNESS WHEREOF, the parties have executed this agreement as of the date written below.

[Redacted Signature]
Jeff York
PUBLIC DEFENDER of DuPage County IL.

12/17/2025
Date

[Redacted Signature]
Executive Director or designee of
DuPage County Health Department

12/17/2025
Date

Exhibit A

SCOPE OF SERVICES

This Scope of Services is for the DuPage County Health Department (DCHD) providing to the DuPage County Public Defender's Office (Public Defender) certain Services pursuant to the above-referenced Agreement. The undersigned agree that Services shall be conducted pursuant to the terms and conditions of the above-referenced County Report and Contract and by the following terms and conditions:

1. DESCRIPTION OF PROVIDER'S WORK:

- A. DCHD will provide one Community Support Specialist (CSS) (or designee), up to 20 hours per week, to attend First Appearance Court, Monday – Friday.
- B. CSS will conduct behavioral health screenings to defendant's identified by Public Defender's office.
 - i. Screenings will focus on potential behavioral health needs including both mental health and substance use.
 - ii. In addition to behavioral health needs, other social determinants of health (SDOH) will be screened for. These include but are not limited to:
 - 1. Housing
 - 2. Access to healthcare and healthcare coverage
 - 3. Access to transportation
- C. CSS will provide resources & referrals including but not limited to:
 - i. Linkage to mental health and/or substance use treatment
 - ii. Linkage to Crisis Recovery Center (CRC) for immediate triage of behavioral health needs
 - iii. Referrals to resources within person's community (i.e., housing, transportation, healthcare)
- D. CSS will assist in identifying solutions to potential barriers related to attending next court date.
- E. CSS will provide Public Defender with general overview of potential concerns and needs of the defendant, as well as overview of resources/services that are planned to be provided to defendant. This information will be communicated in written form, including but not limited to a behavioral health screening.
- F. When providing behavioral health screenings for the Public Defender's Office, all communication with defendants is conducted in accordance with the policies and procedures established by the Public Defender.
- G. In the event that the defendant has current or past treatment history with DCHD, CSS will obtain consent from defendant via release of information to share any applicable treatment history with Public Defender's Office. Defendant's refusal to consent to release/sharing of clinical information will not prevent CSS from assisting defendant with obtaining resources/treatment linkages or performing a behavioral health screening
- H. DCHD will provide aggregated data that includes but is not limited to:
 - i. # of clients screened by charge
 - ii. # of clients referred for services by type (e.g., CRC referral, linkage to outpatient, referral to external resource, etc.)



Required Vendor Ethics Disclosure Statement

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

Date: 12/16/2025

Bid/Contract/PO #: 26-0083

Company Name: DuPage County Health Department	Company Contact: Adam Forker
Contact Phone: 630-221-7419	Contact Email: adam.forker@dupagehealth.org

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-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 or will be having contact with county officers or employees in relation to the contract or bid	Telephone	Email

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

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

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

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

<http://www.dupageco.org/CountyBoard/Policies/>

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

Authorized Signature: _____

Printed Name: Adam Forker

Title: Executive Director

Date: December 16, 2025

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



Judicial/Public Safety Requisition \$30,000 and Over

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

File #: JPS-P-0006-26

Agenda Date: 1/6/2026

Agenda #: 6.C.

AWARDING RESOLUTION ISSUED TO
FAVORITE HEALTHCARE STAFFING, LLC
TO PROVIDE SUPPLEMENTAL MEDICAL STAFFING AS NEEDED
FOR THE SHERIFF'S OFFICE
(CONTRACT TOTAL AMOUNT \$450,000.00)

WHEREAS, proposals have been accepted and processed in accordance with County Board policy; and

WHEREAS, the Judicial and Public Safety Committee recommends County Board approval for the issuance of a contract to Favorite Healthcare Staffing, LLC, to provide supplemental medical staffing as needed, for the period of January 13, 2026 through November 30, 2028, for the Sheriff's Office.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide supplemental medical staffing as needed, for the period of January 13, 2026 through November 30, 2028, for the Sheriff's Office, be, and it is hereby approved for issuance of a contract by the Procurement Division to Favorite Healthcare Staffing, LLC, 9800 Metcalf Ave, Floor 4, Overland Park, KS 66212, for a contract total amount not to exceed \$450,000.00; per RFP #25-064-SHF.

Enacted and approved 13th day of January, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-0122	RFP, BID, QUOTE OR RENEWAL #: 25-064-SHF	INITIAL TERM WITH RENEWALS: 3 YRS + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$450,000.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$600,000.00
	CURRENT TERM TOTAL COST: \$450,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: FAVORITE HEALTHCARE STAFFING, LLC.	VENDOR #:	DEPT: SHERIFF OFFICE	DEPT CONTACT NAME: TIM SCHOENENBERGER
VENDOR CONTACT: KEENAN DRIVER	VENDOR CONTACT PHONE: 913-383-9733	DEPT CONTACT PHONE #: X2044	DEPT CONTACT EMAIL: TIM.SCHOENBERGER@DUPAGESHERIFF.ORG
VENDOR CONTACT EMAIL: KDRIVER@FAVORITESTAFFING.COM	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Request for Proposal - 25-064-SHF - Supplemental Medical Staffing as needed			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Supplemental coverage for Medical and Mental Health Staff			

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.
RFP (REQUEST FOR PROPOSAL)	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. RFP# 25-064-SHF - received 37 responses and of 71 invitations sent.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Award the RFP to assist with supplemental medical staffing as needed. 2) Do nothing - risk not being covered. 3) Seek less qualified staffing agencies to fill in coverage. Since RFP was issued, not considered as an option.

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

SECTION 5: Purchase Requisition Information			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: FAVORITE HEALTHCARE STAFFING, LLC	Vendor#:	Dept: SHERIFF OFFICE	Division:
Attn: KEENAN DRIVER	Email: KDRIVER@FAVORITESTAFFINGS.COM	Attn: COLLEEN ZBILSKI	Email: COLLEEN.ZBILSKI@DUPAGESHERIFF.ORG
Address: 9800 METCALF AVE., FLOOR 4	City: OVERLAND PARK	Address: 501 N. COUNTY FARM ROAD	City: WHEATON, IL
State: KS	Zip: 66212	State: IL	Zip: 60187
Phone: 913-383-9733	Fax:	Phone: X2122	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAME	Vendor#:	Dept: SAME	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 01/13/2026	Contract End Date (PO25): 11/30/2028

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Supplemental Medical Staffing	FY26	1000	4410	53090		150,000.00	150,000.00
2	1	EA		Supplemental Medical Staffing	FY27	1000	4410	53090		150,000.00	150,000.00
3	1	EA		Supplemental Medical Staffing	FY28	1000	4410	53090		150,000.00	150,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 450,000.00


Comments	
HEADER COMMENTS	Provide comments for P020 and P025. This contract purchase order is to provide Supplemental Medical Staffing as needed per RFP# 25-064-SHF from January 13, 2026 through November 30, 2028.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.


RFP-25-064-SHF
Supplemental Staffing for
DuPage County Sheriff's Office



Technical Proposal

Keenan Driver
Chief Sales Officer

 765-432-1681

 kdriver@favoritestaffing.com
rfp@favoritestaffing.com

Cover Letter

October 30, 2025

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

Re: SUPPLEMENTAL MEDICAL STAFFING FOR DUPAGE COUNTY SHERIFF'S OFFICE 25-064-SHF

On behalf of Favorite Healthcare Staffing, LLC (Favorite Healthcare), we are pleased to submit our response to **25-064-SHF** – Supplemental Medical Staffing for the DuPage County Sheriff's Office. We are a Joint Commission certified healthcare staffing company licensed in Illinois and committed to enhancing healthcare and community well-being through exceptional workforce solutions, responsive emergency management, 24/7 concierge support, and a people-first culture.

Since opening our doors in 1981, **healthcare staffing has been our only business**, and our four decades of experience have provided us with a national recruitment footprint that few providers can match. Our Joint Commission Gold Seal of Approval™ signifies that we have successfully undergone rigorous evaluations, demonstrating compliance with high standards in leadership, HR management, information management, and performance improvement. This certification reflects our dedication to providing reliable and professional healthcare staffing services.

We have received and acknowledge Addendum 1 received on October 21, 2025, and our response has reflected the information contained in the addendum.

Thank you for considering Favorite Healthcare for these services. Please reach out to us if you have any questions or if you require additional information or clarification during your evaluation.

Sincerely,



Keenan Driver

Chief Sales Officer

Favorite Healthcare Staffing, LLC

Phone: 785-432-1681 (Cell) | 913-800-7023 (Office) 913-383-9733 (Switchboard)

kdriver@favoritestaffing.com | rfp@favoritestaffing.com

FIRM QUALIFICATIONS

a) A summary of the Bidder's general qualifications including specific disciplines represented that are applicable to the proposed work, number of employees, office locations, etc.

Favorite Healthcare Staffing, LLC (Favorite Healthcare) is the longest-standing nursing solutions provider in the United States. Established in 1981 as a per diem nurse staffing company, Favorite Healthcare has adapted its services over time to meet partner needs. Our proprietary technology, developed from this per diem foundation, allows us to respond quickly to both partners and healthcare professionals.

Our skilled nurses collaborate with hundreds of healthcare organizations across the U.S., covering roles such as locum tenens, nursing, float pool management, allied health professionals, non-clinical staff, and more. In 2021, Acacium Group, headquartered in the U.K., acquired Favorite Healthcare, making us the first global healthcare solutions provider offering new delivery models in health, social care, and life sciences.

For this opportunity, Favorite Healthcare is offering our expertise in supplying Registered Nurses, Nurse Practitioners, and Director of Nursing candidates to DuPage County by leveraging an extensive recruitment network and deep expertise in healthcare staffing.

We recruit by utilizing a dedicated team of recruitment specialists who focus on matching candidates' qualifications and cultural fit with the specific needs of DuPage County facilities. Our approach includes an ongoing screening process that verifies credentials, evaluates performance records and checks references, ensuring that each candidate meets the strict standards required for these roles.

In response to the requirements listed in the RFP, Favorite uses Primary Source verification of CPR cards as well as other required certifications as needed (ACLS, PALS, etc.). Fingerprint Clearance is obtained for each nurse prior to assignment and criminal background checks are performed in a manner compliant with DuPage County and always in accordance with government regulations.

To ensure that all assigned nurses have up-to-date certifications and training, Favorite Healthcare Staffing upholds stringent HR and Compliance protocols aligned with The Joint Commission's Healthcare Staffing Services Certification standards. These protocols are actively monitored and enforced throughout the duration of each nurse's assignment.

All nurses are required to hold an unencumbered license to practice in the applicable state or possess a multistate license under the Nurse Licensure Compact. We verify licensure status and relevant credentials at the time of onboarding and regularly throughout their assignment via

automated systems and manual compliance checks. We also mandate that all nurses hold an active CPR/BLS certification at all times.

All of Favorite Healthcare's nurses possess the following qualifications and undergo the following credentialing requirements.

Qualification	Credential/Description
Annual Training and Orientation	Evidence of a yearly review of Fire & Safety, Infection Prevention, Hazardous Waste, Joint Commission Patient Safety Goals and OSHA and HIPAA Privacy and Security standards is required of all Favorite Healthcare Staffing's employees.
Certifications	Primary Source verification of any CPR card and/or other certifications (ACLS, PALS, etc.). as required.
Criminal Background Investigation	Employees are checked in a manner compliant with the County and always in accordance with government regulations.
Education	Documentation of Education associated with profession/class.
Fingerprint Card	Fingerprint Clearance Card(s) are obtained for each Nurse before the start of work.
Health and TB Test	Pre-employment health statement by a physician, physician's assistant, or nurse practitioner. Upon hire and annually, TB test within the past year/or TB questionnaire and current clear chest x-ray. Other specific health requirements as directed by DuPage County or Illinois health guidelines. Each applicant must have received the Hepatitis B vaccination series or have provided a declination.
I-9	Documentation and verification upon pre-employment.
Interview	Prospective employees are interviewed by our expert recruitment team. During the interview, emphasis is placed upon work history, clinical expertise, and a review of the testing results.
License Verification/Copy	Primary Source On-Line Verification of the employee's license/certification verified with the state unless the state does not offer verification.
OIG/GSA Check	Automatically checked on all new hires and every 3 months thereafter.
Picture Identification	A photo I.D. from a reliable source.
Pre-Employment Screening	All applicants are subjected to a 10-panel drug screen and otherwise tested in accordance with applicable regulatory requirements.
References	At least two satisfactory written or verbal managerial references verifying work performance in applicable clinical areas.
Skills Inventory	A comprehensive skills inventory appropriate to job classification and age-specific self-assessment.

Qualification	Credential/Description
Testing	Documentation of applicants' competency tests for most clinical staffing areas. A passing grade of 80 percent or better is required. Certain specialty areas and paraprofessional testing may be replaced with client interviews or other evaluation.
Work History	Documentation of work history associated with profession/class.

Favorite Healthcare Staffing utilizes **Relias** for specific skill competency checks and training. **Relias** is a trusted online learning platform that provides our nurses with up-to-date, evidence-based training and certifications tailored to the required specialty. Finally, we also have an annual training and orientation exam that delves into the specific certification required by DuPage County.

To ensure that we only assign appropriately licensed and/or certified personnel to FCS, we follow a rigorous process of verification and maintenance. First, we ensure all employees' licenses are checked with the relevant DuPage County requirements and the State Board of Nursing, providing an initial level of assurance that they hold the necessary credentials to effectively perform their roles. Additionally, all employee references are cross verified with two professional sources.

Our verification process ensures that every candidate's education, experience, and qualifications are meticulously cross-checked before they are approved for work. To optimize this process, we utilize our Mobilize platform, a tool that significantly simplifies and accelerates the vetting and verification process. Further, there are automated precautions put in place, expiration alerts are triggered on the employee's profile whenever specific required credentials have lapsed. The system blocks scheduling of the employee until the new license has been verified and entered into the system.

Mobilize Platform Technology

Favorite Healthcare has consistently prioritized investing in technology that offers tangible benefits to our clients. Mobilize is an end-to-end staffing software solution that significantly simplifies the onboarding of candidates and accelerates the staffing process. The Mobilize platform is an in-house technology solution that empowers our clients to have full control in the management and organization of candidate profiles, onboarding, credentialing, scheduling, back-office tasks, automated timecard processing, and payroll and invoicing.

The software integrates seamlessly with other third-party technologies, allowing for a fully optimized and streamlined staffing process from a singular platform. Additionally, our Mobilize App allows employees to apply for per diem or contract positions that are available with DuPage County, as well as manage their active schedule calendar, credentials, and timecards directly from their phone.

Our Mobilize platform centralizes confirmation and scheduling details for both clients and staff within its technology. For per-diem assignments, clients can easily access agency schedules and

check available staff through the client portal. After one of our healthcare professionals completes a shift, the client also has the option to toggle timecard receipts, which send a copy to any designated contact(s) that wishes to oversee those details. This receipt includes the staff's name, date, time, approver/signee, and other details. These images are also included in our invoices, but the ability to see receipt of a timecard immediately is a benefit that our clients often choose to have turned on.

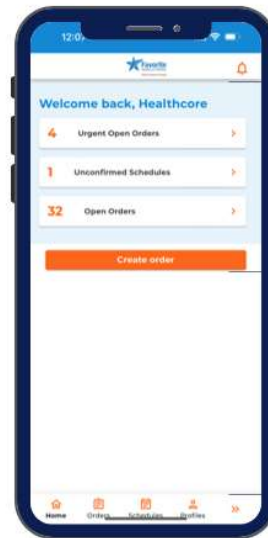
New!
**Mobilize
partner app**

Seamless staffing, on-the-go

- Send open orders
- Confirm Schedules
- View Credentials

QuickShift™

- Save your favorites
- Send direct notifications
- No additional confirmation needed



Get Notified

Get notifications to your mobile phone to be updated and manage shifts in real-time

Create Orders

Quick, easy access to add open shifts - whenever, wherever.

Simple, Seamless, Supportive

Manage everything you need at your fingertips, whether on the unit or in your office.

For longer-term assignments, such as contracts, our platform provides a detailed contract acceptance form that is also emailed from our dedicated account manager. This form includes comprehensive assignment information such as the employee's name, job classification, location, duration, bill rate, and working hours. This ensures all parties are well-informed and can manage their engagements effectively through our platform.

Sourcing, screening, and qualifying candidates quickly and efficiently are vital to identifying top talent. The traditional hiring process, involving verification of candidate education, experience, and qualifications, can be lengthy, time-consuming and cumbersome. However, Mobilize revolutionizes this process by automating and streamlining vetting and verification, accelerating onboarding, and swiftly getting our candidates to work.

Additional Mobilize advantages include:

- **QuickShift™ technology:** Preferred candidates chosen by the client are immediately prioritized and can accept shifts in a seamless, expedited manner.
- **Reduced Onboarding Time:** Mobile credential upload significantly speeds up the onboarding process.
- **Ensured Compliance:** Automated expiring credential reporting guarantees compliance effortlessly.
- **Automated Credential Management:** Quickly manage agency and client-specific credentials.
- **Integrated Comprehensive Checks:** Incorporates background checks, skills checklists, and candidate testing.
- **Enhanced Transparency:** In-depth reporting and Business Intelligence Analytics drives and enhances transparency.

Favorite
Healthcare Staffing
Part of Acacium Group

MOBILIZE with **QuickShift™**
CLIENT PORTAL

- Save your "Favorites"**
Use our new "Favorite" feature to save your top choice healthcare professionals to a priority list. Build a list of quality professionals you can count on.
- Place Orders Instantly**
Skip the extra steps by adding shifts directly within Mobilize. The shifts are immediately posted for recruitment and show as available to candidates.
- Direct Notifications**
When the order is posted in the portal, it immediately notifies your priority list and invites them to accept the shift.
- Automatically Confirm**
When one of your "favorites" accepts a QuickShift invite, the shift is automatically booked and scheduled, seamlessly.

QuickShift™ Invite
Act now before it's too late! Others may have also been invited.

Location	General Hospital
Date	Thu, Aug 29th, 2024
Shift	Day
Start time	07:00
Class	Registered Nurse
Area	Medical/Surgical
Address	14400 E 96th St Kansas City, MO 64139
Pay	\$50.00/hr (estimated)

Accept
Decline

Thorough pre-screening is the best insurance policy for successful placements.

Comprehensive testing, verification of references, behavioral interviewing, and candidate AI skill matching technology helps Favorite Healthcare ensure the nurses we present are well worth your time to review and that the one decided upon has a high likelihood of success.

Each healthcare worker we hire is put through an extended interview and credential checklist template required by our company. Any client specific credentials are added to this list as healthcare workers are offered these positions. Licenses are verified online via each state. Staff credentials are stored electronically and available for request by the County at any time using our *Mobilize* platform. During the interview, we emphasize work history, clinical expertise, and we review all of their test results.

Favorite Healthcare provides applicants with critical information about performance requirements and standards, Favorite Healthcare's policies, and of course, relevant County policies and procedures. The assignment of employees is made with consideration of the skills and expertise of the employee, the needs of the County, and your acceptance of the suitability of the employee to perform the duties of the assignment.

We maintain a database built over nearly 45 years, which currently includes over 20,000 full- and part-time healthcare professionals in DuPage County, enabling us to quickly identify suitable applicants, while our Chicago team supports rapid placements by managing day-to-day staffing requirements.

For leadership roles such as Director of Nursing, we deploy our experienced recruiters with familiarity with the local territory to ensure a tailored recruitment process and hands-on support for DuPage County.

Our track record of meeting client expectations is highlighted by our long-term relationships; Over 50% of healthcare organizations have relied on our staffing support for more than five years, with 10% maintaining partnerships for over 20 years.

We also utilize our technology platform to monitor performance metrics such as time to fill, candidate conversions, and quality assurance, which allows us to adjust the recruitment strategy and maintain high service standards in line with DuPage County's goals.

This integrated recruitment and management approach allows us to not only supply high-caliber Registered Nurses, Nurse Practitioners, and Director of Nursing professionals, but also provide ongoing support through our local and corporate teams, ensuring that DuPage County receives a responsive and reliable staffing solution.

b) An outline of the Bidder's depth and breadth of knowledge needed to carry out the scope and the extent of the work required, especially that of the project lead.

Favorite Healthcare has extensive depth and breadth of knowledge and capability in healthcare staffing. Founded in 1981, we are Joint Commission certified, meeting national standards for determining staff qualifications, placement, and competence. Through this certification, our clients are provided with assurance of audited clinical quality and compliance, including adherence to standards set by the National Commission of Correctional Healthcare, the American Correctional Association, the Illinois Department of Corrections, and county jail standards.

We have continuously expanded our service offerings as the healthcare staffing industry has evolved. Today, Favorite Healthcare is proud to offer a whole workforce staffing model, including over 600 classifications of high-quality clinical and non-clinical nursing staff and has provided customized staffing support to hundreds upon hundreds of hospitals, clinics, school districts, prisons, rehabilitation centers, veterans homes, nursing homes, and retirement communities across the nation. Favorite's ability to provide immediate, coordinated responses for rapid deployment at the local, regional, and national levels is crucial and remains as one of Favorite's key differentiators.

Our services include per-dem, travel, block and contract staffing, as well as direct hire solutions covering nursing, allied health, advanced practice, physician roles, rapid response, and disaster and project staffing. We understand that the DuPage County Sheriff's Office employs its own medical personnel, and as a provider of supplemental staffing, we will work closely with these medical professionals to maintain a continuum of care and meet the high standards of care provided by the Sheriff's Office.

Favorite Healthcare revolutionized healthcare staffing by being the first agency in the United States to create a National Operations Center. This center ensures that skilled representatives are available, on-demand, 24/7, 365 days a year. We use our proprietary Mobilize technology platform and app to instantly notify clinicians and subcontractor vendors of staffing requirements, enabling swift responses to meet urgent demands.

Favorite Healthcare also takes pride in our thorough verification process, ensuring that every candidate's education, experience, and qualifications are meticulously cross-checked before they are approved for work. To optimize this process, we utilize our Mobilize platform, which significantly simplifies and accelerates the vetting and verification process. Furthermore, there are automated precautions put in place, where expiration alerts are triggered on the employee's profile whenever their required credentials are nearing expiration, as well as other automated checks on their annual training and skills. If there is ever a lapse in their licensure, our Mobilize system blocks scheduling of the employee until the new license has been verified and entered into the system.

Favorite Healthcare's Account Manager (Project Lead) and our regional operations team will play a crucial role in ensuring the needs of the Sheriff's Office are met efficiently and consistent with our high standards. The Account Manager builds relationships with client departments and ensures clear communication, the resolution of issues, the advocacy of client preferences, and the collection of feedback on a regular basis. Our account management team oversees the successful execution of the service contract, including daily activities like order management, scheduling support, overseeing project timelines, and working with our local recruitment teams to help fulfil the needs of DuPage County Sheriff's Office.

Our Account Managers confirm role details with hiring managers upon requisition receipt, adjusting candidate selection based on skills and cultural fit, and utilize our technology technology to broadcast open roles instantly to clinicians through the mobile app.

c) Main attributes that differentiate the Bidder from other competitors.

Favorite Healthcare Staffing distinguishes itself from other providers through the following key areas:

Comprehensive Service Offering

Varied Staffing Solutions: Favorite Healthcare provides per diem, travel, direct hire, and emergency response staffing for clinical and non-clinical roles, catering to a multitude of healthcare settings, including correctional healthcare.

Specialized Divisions: Favorite Healthcare's service offering Includes dedicated units for travel nursing, allied health, and disaster response.

Enterprise-wide Staffing Solutions: Favorite Healthcare covers project staffing for EMR conversions, hospital expansions, and permanent placements, leveraging our state-of-the-art technology for streamlined operations.

This broad and comprehensive approach to our service delivery allows Favorite Healthcare to be a one-stop shop for our clients' needs, from short-term coverage to long-term travel assignments, making Favorite Healthcare a versatile partner for large counties like DuPage.

Proprietary Technology

Innovative Platform: Favorite Healthcare was the first healthcare staffing provider to establish a 24-hour National Operations Center, enabling immediate response and efficient management of large volumes of staffing orders at any time.

Mobilize Technology: Favorite Healthcare's technology allows healthcare professionals to search

jobs, schedule shifts, submit timecards, and track credentials, all from their phone, laptop, or device, allowing the streamlining of administrative tasks.

Industry Leadership

Longevity: Favorite Healthcare has operated since 1981, making it the most tenured temporary nursing solutions provider in the USA--over four decades of healthcare staffing excellence. Favorite Healthcare has weathered industry shifts and market uncertainty, maintaining relevance through innovation and client loyalty. This tenure reflects stability, institutional knowledge, and a proven track record in a competitive and evolving staffing market.

Commitment to Quality

Joint Commission Certified: Our organization is Joint Commission Certified in Health Care Staffing Services since 2005 and fully adheres to federal, state, and local regulatory standards, including HIPAA, OSHA, and other protocols.

Extensive Database of Healthcare Professionals: Favorite Healthcare Staffing utilizes a proprietary database of over 1.5 million healthcare professionals for swift and reliable recruitment.

The healthcare staffing industry demands trust and reliability. Favorite Healthcare's focus on high standards and service excellence has resulted in meaningful, long-term relationships with a variety of clients, from small nursing homes or specialty clinics, to large, multi-site healthcare organizations where we serve as the managed service provider to take care of all of their staffing needs.

Emergency Response and Crisis Staffing

Rapid Response Capabilities: During the COVID-19 pandemic, Favorite Healthcare was the top staffing provider for many U.S. states, including Illinois, Iowa, New York, Oregon, and Florida, deploying hundreds of healthcare workers within 24-48 hours of notification. Favorite Healthcare was the exclusive staffing provider of the Iowa Division of Emergency Management throughout the COVID-19 pandemic in which we provided RNs to hospitals throughout the state in need of additional bandwidth and capability. This included providing staff to Illinois Emergency Management Agency

Favorite Healthcare's rapid response structure has been in place since 2012, making Favorite Healthcare a go-to partner for rapid response during disasters and emergencies, such as hurricanes, tornadoes and humanitarian crises. When challenges arise, Favorite Healthcare delivers solutions you can count on every time.

Holistic Workforce Management

Customized 24/7/365 Support: Includes a dedicated account management and recruitment team under a concierge-style staffing structure that ensures personalized assistance and support at any time.

Favorite Healthcare's combination of innovative technology, unmatched experience, service offerings, and industry presence sets it apart from competitors, enabling it to meet the University's needs efficiently.

The best care starts with the best staff.

For 44 years, Favorite Healthcare has taken pride in hiring the most qualified, skilled clinical staff in the industry. Favorite Healthcare attracts and retains these applicants by providing them with flexibility of assignments, top salaries, and multiple benefits including but not limited to continuing education reimbursement, referral bonuses, sign-on bonuses, weekly pay, 401(k) Employee Savings plan, direct deposit, and more. We consistently engage with our clinicians at a local level through our nationwide recruiters that are dispersed throughout the nation in different regional footprints.

Knowing the communities that our healthcare professionals live in, work in and support, makes all the difference in building lasting relationships with our clients. We are grateful for the healthcare professionals who have been with us for decades and those who are newer to the Favorite family, consistently providing compassionate, high-quality healthcare to their patients. Thirty-nine percent (39%) of our nurses hold BSN degrees, and Favorite Healthcare's average RN has approximately nine years of clinical experience, while our average LPN has approximately six years of clinical experience.

d) Relevant previous experience with public sector entities.

Favorite has demonstrated its ability and is highly qualified to provide nursing services to correctional facilities and other county entities with similar medical staffing needs throughout the healthcare market as evidenced by our decades of experience doing so. We have provided staffing for state, county, and city facilities in multiple states. We have provided this staff on a per diem and contract basis in several areas including the infirmary, pill line, and receiving and evaluation center. Nationwide, we have provided healthcare services for over 400 different correctional facilities, including state mental health departments, city jails, and state and federal prisons.


In addition to our stated references, we have provided statewide coverage for several state departments of corrections, such as Michigan, North Carolina, South Carolina, Colorado, and Iowa. Favorite Healthcare has past and current working history with many correctional institutions both direct and through other vendors. We have serviced inner city jails, county jails, as well as larger rural correctional centers. Our nurses understand the complexities of correctional health care, the high safety protocols, and possess the core skills and competencies to deliver the best care in these environments.


RFP-25-064-SHF
Supplemental Staffing for
DuPage County Sheriff's Office



Price Proposal

Keenan Driver
Chief Sales Officer

 765-432-1681

 kdriver@favoritestaffing.com
rfp@favoritestaffing.com

PROPOSAL PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-064-SHF
COMPANY NAME:	Favorite Healthcare Staffing, LLC
CONTACT PERSON:	Keenan Driver
CONTACT EMAIL:	rfp@favoritestaffing.com

Section II: Pricing

All goods and services shall be shipped F.O.B. Destination. The quantities listed below are canvassing quantities and do not represent the number of hours required to fulfill the contract.

Year 1

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$78.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$78.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$78.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$78.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$117.00
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$117.00
7	Medical Director	HR	1	\$
8	Medical Director (On-Call)	HR	1	\$
9	Psychiatrist	HR	1	\$
10	Psych Staff	HR	1	\$
11	Dentist	HR	1	\$
12	Director of Nursing	HR	1	\$83.00

13	Nurse Practitioner	HR	1	\$112.00
YEAR 1 - GRAND TOTAL				\$741.00
GRAND TOTAL: The grand total listed is \$741.00 for Year 1 . Our quoted rates represent the total cost of all our services and are all-inclusive of all costs, fees, overhead and miscellaneous charges.				

Year 2

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$78.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$78.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$78.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$78.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$117.00
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$117.00
7	Medical Director	HR	1	\$
8	Medical Director (On-Call)	HR	1	\$
9	Psychiatrist	HR	1	\$
10	Psych Staff	HR	1	\$
11	Dentist	HR	1	\$
12	Director of Nursing	HR	1	\$83.00
13	Nurse Practitioner	HR	1	\$112.00
YEAR 2 - GRAND TOTAL				\$741.00
GRAND TOTAL: The grand total listed is \$741.00 for Year 2 . Our quoted rates represent the total cost of all our services and are all-inclusive of all costs, fees, overhead and miscellaneous charges.				

Year 3

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$80.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$80.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$80.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$80.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$120.00
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$120.00
7	Medical Director	HR	1	\$
8	Medical Director (On-Call)	HR	1	\$
9	Psychiatrist	HR	1	\$
10	Psych Staff	HR	1	\$
11	Dentist	HR	1	\$
12	Director of Nursing	HR	1	\$85.00
13	Nurse Practitioner	HR	1	\$114.00
YEAR 3 - GRAND TOTAL				\$759.00
GRAND TOTAL: The grand total listed is \$759.00 for Year 3 . Our quoted rates represent the total cost of all our services and are all-inclusive of all costs, fees, overhead and miscellaneous charges.				

Section III: Holiday and Non-Mandatory Services

Bidder shall provide a list of holidays included in Holiday Rate(s).

1. New Year's Day	8. New Years Eve
2. Presidents Day	9. Christmas Eve
3. Memorial Day	10. Easter Day
4. July 4	11. Memorial Day Eve
5. Labor Day	12. Thanksgiving Day Eve
6. Christmas Day	13.
7. Thanksgiving Day	14.

Check the appropriate boxes below to indicate if the service is included in the fee, available at an additional charge or not available.

Services List of any non-mandatory services provided.	Included in Fee	Additional Fee	Not Available
N/A			

Section III: Certification

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

Printed Name: Keenan Driver Signature: 

Title: Chief Sales Officer Date: 10/27/2025



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

PROPOSAL FORM

Section I: Contact Information

Complete the contact information below.

RFP NUMBER:	25-064-SHF - Supplemental Staffing for DuPage County Sheriff's Office
COMPANY NAME:	Favorite Healthcare Staffing, LLC
MAIN ADDRESS:	9800 Metcalf Ave., 2nd Floor
CITY, STATE, ZIP CODE:	Overland Park, KS 66212
TELEPHONE NO.:	913-383-9733
CONTACT PERSON:	Keenan Driver
CONTACT EMAIL:	rfp@favoritestaffing.com kdriver@favoritestaffing.com

Section III: Certification

The undersigned certifies that they are:

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

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

Amanda Hoffman, Chief Executive Officer

(President or Partner)

Keenan Driver, Chief Sales Officer

(Vice-President or Partner)

David Collier, Chief Legal Officer

(Secretary or Partner)

David Opperman, Chief Financial Officer

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal 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, _____, and _____ issued thereto.

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

Further, the undersigned certifies and warrants that they are duly authorized to execute this certification/affidavit on behalf of the Offeror 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 Offeror and is true and accurate.

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

The undersigned certifies that they have examined and carefully prepared this Proposal and have checked the same in detail before submitting this Proposal, 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. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

Further, the Offeror certifies that they have 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 Offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that it will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

The Offeror acknowledges and agrees that the proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Offeror agrees to provide the service described in this solicitation and in the contract specifications under the conditions outlined in attached documents for the amount stated.

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

Offeror: Keenan Driver

Signature 

Title: Chief Sales Officer

Date: 10/27/2025



REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-064-SHF - Supplemental Medical Staffing
COMPANY NAME:	Favorite Healthcare Staffing, LLC
CONTACT PERSON:	Keenan Driver, Chief Sales Officer
CONTACT EMAIL:	rfp@favoritestaffing.com kdriver@favoritestaffing.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

[Ethics | DuPage Co, IL](#)

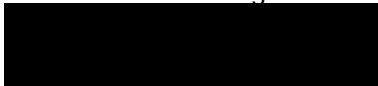
The full text of the County's Procurement Ordinance is available at:

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

Section IV: Certification

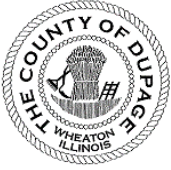
By signing below, the Bidder hereby acknowledges that it has received, read, and understands these requirements, and certifies that the information submitted on this form is true and correct to the best of its knowledge.

Printed Name: Keenan Driver

Signature: 

Title: Chief Sales Officer

Date: 12/16/2025



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
SUPPLEMENTAL MEDICAL STAFFING 25-064-SHF
BID TABULATION

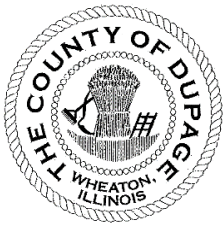
Criteria	Firm Qualifications	Key Qualifications	Project Understanding	Price	Total
Available Points	20	30	30	20	100
√ Worldwide Travel Staffing	19	28	28	20	96
√ Staff Today	18	27	28	13	87
√ Favorite Healthcare Staffing	17	26	25	14	81
BrightStar Care of Central DuPage - Wheaton	16	24	24	12	76
BuzzClan, LLC	15	23	23	15	75
Sunshine Enterprise USA	14	20	20	18	73
NovaStaff Healthcare Services, Inc.	15	22	22	14	73
Cardinal Correctional Care of Illinois	15	22	21	14	72
AA East LLC d/b/a AllShifts	13	22	22	15	71
24/7 Healthcare Pros	12	20	21	17	70
Global Empire, LLC	14	20	20	15	69
22 nd Century Technologies	12	20	20	16	69
Cross County Healthcare Staffing Services	14	20	20	14	68
RCM Healthcare Services	14	18	18	15	65
SolveNow, Inc.	12	17	16	20	65
Angel Staffing, Inc.	11	18	18	16	63
Hallmark Healthcare Staffing, LLC	13	19	19	11	62
Datson360 LLC	9	12	10	15	47
Viva USA Inc.	8	11	11	17	46
Adelphi Staffing, LLC	9	12	11	13	45

	Fee and Rate Proposal	Percentage of Points	Points Awarded
Worldwide Travel Staffing	\$ 372.00	100%	20
Staff Today	\$ 550.44	67%	13
Favorite Healthcare Staffing	\$ 546.00	68%	14
BrightStar Care of Central DuPage - Wheaton	\$ 616.00	60%	12
BuzzClan, LLC	\$ 485.76	76%	15
Sunshine Enterprise USA	\$ 407.40	91%	18
NovaStaff Healthcare Services, Inc.	\$ 532.00	70%	14
Cardinal Correctional Care of Illinois	\$ 521.98	71%	14
AA East LLC d/b/a AllShifts	\$ 497.44	74%	15
24/7 Healthcare Pros	\$ 434.70	85%	17
Global Empire, LLC	\$ 486.90	76%	15
22 nd Century Technologies	\$ 462.00	80%	16
Cross County Healthcare Staffing Services	\$ 523.26	71%	14
RCM Healthcare Services	\$ 500.00	74%	15
SolveNow, Inc.	\$ 370.46	100%	20
Angel Staffing, Inc.	\$ 452.04	82%	16
Hallmark Healthcare Staffing, LLC	\$ 665.00	56%	11
Datson360 LLC	\$ 480.00	77%	15
Viva USA Inc.	\$ 438.00	85%	17
Adelphi Staffing, LLC	\$ 552.00	67%	13

NOTES

1. Jennifer Tse dba Alternate Nurse Staffing Solutions, LLC has been deemed non-responsive due to incomplete submission.
2. ATC Healthcare Services, LLC has been deemed non-responsive due to incomplete submission.
3. Aura Staffing Partners Chicago, LLC has been deemed non-responsive due to incomplete submission.
4. Connected Health Care, LLC has been deemed non-responsive due to incomplete submission.
5. Cynet Health Inc. has been deemed non-responsive due to incomplete submission.
6. EduCare Medical Staffing, LLP has been deemed non-responsive due to incomplete submission.
7. JayKay Services Inc. d/b/a JayKay Medical Staffing has been deemed non-responsive due to incomplete submission.
8. JLK Global Enterprises, Inc. has been deemed non-responsive due to incomplete submission.
9. LanceSoft, Inc. has been deemed non-responsive due to providing an incomplete submission.
10. LocumTenens.com LLC has been deemed non-responsive due to incomplete submission.
11. Remarkable Staffing, LLC has been deemed non-responsive due to incomplete submission.
12. Supplemental Medical Services, Inc. d/b/a StaffLink has been deemed non-responsive due to incomplete submission.
13. Total Nurses Network, LLC has been deemed non-responsive due to incomplete submission.
14. Veracity Software Inc. has been deemed non-responsive due to incomplete submission.
15. Wise Medical Staffing has been deemed non-responsive due to incomplete submission.
16. ACI Health Inc. has been deemed non-responsive due to not providing price as requested.
17. HealthPro Innovation Workforce Solutions, LLC. has been deemed non-responsive due to not providing price as requested.

RFP Posted on 10/7/2025	SR, BR
RFP Opened On 10/30/2025, 2:30 PM by	
Invitations Sent	71
Total Requesting Documents	19
Total Bid Responses Received	37



REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-064-SHF - Supplemental Medical Staffing
COMPANY NAME:	Favorite Healthcare Staffing, LLC
CONTACT PERSON:	Keenan Driver, Chief Sales Officer
CONTACT EMAIL:	rfp@favoritestaffing.com kdriver@favoritestaffing.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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[Ethics | DuPage Co, IL](#)

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

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

Section IV: Certification

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

Printed Name: Keenan Driver

Signature: 

Title: Chief Sales Officer

Date: 12/16/2025



Judicial/Public Safety Requisition \$30,000 and Over

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

File #: JPS-P-0007-26

Agenda Date: 1/6/2026

Agenda #: 6.D.

AWARDING RESOLUTION ISSUED TO
HEALTH ADVOCATES NETWORK, INC. D/B/A STAFF TODAY LTD
TO PROVIDE SUPPLEMENTAL MEDICAL STAFFING AS NEEDED
FOR THE SHERIFF'S OFFICE
(CONTRACT TOTAL AMOUNT \$450,000.00)

WHEREAS, proposals have been accepted and processed in accordance with County Board policy; and

WHEREAS, the Judicial and Public Safety Committee recommends County Board approval for the issuance of a contract to Health Advocates Network, Inc. d/b/a Staff Today Ltd, to provide supplemental medical staffing as needed, for the period of January 13, 2026 through November 30, 2028, for the Sheriff's Office.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide supplemental medical staffing as needed, for the period of January 13, 2026 through November 30, 2028, for the Sheriff's Office, be, and it is hereby approved for issuance of a contract by the Procurement Division to Healthcare Advocates Network, Inc. d/b/a Staff Today Ltd, 1875 NW Corporate Blvd Suite 120 Boca Raton, FL 33431, for a contract total amount not to exceed \$450,000.00, per RFP #25-064-SHF.

Enacted and approved 13th day of January, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-0126	RFP, BID, QUOTE OR RENEWAL #: 25-064-SHF	INITIAL TERM WITH RENEWALS: 3 YRS + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$450,000.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$600,000.00
	CURRENT TERM TOTAL COST: \$450,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: HEALTH ADVOCATES NETWORK, INC. dba STAFF TODAY	VENDOR #:	DEPT: SHERIFF OFFICE	DEPT CONTACT NAME: TIM SCHOENENBERGER
VENDOR CONTACT: ABY MAMBOLEO	VENDOR CONTACT PHONE: 800-928-5561	DEPT CONTACT PHONE #: X2044	DEPT CONTACT EMAIL: TIM.SCHOENBERGER@DUPAGESHERIFF.ORG
VENDOR CONTACT EMAIL: CONTRACTS@HANSTAFF.COM	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Request for Proposal - 25-064-SHF - Supplemental Medical Staffing as needed			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Supplemental coverage for Medical and Mental Health Staff when shortages exist.			

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.
RFP (REQUEST FOR PROPOSAL)	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. RFP# 25-064-SHF - received 37 responses and of 71 invitations sent.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Award the RFP to assist with supplemental medical staffing as needed. 2) Do nothing - risk not being covered. 3) Seek less qualified staffing agencies to fill in coverage. Since RFP was issued, not considered as an option.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: HEALTHCARE ADVOCATES NETWORK, INC. dba STAFF TODAY LTD	Vendor#:	Dept: SHERIFF OFFICE	Division:
Attn: ABY MAMBOLEO	Email: CONTRACTS @HANSTAFF.COM	Attn: COLLEEN ZBILSKI	Email: COLLEEN.ZBLISKI@DUPAGESHERIFF .ORG
Address: 1875 NW CORPORATE BLVD., SUITE 120	City: BOCA RATON	Address: 501 N. COUNTY FARM ROAD	City: WHEATON, IL
State: FL	Zip: 33431	State: IL	Zip: 60187
Phone: 800-928-5561	Fax:	Phone: X2122	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAME	Vendor#:	Dept: SAME	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 01/13/2026	Contract End Date (PO25): 11/30/2028

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Supplemental Medical Staffing	FY26	1000	4410	53090		150,000.00	150,000.00
2	1	EA		Supplemental Medical Staffing	FY27	1000	4410	53090		150,000.00	150,000.00
3	1	EA		Supplemental Medical Staffing	FY28	1000	4410	53090		150,000.00	150,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 450,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. This contract purchase order is to provide Supplemental Medical Staffing as needed per RFP# 25-064-SHF from January 13, 2026 through November 30, 2028.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.



RESPONSE FOR:

25-064-SHF

DuPage County Sheriff's Office

Supplemental Medical Staffing

FROM:

Health Advocates Network, Inc.

DBA Staff Today

PRICING PROPOSAL

Pricing Structure

Health Advocates Network, Inc. DBA Staff Today (HAN) is pleased to propose a comprehensive and transparent pricing structure that reflects our commitment to providing the County of DuPage Sheriff's Office with dependable, high-quality supplemental medical staffing services at fair and sustainable rates. The proposed pricing includes all classifications of healthcare professionals required under this contract, specifically:

- Registered Nurse (RN) – including weekday, weekend, night, and holiday shifts
- Medical Director
- Medical Director (On-Call)
- Psychiatrist
- Psych Staff
- Dentist
- Director of Nursing
- Nurse Practitioner

Our rates are designed to ensure continuity of care, compliance with correctional healthcare standards, and equitable compensation for the professionals serving within the County's healthcare operations. The proposed pricing will remain firm for the duration of the contract, ensuring fiscal predictability and budget stability for the County of DuPage.

Each rate classification includes clearly defined differentials for day, evening, night, weekend, and holiday shifts, allowing for consistent coverage across all operational periods, including emergency and high-demand situations. HAN's proposed rates are fully inclusive, encompassing all costs associated with recruitment, credentialing, scheduling, payroll, insurance, and compliance administration. There are no additional service fees, administrative charges, or surcharges.

A detailed cost breakdown for each position and shift type is provided in the Proposal Pricing Form, submitted as part of this response.

Billing and Invoicing

HAN expressly acknowledges and agrees to the County of DuPage's Net 30 payment terms, with payment due thirty (30) days after receipt of invoice. Invoices will be submitted electronically or in the format preferred by the County, accompanied by verified and signed timekeeping documentation for each assigned employee.

Each invoice will include:

- Employee name and classification
- Dates and total hours worked
- Applicable rate and total cost per shift
- Reference to the corresponding purchase order or service authorization number

HAN ensures accuracy through a two-tier internal invoice review prior to submission, confirming all billing aligns with verified time records and contractual rates.

While HAN does not offer volume-based discounts, early payment discounts are available as follows:

- 0.75% if paid within ten (10) days of invoice date (Net 30 standard applies)
- 0.65% if paid within fifteen (15) days of invoice date (Net 30 standard applies)

Payroll and Fiscal Responsibility

All assigned employees are payrolled as W-2 employees, ensuring proper tax withholding, benefits administration, and compliance with all federal and state labor laws. HAN manages all employer payroll tax obligations, including contributions under the Federal Insurance Contributions Act (FICA), which cover Social Security and Medicare taxes.

HAN's payroll and accounting operations are supported by a secure, automated system that provides:

- Direct deposit or pay card options for employees
- Online access to pay stubs and W-2 forms
- Automated reporting and garnishment processing
- PTO and sick leave tracking in compliance with Illinois law

HAN maintains rigorous financial controls and internal audit processes to ensure fiscal responsibility and compliance with all County contract requirements. All invoices are reconciled against approved timesheets and verified by the assigned Account Manager and Billing Department prior to submission.

Commitment to Transparency and Value

Through this transparent pricing and payment framework, HAN ensures cost efficiency, operational stability, and compliance with the County's financial and procurement standards. Our pricing reflects not only competitive market positioning but also the quality, reliability, and responsiveness expected by the County of DuPage Sheriff's Office.

HAN remains committed to delivering consistent value, providing qualified professionals, accurate billing, and timely communication to support uninterrupted medical and behavioral healthcare operations.

PROPOSAL PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-064-SHF
COMPANY NAME:	Health Advocates Network, Inc. DBA Staff Today
CONTACT PERSON:	Aby Mamboleo – JD/MBA
CONTACT EMAIL:	contracts@hanstaff.com

Section II: Pricing

All goods and services shall be shipped F.O.B. Destination. The quantities listed below are canvassing quantities and do not represent the number of hours required to fulfill the contract.

Year 1

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 77.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 79.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 80.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 82.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 114.73
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 117.71
7	Medical Director	HR	1	\$ 278.00
8	Medical Director (On-Call)	HR	1	\$ 350.00
9	Psychiatrist	HR	1	\$ 361.40
10	Psych Staff	HR	1	\$ 83.40
11	Dentist	HR	1	\$ 290.00
12	Director of Nursing	HR	1	\$ 110.00

13	Nurse Practitioner	HR	1	\$ 140.00
YEAR 1 - GRAND TOTAL				\$2,163.24
GRAND TOTAL (In words) Two thousand one hundred sixty-three dollars and twenty-four cents				

Year 2

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$78.54
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$80.58
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$81.60
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$83.64
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$117.02
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$120.06
7	Medical Director	HR	1	\$283.56
8	Medical Director (On-Call)	HR	1	\$357.00
9	Psychiatrist	HR	1	\$368.63
10	Psych Staff	HR	1	\$85.07
11	Dentist	HR	1	\$295.80
12	Director of Nursing	HR	1	\$ 112.20
13	Nurse Practitioner	HR	1	\$ 142.80
YEAR 2 - GRAND TOTAL				\$2,206.50
GRAND TOTAL (In words) Two thousand two hundred six dollars and fifty cents				

Year 3

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$80.19
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$82.27
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$83.31
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$85.40
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$119.48
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$122.59
7	Medical Director	HR	1	\$289.51
8	Medical Director (On-Call)	HR	1	\$364.50
9	Psychiatrist	HR	1	\$376.37
10	Psych Staff	HR	1	\$86.85
11	Dentist	HR	1	\$302.01
12	Director of Nursing	HR	1	\$ 114.56
13	Nurse Practitioner	HR	1	\$ 145.80
YEAR 3 - GRAND TOTAL				\$2,252.84
GRAND TOTAL (In words) Two thousand two hundred fifty-two dollars and eighty-four cents				

Section III: Holiday and Non-Mandatory Services

Bidder shall provide a list of holidays included in Holiday Rate(s).

1. New Year's Day (January 1st)	8. Veteran's Day (November 11th)
2. Martin Luther King, Jr.'s Birthday (3rd Monday in January)	9. Thanksgiving Day (Fourth Thursday in November)
3. Good Friday (Friday before Easter)	10. Friday after Thanksgiving
4. Memorial Day (Last Monday in May)	11. Christmas Eve (December 24th)
5. Independence Day (July 4th)	12. Christmas Day (December 25th)
6. Juneteenth (June 19th)	13.
7. Labor Day (First Monday in September)	14.

Check the appropriate boxes below to indicate if the service is included in the fee, available at an additional charge or not available.

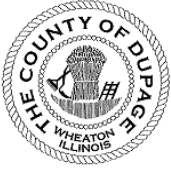
Services List of any non-mandatory services provided.	Included in Fee	Additional Fee	Not Available
Not Applicable			

Section III: Certification

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

Printed Name: Aby Mamboleo – JD/MBA Signature: 

Title: Branch Director Date: October 29, 2025



**THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
SUPPLEMENTAL MEDICAL STAFFING 25-064-SHF
BID TABULATION**

Criteria	Firm Qualifications	Key Qualifications	Project Understanding	Price	Total
Available Points	20	30	30	20	100
√ Worldwide Travel Staffing	19	28	28	20	96
√ Staff Today	18	27	28	13	87
√ Favorite Healthcare Staffing	17	26	25	14	81
BrightStar Care of Central DuPage - Wheaton	16	24	24	12	76
BuzzClan, LLC	15	23	23	15	75
Sunshine Enterprise USA	14	20	20	18	73
NovaStaff Healthcare Services, Inc.	15	22	22	14	73
Cardinal Correctional Care of Illinois	15	22	21	14	72
AA East LLC d/b/a AllShifts	13	22	22	15	71
24/7 Healthcare Pros	12	20	21	17	70
Global Empire, LLC	14	20	20	15	69
22 nd Century Technologies	12	20	20	16	69
Cross County Healthcare Staffing Services	14	20	20	14	68
RCM Healthcare Services	14	18	18	15	65
SolveNow, Inc.	12	17	16	20	65
Angel Staffing, Inc.	11	18	18	16	63
Hallmark Healthcare Staffing, LLC	13	19	19	11	62
Datson360 LLC	9	12	10	15	47
Viva USA Inc.	8	11	11	17	46
Adelphi Staffing, LLC	9	12	11	13	45

	Fee and Rate Proposal	Percentage of Points	Points Awarded
Worldwide Travel Staffing	\$ 372.00	100%	20
Staff Today	\$ 550.44	67%	13
Favorite Healthcare Staffing	\$ 546.00	68%	14
BrightStar Care of Central DuPage - Wheaton	\$ 616.00	60%	12
BuzzClan, LLC	\$ 485.76	76%	15
Sunshine Enterprise USA	\$ 407.40	91%	18
NovaStaff Healthcare Services, Inc.	\$ 532.00	70%	14
Cardinal Correctional Care of Illinois	\$ 521.98	71%	14
AA East LLC d/b/a AllShifts	\$ 497.44	74%	15
24/7 Healthcare Pros	\$ 434.70	85%	17
Global Empire, LLC	\$ 486.90	76%	15
22 nd Century Technologies	\$ 462.00	80%	16
Cross County Healthcare Staffing Services	\$ 523.26	71%	14
RCM Healthcare Services	\$ 500.00	74%	15
SolveNow, Inc.	\$ 370.46	100%	20
Angel Staffing, Inc.	\$ 452.04	82%	16
Hallmark Healthcare Staffing, LLC	\$ 665.00	56%	11
Datson360 LLC	\$ 480.00	77%	15
Viva USA Inc.	\$ 438.00	85%	17
Adelphi Staffing, LLC	\$ 552.00	67%	13

NOTES

1. Jennifer Tse dba Alternate Nurse Staffing Solutions, LLC has been deemed non-responsive due to incomplete submission.
2. ATC Healthcare Services, LLC has been deemed non-responsive due to incomplete submission.
3. Aura Staffing Partners Chicago, LLC has been deemed non-responsive due to incomplete submission.
4. Connected Health Care, LLC has been deemed non-responsive due to incomplete submission.
5. Cynet Health Inc. has been deemed non-responsive due to incomplete submission.
6. EduCare Medical Staffing, LLP has been deemed non-responsive due to incomplete submission.
7. JayKay Services Inc. d/b/a JayKay Medical Staffing has been deemed non-responsive due to incomplete submission.
8. JLK Global Enterprises, Inc. has been deemed non-responsive due to incomplete submission.
9. LanceSoft, Inc. has been deemed non-responsive due to providing an incomplete submission.
10. LocumTenens.com LLC has been deemed non-responsive due to incomplete submission.
11. Remarkable Staffing, LLC has been deemed non-responsive due to incomplete submission.
12. Supplemental Medical Services, Inc. d/b/a StaffLink has been deemed non-responsive due to incomplete submission.
13. Total Nurses Network, LLC has been deemed non-responsive due to incomplete submission.
14. Veracity Software Inc. has been deemed non-responsive due to incomplete submission.
15. Wise Medical Staffing has been deemed non-responsive due to incomplete submission.
16. ACI Health Inc. has been deemed non-responsive due to not providing price as requested.
17. HealthPro Innovation Workforce Solutions, LLC. has been deemed non-responsive due to not providing price as requested.

RFP Posted on 10/7/2025	SR, BR
RFP Opened On 10/30/2025, 2:30 PM by	
Invitations Sent	71
Total Requesting Documents	19
Total Bid Responses Received	37



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

PROPOSAL FORM

Section I: Contact Information

Complete the contact information below.

RFP NUMBER:	25-064-SHF
COMPANY NAME:	Health Advocates Network, Inc. DBA Staff Today
MAIN ADDRESS:	1875 NW Corporate Blvd, Suite 120
CITY, STATE, ZIP CODE:	Boca Raton, FL 33431
TELEPHONE NO.:	800-928-5561
CONTACT PERSON:	Aby Mamboleo – JD/MBA
CONTACT EMAIL:	contracts@hanstaff.com

Section III: Certification

The undersigned certifies that they are:

☐ The Owner or Sole
Proprietor

☐ A Member authorized to
sign on behalf of the
Partnership

☒ An Officer of the
Corporation

☐ A Member of the Joint
Venture

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

President: Kevin S. Little
(President or Partner)

(Vice-President or Partner)

Secretary: Andrew S. Goldwyn
(Secretary or Partner)

Treasurer: Kevin S. Little
(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal 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, _____, and _____ issued thereto.

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

Further, the undersigned certifies and warrants that they are duly authorized to execute this certification/affidavit on behalf of the Offeror 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 Offeror and is true and accurate.

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

The undersigned certifies that they have examined and carefully prepared this Proposal and have checked the same in detail before submitting this Proposal, 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. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

Further, the Offeror certifies that they have 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 Offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that it will take in full payment therefore the sums set forth in the cost schedule.


PROPOSAL AWARD CRITERIA

The Offeror acknowledges and agrees that the proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Offeror agrees to provide the service described in this solicitation and in the contract specifications under the conditions outlined in attached documents for the amount stated.

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

Offeror: Kevin S. Little

Signature: 

Title: President + CEO

Date: October 30, 2025



REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-064-SHF
COMPANY NAME:	Health Advocates Network inc. DBA Staff Today
CONTACT PERSON:	Aby Mamboleo
CONTACT EMAIL:	contracts@hanstaff.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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


[Ethics | DuPage Co. IL](#)

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

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

Section IV: Certification

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

Printed Name: Aby Mamboleo Signature: 

Title: Branch Director Date: 12/16/2025



Judicial/Public Safety Requisition \$30,000 and Over

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

File #: JPS-P-0008-26

Agenda Date: 1/6/2026

Agenda #: 6.E.

AWARDING RESOLUTION ISSUED TO
WORLDWIDE TRAVEL STAFFING LTD
TO PROVIDE SUPPLEMENTAL MEDICAL STAFFING AS NEEDED
FOR THE SHERIFF'S OFFICE
(CONTRACT TOTAL AMOUNT \$600,000.00)

WHEREAS, proposals have been accepted and evaluated in accordance with County Board policy; and

WHEREAS, the Judicial and Public Safety Committee recommends County Board approval for the issuance of a contract to Worldwide Travel Staffing Ltd, to provide supplemental medical staffing as needed, for the period of January 13, 2026 through November 30, 2028, for the Sheriff's Office.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide supplemental medical staffing as needed, for the period of January 13, 2026 through November 30, 2028, for the Sheriff's Office, be, and it is hereby approved for issuance of a contract by the Procurement Division to Worldwide Travel Staffing Ltd, 2829 Sheridan Drive, Tonawanda, NY 14150, for a contract total amount not to exceed \$600,000.00, per RFP #25-064-SHF.

Enacted and approved 13th day of January, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-0128	RFP, BID, QUOTE OR RENEWAL #: 25-064-SHF	INITIAL TERM WITH RENEWALS: 3 YRS + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$600,000.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$800,000.00
	CURRENT TERM TOTAL COST: \$600,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: WORLDWIDE TRAVEL STAFFING LTD	VENDOR #:	DEPT: SHERIFF OFFICE	DEPT CONTACT NAME: TIM SCHOENENBERGER
VENDOR CONTACT: LEO BLATZ	VENDOR CONTACT PHONE: 866-633-3700 X101	DEPT CONTACT PHONE #: X2044	DEPT CONTACT EMAIL: TIM.SCHOENBERGER@DUPAGESHERIFF.ORG
VENDOR CONTACT EMAIL: LBLATZ@WORLDWIDETRAVELSTAFFING.COM	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Request for Proposal - 25-064-SHF - Supplemental Medical Staffing as needed			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Supplemental coverage for Medical and Mental Health Staff when shortages exist.			

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.
RFP (REQUEST FOR PROPOSAL)	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. RFP# 25-064-SHF - received 37 responses and of 71 invitations sent.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Award the RFP to assist with supplemental medical staffing as needed. 2) Do nothing - risk not being covered. 3) Seek less qualified staffing agencies to fill in coverage. Since RFP was issued, not considered as an option.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: WORLDWIDE TRAVEL STAFFING	Vendor#:	Dept: SHERIFF OFFICE	Division:
Attn: LEO BLATZ	Email: LBLATZ@WORLDWIDETRAVELSTAF FING.COM	Attn: COLLEEN ZBILSKI	Email: COLLEEN.ZBLISKI@DUPAGESHERIFF .ORG
Address: 2829 SHERIDAN DRIVE	City: TONAWANDA	Address: 501 N. COUNTY FARM ROAD	City: WHEATON, IL
State: NY	Zip: 14150	State: IL	Zip: 60187
Phone: 866-633-3700	Fax:	Phone: X2122	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAME	Vendor#:	Dept: SAME	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 01/13/2026	Contract End Date (PO25): 11/30/2028

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Supplemental Medical Staffing	FY26	1000	4410	53090		200,000.00	200,000.00
2	1	EA		Supplemental Medical Staffing	FY27	1000	4410	53090		200,000.00	200,000.00
3	1	EA		Supplemental Medical Staffing	FY28	1000	4410	53090		200,000.00	200,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 600,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. This contract purchase order is to provide Supplemental Medical Staffing as needed per RFP# 25-064-SHF from January 13, 2026 through November 30, 2028.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.

PROPOSAL PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-064-SHF
COMPANY NAME:	Worldwide Travel Staffing, Limited
CONTACT PERSON:	Leo R. Blatz, C.E.O.
CONTACT EMAIL:	LBlatz@worldwidetravelstaffing.com

Section II: Pricing

All goods and services shall be shipped F.O.B. Destination. The quantities listed below are canvassing quantities and do not represent the number of hours required to fulfill the contract.

Year 1

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 62.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 62.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 62.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 62.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 62.00
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 62.00
7	Medical Director	HR	1	\$ No bid
8	Medical Director (On-Call)	HR	1	\$ No bid
9	Psychiatrist	HR	1	\$ No bid
10	Psych Staff	HR	1	\$ 90.00
11	Dentist	HR	1	\$ No bid
12	Director of Nursing	HR	1	\$ 92.00

13	Nurse Practitioner	HR	1	\$ 105.00
YEAR 1 - GRAND TOTAL				\$ 659.00
GRAND TOTAL (In words) Six Hundred and Fifty Nine Dollars and Zero Cents				

Year 2

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 64.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 64.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 64.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 64.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 64.00
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 64.00
7	Medical Director	HR	1	\$ No bid
8	Medical Director (On-Call)	HR	1	\$ No bid
9	Psychiatrist	HR	1	\$ No bid
10	Psych Staff	HR	1	\$ 95.00
11	Dentist	HR	1	\$ No bid
12	Director of Nursing	HR	1	\$ 94.00
13	Nurse Practitioner	HR	1	\$ 110.00
YEAR 2 - GRAND TOTAL				\$ 683.00
GRAND TOTAL (In words) Six Hundred and Eighty Three Dollars and Zero Cents				

Year 3

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 66.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 66.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 66.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 66.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$ 66.00
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$ 66.00
7	Medical Director	HR	1	\$ No bid
8	Medical Director (On-Call)	HR	1	\$ No bid
9	Psychiatrist	HR	1	\$ No bid
10	Psych Staff	HR	1	\$ 100.00
11	Dentist	HR	1	\$ No bid
12	Director of Nursing	HR	1	\$ 96.00
13	Nurse Practitioner	HR	1	\$ 115.00
YEAR 3 - GRAND TOTAL				\$ 707.00
GRAND TOTAL (In words) Seven Hundred and Seven Dollars and Zero Cents				

Section III: Holiday and Non-Mandatory Services

Bidder shall provide a list of holidays included in Holiday Rate(s).

1. New Year's Day	8. Christmas Day
2. Martin Luther King, Jr. Day	9.
3. Memorial Day	10.
4. Juneteenth	11.
5. Independence Day	12.
6. Labor Day	13.
7. Thanksgiving Day	14.

Check the appropriate boxes below to indicate if the service is included in the fee, available at an additional charge or not available.

Services List of any non-mandatory services provided.	Included in Fee	Additional Fee	Not Available

Section III: Certification

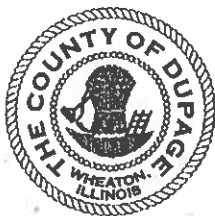
By signing below, the Bidder agrees to provide the required goods and/or services described in the Bid Specifications for the prices quoted on this Proposal Pricing Form.

Printed Name: Leo R. Blatz

Signature: 

Title: C.E.O.

Date: 10/30/2025



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-064-SHF
COMPANY NAME:	Worldwide Travel Staffing, Limited
CONTACT PERSON:	Leo R. Blatz
CONTACT EMAIL:	LBlatz@worldwidetravelstaffing.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

[Ethics | DuPage Co, IL](#)

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

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

Section IV: Certification

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

Printed Name: Leo R. Blatz

Signature: 

Title: C.E.O.

Date: 12/16/2025



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

PROPOSAL FORM

Section I: Contact Information

Complete the contact information below.

RFP NUMBER:	25-064-SHF
COMPANY NAME:	Worldwide Travel Staffing, Limited
MAIN ADDRESS:	2829 Sheridan Drive
CITY, STATE, ZIP CODE:	Tonawanda, NY 14150
TELEPHONE NO.:	866-633-3700
CONTACT PERSON:	Leo R. Blatz, C.E.O.
CONTACT EMAIL:	LBlatz@worldwidetravelstaffing.com

Section III: Certification

The undersigned certifies that they are:

☐ The Owner or Sole
Proprietor

☐ A Member authorized to
sign on behalf of the
Partnership

☒ An Officer of the
Corporation

☐ A Member of the Joint
Venture

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

Laurie Dolega - President

(President or Partner)

Joseph Giaimo - Vice President

(Vice-President or Partner)

Jane Meissner - Secretary

(Secretary or Partner)

Jane Meissner - Treasurer

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal 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, _____, and _____ issued thereto.

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

Further, the undersigned certifies and warrants that they are duly authorized to execute this certification/affidavit on behalf of the Offeror 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 Offeror and is true and accurate.

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

The undersigned certifies that they have examined and carefully prepared this Proposal and have checked the same in detail before submitting this Proposal, 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. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

Further, the Offeror certifies that they have 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 Offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that it will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

The Offeror acknowledges and agrees that the proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Offeror agrees to provide the service described in this solicitation and in the contract specifications under the conditions outlined in attached documents for the amount stated.

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

Offeror: Worldwide Travel Staffing, Limited - Leo R. Blatz

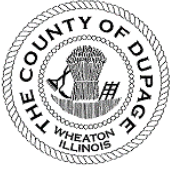
Signature: _____



Title: C.E.O.

Date: _____

10/30/2025



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
SUPPLEMENTAL MEDICAL STAFFING 25-064-SHF
BID TABULATION

Criteria	Firm Qualifications	Key Qualifications	Project Understanding	Price	Total
Available Points	20	30	30	20	100
√ Worldwide Travel Staffing	19	28	28	20	96
√ Staff Today	18	27	28	13	87
√ Favorite Healthcare Staffing	17	26	25	14	81
BrightStar Care of Central DuPage - Wheaton	16	24	24	12	76
BuzzClan, LLC	15	23	23	15	75
Sunshine Enterprise USA	14	20	20	18	73
NovaStaff Healthcare Services, Inc.	15	22	22	14	73
Cardinal Correctional Care of Illinois	15	22	21	14	72
AA East LLC d/b/a AllShifts	13	22	22	15	71
24/7 Healthcare Pros	12	20	21	17	70
Global Empire, LLC	14	20	20	15	69
22 nd Century Technologies	12	20	20	16	69
Cross County Healthcare Staffing Services	14	20	20	14	68
RCM Healthcare Services	14	18	18	15	65
SolveNow, Inc.	12	17	16	20	65
Angel Staffing, Inc.	11	18	18	16	63
Hallmark Healthcare Staffing, LLC	13	19	19	11	62
Datson360 LLC	9	12	10	15	47
Viva USA Inc.	8	11	11	17	46
Adelphi Staffing, LLC	9	12	11	13	45

	Fee and Rate Proposal	Percentage of Points	Points Awarded
Worldwide Travel Staffing	\$ 372.00	100%	20
Staff Today	\$ 550.44	67%	13
Favorite Healthcare Staffing	\$ 546.00	68%	14
BrightStar Care of Central DuPage - Wheaton	\$ 616.00	60%	12
BuzzClan, LLC	\$ 485.76	76%	15
Sunshine Enterprise USA	\$ 407.40	91%	18
NovaStaff Healthcare Services, Inc.	\$ 532.00	70%	14
Cardinal Correctional Care of Illinois	\$ 521.98	71%	14
AA East LLC d/b/a AllShifts	\$ 497.44	74%	15
24/7 Healthcare Pros	\$ 434.70	85%	17
Global Empire, LLC	\$ 486.90	76%	15
22 nd Century Technologies	\$ 462.00	80%	16
Cross County Healthcare Staffing Services	\$ 523.26	71%	14
RCM Healthcare Services	\$ 500.00	74%	15
SolveNow, Inc.	\$ 370.46	100%	20
Angel Staffing, Inc.	\$ 452.04	82%	16
Hallmark Healthcare Staffing, LLC	\$ 665.00	56%	11
Datson360 LLC	\$ 480.00	77%	15
Viva USA Inc.	\$ 438.00	85%	17
Adelphi Staffing, LLC	\$ 552.00	67%	13

NOTES

1. Jennifer Tse dba Alternate Nurse Staffing Solutions, LLC has been deemed non-responsive due to incomplete submission.
2. ATC Healthcare Services, LLC has been deemed non-responsive due to incomplete submission.
3. Aura Staffing Partners Chicago, LLC has been deemed non-responsive due to incomplete submission.
4. Connected Health Care, LLC has been deemed non-responsive due to incomplete submission.
5. Cynet Health Inc. has been deemed non-responsive due to incomplete submission.
6. EduCare Medical Staffing, LLP has been deemed non-responsive due to incomplete submission.
7. JayKay Services Inc. d/b/a JayKay Medical Staffing has been deemed non-responsive due to incomplete submission.
8. JLK Global Enterprises, Inc. has been deemed non-responsive due to incomplete submission.
9. LanceSoft, Inc. has been deemed non-responsive due to providing an incomplete submission.
10. LocumTenens.com LLC has been deemed non-responsive due to incomplete submission.
11. Remarkable Staffing, LLC has been deemed non-responsive due to incomplete submission.
12. Supplemental Medical Services, Inc. d/b/a StaffLink has been deemed non-responsive due to incomplete submission.
13. Total Nurses Network, LLC has been deemed non-responsive due to incomplete submission.
14. Veracity Software Inc. has been deemed non-responsive due to incomplete submission.
15. Wise Medical Staffing has been deemed non-responsive due to incomplete submission.
16. ACI Health Inc. has been deemed non-responsive due to not providing price as requested.
17. HealthPro Innovation Workforce Solutions, LLC. has been deemed non-responsive due to not providing price as requested.

RFP Posted on 10/7/2025	SR, BR
RFP Opened On 10/30/2025, 2:30 PM by	
Invitations Sent	71
Total Requesting Documents	19
Total Bid Responses Received	37



File #: JPS-P-0009-26

Agenda Date: 1/6/2026

Agenda #: 6.F.

AWARDING RESOLUTION ISSUED TO
SENTINEL OFFENDER SERVICES, LLC
TO PROVIDE COURT ORDERED GPS DEVICE AND ELECTRONIC MONITORING
SERVICES TO JUVENILES AND INDIGENT ADULT OFFENDERS AND THEIR VICTIMS
FOR PROBATION AND COURT SERVICES
(CONTRACT TOTAL AMOUNT \$678,000)

WHEREAS, a vendor has been evaluated and selected in accordance with County Board policy; and

WHEREAS, the Judicial and Public Safety Committee recommends County Board approval for the issuance of a contract to Sentinel Offender Services, LLC, to provide court ordered GPS device and Electronic Monitoring services to juveniles and indigent adult offenders and their victims, for the period of February 1, 2026 through March 31, 2028, for DuPage County Probation and Court Services.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide court ordered GPS device and Electronic Monitoring services to juveniles and indigent adult offenders and their victims, for the period of February 1, 2026 through March 31, 2028, for DuPage County Probation and Court Services, per NASPO Master Agreement #22PSX0021, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Sentinel Offender Services, LLC, 1220 North Simon Circle, Unit C, Anaheim, CA 92806, for a contract total amount of \$678,000.

Enacted and approved this 13th day of January, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-0136	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$678,000.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$678,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Sentinel Offender Services, LLC	VENDOR #: 13392	DEPT: Probation and Court Services	DEPT CONTACT NAME: Sharon Donald
VENDOR CONTACT: Mike Dean	VENDOR CONTACT PHONE: 1-800-496-4882	DEPT CONTACT PHONE #: 630-407-8413	DEPT CONTACT EMAIL: sharon.donald@dupagecounty.gov
VENDOR CONTACT EMAIL: mdean@sentineladvantage.com	VENDOR WEBSITE: www.sentineladvantage.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 Sentinel Offender Services, LLC Cooperative Agreement with National Association of State Procurement Officers (NASPO) has an Offender Pay Program that allows for offenders to pay for their services.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Statute SB 2870 states the following: "Third Party Electronic Monitoring (SB 2870): Provides that the Chief Judge may enter an administrative order to establish a program for electronic monitoring or drug-related and alcohol related offenses, in which a vendor approved by the County Board, supplies and monitors the electronic monitoring device and collects the fees on behalf of the county". The Department would continue to be financially responsible for juveniles, victims and a small fraction of indigent participants per the agreement.			

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.
COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. This contract is under the National Association of State Procurement Officers (NASPO) and offers an Offender Pay Program.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Approval of the NASPO contract with Sentinel Offender Services LLC for the Third Party vendor to collect payments for services rendered instead of the County paying out for all monitoring. 2) The County will have to pay for all offender's electronic monitoring services if this contract is not approved.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Sentinel Offender Services, LLC	Vendor#: 13392	Dept: Probation and Court Services	Division: Finance
Attn: Mike Dean	Email: mdean@sentineladvantage.com	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: 1220 North Simon Circle, Unit C	City: Anaheim	Address: 503 N County Farm Road	City: Wheaton
State: California	Zip: 92806	State: Illinois	Zip: 60187
Phone: 1-800-496-4882	Fax:	Phone: 630-407-8413	Fax: 630-407-2502
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Sentinel Offender Services, LLC	Vendor#: 13392	Dept: Probation and Court Services	Division: Finance
Attn: Mike Dean	Email: mdean@sentineladvantage.com	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: Po Box 8436	City: Pasadena	Address: 503 N County Farm Road	City: Wheaton
State: California	Zip: 91109-8436	State: Illinois	Zip: 60187
Phone: 1-800-496-4882	Fax:	Phone: 630-407-8413	Fax: 630-407-2502
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Feb 1, 2026	Contract End Date (PO25): Mar 31, 2028

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		GPS Monitoring Services to juveniles, pretrial offenders and victims	FY26	1400	6100	53410		265,000.00	265,000.00
2	1	EA		GPS Monitoring Services to adult offenders and victims	FY26	1400	6100	53410		15,000.00	15,000.00
3	1	EA		GPS Monitoring Services to juveniles, pretrial offenders and victims	FY27	1400	6100	53410		278,000.00	278,000.00
4	1	EA		GPS Monitoring Services to adult offenders and victims	FY27	1400	6100	53410		18,000.00	18,000.00
5	1	EA		GPS Monitoring Services to juveniles, pretrial offenders and victims	FY28	1400	6100	53410		94,500.00	94,500.00
6	1	EA		GPS Monitoring Services to adult offenders and victims	FY28	1400	6100	53410		7,500.00	7,500.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 678,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.

**Participating Addendum
for
ELECTRONIC MONITORING PRODUCTS AND SERVICES
between
County of DuPage, Illinois
And
Sentinel Offender Services, LLC**

This Participating Addendum is entered into by DuPage County, a political subdivision of the State of Illinois ("Participating Entity") and Sentinel Offender Services, LLC, a Delaware limited liability company ("Contractor"), having its principal place of business at 1290 N. Hancock St., Suite 103, Anaheim, California 92807 (each, individually, a "Party" or, collectively, the "Parties") for the purpose of participating in NASPO ValuePoint Master Agreement Number 22PSX0021, executed by Contractor and the State of Connecticut ("Lead State") for Electronic Monitoring Products and Services ("Master Agreement")

- I. **TERM.** This Participating Addendum is effective as of the date of the last signature below or 2/01/2026, whichever is later, and will terminate upon termination of the Master Agreement, as amended, unless the Participating Addendum is terminated sooner in accordance with the terms set forth herein.
- II. **PARTICIPATION AND USAGE.** This Participating Addendum may be used by all state agencies, institutions of higher education, cities, counties, districts, and other political subdivisions of the state, and nonprofit organizations within the state if authorized herein and by law. Participating Entity has sole authority to determine which entities are eligible to use this Participating Addendum. DuPage County is authorized to procure Electronic Monitoring Service via NASPO ValuePoint per Procurement Ordinance OFI-005B-99 (effective December 14, 2004) and 30 ILCS 525/2 "Governmental Joint Purchasing Act."
- III. **GOVERNING LAW.** The construction and effect of this Participating Addendum and any Orders placed hereunder will be governed by, and construed in accordance with, Participating Entity's laws.
- IV. **SCOPE.** Except as otherwise stated herein, this Participating Addendum incorporates modifications or additions that apply only to actions and relationships within the Participating Entity.) Please refer to the following Attachments that are incorporated into this agreement:
 - 1) Attachment A - DuPage County Standard Terms and Conditions
 - 2) Attachment B – GPS Offender Funded Program Service Fees and Payments
 - 3) Attachment C – DuPage County Probation and Court Services GPS Electronic Monitoring Participant Contract
 - 4) Attachment D – Credit Card Payment Authorization Form
 - 5) Attachment E – Agency Pay Program and Daily Rates
 - 6) Attachment F - Sentinel Standard Operating Procedures for DuPage County Process for Collections

Any conflict between this Participating Addendum and the Master Agreement will be resolved in favor of the Participating Addendum. The terms of this Participating Addendum, including those modifying or adding to the terms of the Master Agreement, apply only to the Parties and shall have no effect on Contractor's participating addenda with other participating entities or Contractor's Master Agreement with the Lead State.

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



- V. ORDERS.** Purchasing Entities may place orders under this Participating Addendum. Each Order placed under this Participating Addendum is subject to the pricing and terms set forth herein and in the Master Agreement, including applicable discounts, reporting requirements, and payment of administrative fees to NASPO ValuePoint and Participating Entity, if applicable.
- VI. FEDERAL FUNDING REQUIREMENTS.** Orders funded with federal funds may have additional contractual requirements or certifications that must be satisfied at the time the Order is placed or upon delivery. When applicable, a Purchasing Entity will identify in the Order any alternative or additional requirements related to the use of federal funds. By accepting the Order, Contractor agrees to comply with the requirements set forth therein.
- VII. NOTICE.** Any notice required herein shall be sent to the following:
- | | |
|--|--|
| For Contractor: | For Participating Entity: |
| Mike Dean | Valerie Calvente |
| Vice President of Sales | Chief Procurement Officer |
| mdean@sentineladvantage.com | valerie.calvente@dupagecounty.gov |
| 800.496.4882 | 630.407.6184 |
- VIII. SUBMISSION OF PARTICIPATING ADDENDUM TO NASPO VALUEPOINT.** Upon execution, Contractor shall promptly email a copy of this Participating Addendum and any amendments hereto to NASPO ValuePoint at pa@naspovaluepoint.org. The Parties acknowledge and agree that the Participating Addendum, as amended, may be published on the NASPO ValuePoint website.

SIGNATURE

The undersigned for each Party represents and warrants that this Participating Addendum is a valid and legal agreement binding on the Party and enforceable in accordance with the Participating Addendum's terms and that the undersigned is duly authorized and has legal capacity to execute and deliver this Participating Addendum and bind the Party hereto.

IN WITNESS WHEREOF, the Parties have executed this Participating Addendum.

CONTRACTOR:
Signature On File

Signature _____

Dennis Fuller

Printed Name

Chief Financial Officer

Title

12/17/2025

Date

PARTICIPATING ENTITY:

Signature _____

Printed Name

Title

Date



Attachment A

DuPage County Standard Terms and Conditions

LAW GOVERNING:

Sentinel Offender Services, LLC. Agrees to comply with all applicable State and Federal laws. This Agreement shall be governed by the laws of the State of Illinois, and any dispute arising hereunder shall be subject to the exclusive jurisdiction of the 18th Judicial Circuit Court of DuPage County, Illinois.

PAYMENT:

Original invoices must be presented for payment in accordance with instructions contained on the Purchase Order including reference to Purchase Order number and submitted to the correct address for processing. The County shall pay all invoices pursuant to 50 ILCS 505, "Local Government Prompt Payment Act". Payment will not be made on invoices submitted later than six months (180 days) after delivery of goods and **any statute of limitations to the contrary is hereby waived.**

CONFIDENTIAL INFORMATION AND COUNTY PROPERTY:

It is agreed that all specifications, or data furnished by the County of DuPage shall (1) remain the County of DuPage's sole and exclusive property; (2) be considered and treated by Sentinel Offender Services, LLC. As County of DuPage confidential information, and cannot be copied, reproduced, or duplicated in any manner or disclosed to any person or party. Except as is necessary in the performance of this contract and (3) be returned upon request.

ENDORSEMENTS:

Sentinel Offender Services, LLC. shall not use the name, seal, or images of County of DuPage in any form of endorsement to any third-party without the County's written permission.

INDEMNITY:

Sentinel Offender Services, LLC. shall, at all times, to the extent permitted by law, fully indemnify, hold harmless, and defend the County and its officers, agents, and employees from and against any and all claims and demands, actions, causes of action, and cost and fees of any character whatsoever made by anyone whomsoever on account of or in any way growing out of the performance of this contract by Sentinel Offender Services, LLC. and its employees, or because of any act or omission, neglect or misconduct of Sentinel Offender Services, LLC., its employees and agents or its subcontractors including, but not limited to, any claims that may be made by the employees themselves for injuries to their person or property or otherwise, and any claims that may be made by the employees themselves or by the Illinois Department of Labor for Sentinel Offender Services, LLC. violation of the Illinois Prevailing Wage Act (820 ILCS 130/1 et seq.). Such indemnity shall not be limited because of the enumeration of any insurance coverage or bond herein provided.

Nothing contained herein shall be construed as prohibiting the County, its officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions, or suits brought against them. Sentinel Offender Services, LLC. shall likewise be liable for the cost, fees and expenses incurred in the County's or Sentinel Offender Services, LLC. defense of any such claims, actions, or suits.

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



Sentinel Offender Services, LLC. shall be responsible for any damages incurred because of its errors, omissions, or negligent acts and for any losses or costs to repair or remedy construction because of its errors, omissions, or negligent acts.

The County does not waive its defenses or immunities under the Local Government and Governmental Employees Tort Immunity Act, 745 ILCS 10/1 et seq. due to indemnification or insurance.

PERFORMANCE:

Sentinel Offender Services, LLC. performance under the terms of the Contract shall be to the satisfaction of the County. Failure to comply with any statutory requirements shall be deemed a performance breach.

LIENS, CLAIMS, AND ENCUMBRANCES:

Sentinel Offender Services, LLC. warrants and represents that all the goods and materials ordered herein are free and clear of all liens, claims, or encumbrances of any kind.

NON-DISCRIMINATING:

Sentinel Offender Services, LLC., its employees and subcontractors, agree not to commit unlawful discrimination and agree to comply with applicable provisions of the Illinois Human Rights Act, the U.S. Civil Rights Act and Section 504 of the Federal Rehabilitation Act, and rules applicable to each.

PATENTS:

Sentinel Offender Services, LLC. undertakes and agrees to defend at Sentinel Offender Services, LLC. own expense, all suits, actions, or proceedings in which the County of DuPage, its Officers, agents, or employees are made defendants for actual or alleged infringement of any U.S. or foreign letters patent resulting from the use or sale of the items purchased hereunder. Sentinel Offender Services, LLC. shall inform the County of DuPage whenever infringement will result from Sentinel Offender Services, LLC. adherence to specifications supplied by the County of DuPage or by an authorized County representative. Sentinel Offender Services, LLC. further agrees to pay and discharge all judgments or decrees, which may be rendered in any such suit, action or proceedings against the County of DuPage, its Officers, agents, or employees therein.

TAX:

The County of DuPage does not pay Federal Excise Tax or Illinois Sales Tax. The tax exemption number is E99974551. A copy of the exemption letter is available upon written request.

TERM OF CONTRACT AND RENEWAL & EXTENSION: If this is a Service Contract This Contract shall be effective for two years from the date of award. The contract may be subject to two (2) additional one (1) year renewal periods provided there are no changes in terms, conditions, specifications, and prices unless agreed upon by both parties and such renewals are mutually agreed to by both parties. In on event shall the term plus renewals exceed four (4) years.

TERMINATION, CANCELLATION AND DAMAGES:

This contract may be terminated upon agreement of both parties. The County may terminate based on Sentinel Offender Services, LLC. breach or default. Unless the breach or default creates an emergency, as determined in

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



the County's sole discretion, Sentinel Offender Services, LLC. shall be given notice and a five (5) day opportunity to cure before the termination becomes effective.

If the County terminates this Contract because of Sentinel Offender Services, LLC. breach or default, the County shall have the right to purchase items or services elsewhere and to charge Sentinel Offender Services, LLC. with any additional cost incurred, including but not limited to the cost of cover, incidental and consequential damages, and the cost of re-proposing. The County may offset these additional costs against any sums otherwise due to Sentinel Offender Services, LLC. under this proposal or any unrelated contract.

If the County of DuPage fails to appropriate funds to enable continued payment of multi-year Contracts the County may cancel, without termination charges provided Sentinel Offender Services, LLC. received at least thirty (30) days prior written notice of termination.

TRANSFER OF OWNERSHIP OR ASSIGNMENT:

The terms and conditions of this contract shall be binding upon and shall insure to the benefit of the parties hereto and their respective successors and assigns. Prior to any sales or assignments, the County of DuPage must be notified and approve same in writing.

Attachment B



GPS Offender Funded Program Service Fees and Payments

Sentinel shall collect from each of the defendants and/or Probationers participating in this program at a rate of \$10.00 per day unless the DuPage County Probation and Court Services have determined the participant to be indigent. For those participants that have been determined to be indigent, the DuPage County Probation and Court Services shall list the reduced rate to be collected or list the participant as being 100% indigent.

It is agreed that once the ability to pay for services has been assessed, program participants who willfully do not pay the program fees at the time fees are due, will be subject to a supervisory meeting between Customer, its designated agent, Sentinel, and the participant to determine circumstances for non-payment. At the conclusion of any supervisory meeting, if it is determined the participant continues to have the ability to pay but continues with the willful non-payment of services for 14 days, they will be subject to revocation. If it is found the financial condition has changed, the agency will have the option to transfer the payment for services over to the agency paid program or move them to the indigent rate.

Sentinel will provide and/or make available these reports as required.

- **#1 Monthly Payment Activity Report**
- **#2 Biweekly Activity Report**

DuPage County agrees that on a quarterly basis Sentinel will provide a detailed invoice outlining the total payment and total number of monitoring days. When the aggregate daily collected rate is less than \$5.35 per client per monitoring day, DuPage County will supplement the total payments collected in the amount necessary to result in a \$5.35 daily client monitoring rate.

Indigent Provision: The costs for participants determined to be indigent will be \$0 (no cost). Sentinel will provide up to 5 slots to the county at no cost.

Termination: Should either Party determine this agreement, and the program is not meeting their expectations, either party may terminate this agreement, without cause, by giving the other Party 30 days Written Notification on their decision to exercise their Right to Terminate.

DuPage County Probation and Court Services Responsibilities:

- DuPage County Probation and Court Services will do their own installations and orientation
- DuPage County Probation and Court Services will review with the participant all program rules and the Sentinel Participant Agreement and have the participant sign their agreement and acceptance to the Participant Agreement
- DuPage County Probation and Court Services will continue to respond to their own alerts and review their own activity.
- DuPage County Probation and Court Services will continue to be responsible for retrieving and maintaining the equipment
- DuPage County Probation and Court Services will use all the proper paperwork and transmittals that are required in order to properly and efficiently monitor an offender. This includes, but is not limited to, providing complete offender information to Sentinel's National Monitoring Center, maintaining a reasonable inventory for future participants, keeping an appropriate record of all equipment in use including alleged problems with any units.
- DuPage County Probation and Court Services will notify Sentinel if equipment is lost or damaged.

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Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



- DuPage County Probation and Court Services agree to maintain complete responsibility for participant selection and program management services not specifically listed below. DuPage County Probation and Court Services agrees to furnish all information to Sentinel which may reasonably be required to provide Customer with all services listed.
- DuPage County Probation and Court Services will enroll participants via secure access to website using Customer's own computer, software, and Internet connection.
- DuPage County Probation and Court Services will process all information changes via secure access to Internet website using Customer's own computer, software, and Internet connection.
- DuPage County Probation and Court Services will access monitoring reports via secure internet access to software using Customer's own computer.
- DuPage County agrees that Sentinel is authorized to bill the agency on a quarterly basis when the aggregate daily fees collected from program participants is less than \$5.35 per active participant per monitoring day. Further, at the end of the billing quarter, Sentinel will provide DuPage County with a detailed invoice outlining the total payment and total number of monitoring days.

Sentinel Responsibilities:

- Sentinel will be 100% responsible for collecting all payments from those participants placed in the Offender Funded Program.
- Sentinel will use industry proven collection techniques to ensure the successful collection of all fees owed for program services.
- Sentinel will provide monthly reports to the DuPage County Probation and Court Services that provide details on fees collected from the offender funded program.
- Sentinel will provide access to our Offender Funded Case Management Module so the DuPage County Probation and Court Services can review participant collection details online.
- Sentinel will also provide a report that will detail its efforts for collecting fees from delinquent participants.
- Sentinel will immediately advise the DuPage County Probation and Court Services on any participant's refusal to pay program fees and the DuPage County Probation and Court Services will agree to sending representatives to a supervisory meeting with the program participant in order to assist with identifying why the participant is not paying the required program fees as well as to reinforce to the participant their obligation to pay all program fees as required in the participant program agreement.
- Sentinel will provide the following reports as required.
 - #1 **Monthly** Payment Activity Report
 - #2 **Biweekly Activity Report**
- DuPage County will not pay shelf fees for equipment
- DuPage County will maintain an inventory of equipment on the shelf equal to 20% of the active equipment in use or 10 units, whichever is greater. This applies separately to GPS and RF equipment.



Attachment C

**DuPage County Probation and Court Services GPS Electronic Monitoring
Participant Contract**

You have been court ordered to be placed in the DuPage County Probation and Court Services GPS Electronic Monitoring Program. You have been ordered by the Court to pay all the cost of this supervision directly to Sentinel Offender Services.

On the day you begin the program, a GPS transmitter device will be fitted to your ankle. The day this equipment is issued to you is the day you become responsible for payment of services. As ordered by the court, you will be billed a **daily rate of \$10.00** for each day you remain on the program. You are also responsible for the care of the equipment while in your possession and you will be held financially responsible for any equipment that is damaged or not returned to the DuPage County Probation and Court Services Division.

You are required to submit an initial payment for this program equal to 14 days of monitoring and will be required to make a payment on your first day of enrollment in the amount of **\$140.00** via a money order or credit card (Visa, MasterCard, Discover only). If you do not have this payment at enrollment, you will be required to return the next business day to pay for the first 14 days of your monitoring.

PAYMENT AGREEMENT: I agree to pay Sentinel Offender Services for its electronic monitoring services at the daily rate established in this agreement of **\$10.00 per day**. I agree to provide payment to Sentinel Offender Services via credit card, debit card, or money order. In the event a requested payment amount is declined, I acknowledge and understand that Sentinel Offender Services will notify the DuPage County Probation and Court Services Division and I understand that in the event I am delinquent with my payments, one or more of the following actions will be taken by the DuPage County Probation and Court Services Division:

- Notification to the Court; a Petition Charging Violation of Probation,
- I may have my bail revoked by the Court for failing to comply with program requirements
- Sentinel Offender Services may pursue legal action in a civil court for all outstanding fees and related costs associated with program non-compliance.

I acknowledge it is my responsibility to return the monitoring equipment issued to me back to the DuPage County Probation and Court Service Division. In the event this equipment is lost, stolen or damaged beyond normal wear, I am responsible to reimburse Sentinel Offender Services at the published replacement cost of \$1,000.00 and as listed in this agreement. If I do not fulfill this responsibility, Sentinel Offender Services will file felony theft charges and/or criminal property damage charges against me.

Client Initials_____

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Between **DuPage County, IL** and
Sentinel Offender Services, LLC



FEE AGREEMENT

The daily rate as ordered by the Court to participate in the program is \$10.00 per day. This fee includes the GPS device and 24/7/365 monitoring by the National Monitoring Center. My program fees through ____ total \$ _____. (Example: \$10 per day x 90 days sentenced on program = \$900.00 total cost)

I agree to pay \$140.00 every two weeks until all program fees are paid in full. I understand that the DuPage County Probation Department will be notified if I fail to pay my fees as ordered. Failure to pay GPS fees and/or remain current with fees will result in a violation of my bond or sentence being filed with the court. I will continue to be responsible for payment of any outstanding fees incurred while I am on the DuPage County Probation and Court Services Electronic Monitoring Program.

PROGRAM EQUIPMENT

The GPS transmitter device fitted to your ankle and any other equipment given to you by the DuPage County Probation and Court Services Division is your responsibility. If the equipment is damaged, lost, not returned, or destroyed, you will be required to pay the following amounts:

GPS Tracking Device \$1,000.00

Charging Cord \$45.00

If any of the above equipment is not returned to the DuPage County Probation and Court Services Division, a felony theft report will be filed with the local law enforcement agency.

I have read and received a copy of the aforementioned rules and regulations and agree to comply with the terms and conditions of the DuPage County Probation and Court Services Division GPS Electronic Monitoring Program.

SENTINEL OFFENDER SERVICES CONTACT INFORMATION FOR PAYMENT:

PH: **(630) 943 - 2579**

Mailing Address: **SENTINEL OFFENDER SERVICES LLC**
 2100 Manchester Rd, Suite 1740
 Wheaton, IL 60187

Participant Name

Date

Participant Signature

Date

DuPage County Probation Signature

Date

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Sentinel Offender Services, LLC



Attachment D

CREDIT CARD PAYMENT AUTHORIZATION

DATE: ____/____/____ CLIENT ID NUM.: _____ Agency Name: _____

PARTICIPANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

AMOUNT TO BE CHARGED TO CREDIT CARD ACCOUNT:

PAYMENT INFORMATION

CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER (select one)

CARD NUMBER: _____

EXPIRATION DATE: _____

CARD CODE: _____ (three-digit number located on the back of the credit card)

CARD HOLDERS NAME: _____

CARD HOLDERS BILLING ADDRESS:

CARD HOLDERS SIGNATURE: _____ DATE: ____/____/____

I authorize reoccurring use of this card: _____ I authorize this card to be charged with phone approval: _____

Please note that a 1.8% processing fee will accompany all transactions processed on this card.

By signing this form, the cardholder is authorizing Sentinel Offender Services, Inc. to process a payment plus a 1.8% processing fee on the Credit Card account aforementioned.

Please fax signed form back to _____ Attention: Sentinel. For additional questions please feel free to contact us at 15 S. Martin Luther King Jr., Drive, Waukegan, IL 60085, Telephone: To Be Updated upon new number

A/R Use Only:

Date Rec'd: _____ Confirmation No.: _____



Attachment E

Agency Pay Program – Should the agency elect to pay Sentinel directly for the electronic monitoring services, the daily agency pay program will be as follows:

ITEM DESCRIPTIONS FOR VICTIM NOTIFICATION PROGRAM WITH MOBILE EXCLUSION ZONES

Active GPS: \$4.50 per active day

Description of Active GPS: The device records one (1) GPS tracking point per minute, records an Impaired Locate tracking point every 5 minutes and transmits data every three (3) minutes. Tamperers are immediately transmitted. If a Buffer Zone or Exclusion Zone breach is reported, the device automatically intensifies to record one (1) GPS point every minute, one (1) Impaired Locate every minute and transmits data every minute.

Victim Active GPS Device: \$3.00 per active day

Description of Victim Active GPS Device: The device records one (1) GPS tracking point per minute, records an Impaired Locate tracking point every 5 minutes and transmits data every three (3) minutes. Tamperers are immediately transmitted. If a Buffer Zone or Exclusion Zone breach is reported, the device automatically intensifies to record one (1) GPS point every minute, one (1) Impaired Locate every minute and transmits data every minute.

- Insurance Plan for all available GPS equipment: \$0.35 per unit per day

Optional Advocate - Victim Smartphone App: \$2.00 per active day

- Victim Notification Services (Manual Notification): \$1.00 per active day

ITEM DESCRIPTIONS FOR STANDARD GPS & ELECTRONIC MONITORING SERVICES

Active OM500 GPS: \$2.85 per active day

Description of OM500 GPS Mode: The device records one (1) GPS tracking point per minute, records an Impaired Locate tracking point every 15 minutes and transmits data every 10 minutes. Tamperers are immediately transmitted. If a Buffer Zone or Exclusion Zone breach is reported, the device automatically intensifies to record one (1) GPS point every minute, one (1) Impaired Locate every minute and transmits data every minute.

Hybrid OM500 GPS: \$2.80 per active day

Description of OM500 GPS Mode: The device records one (1) GPS tracking point per minute, records an Impaired Locate tracking point every 15 minutes and transmits data every 30 minutes. Tamperers are immediately transmitted. If a Buffer Zone or Exclusion Zone breach is reported, the device automatically intensifies to record one (1) GPS point every minute, one (1) Impaired Locate every minute and transmits data every minute.

- Monitoring Center Operator Outbound Calls to both officers & participants/offenders: \$0.30 per active day
- OM500 Beacon Compatible with OM500 GPS Device: \$0.45 per active day
- Insurance Plan for all available GPS equipment: \$0.35 per unit per day

RF Patrol Cellular Monitoring: \$2.48 per active day

Description of RF Patrol Monitoring: Includes presence and absence monitoring via RF transmitter and Home Monitoring Unit that communicates via cellular network in accordance with the agency notification protocol.

- Insurance Plan for all available RF equipment: \$0.35 per unit per day



Attachment F

Sentinel Standard Operating Procedures for DuPage County Process for Collections

SCOPE

This procedure details the responsibilities of the intake and fee collections process for both Sentinel and DuPage County.

NEW CLIENT ENROLLMENT

- 1.) Every new referral must have the required paperwork provided at the time of enrollment. If the entire referral package is not provided to the Sentinel Representative on the day of enrollment, the Sentinel Representative will notify the assigned probation officer via a Status Report of what information is missing.
- 2.) On the day of enrollment, the client will be instructed to contact the Sentinel representative and make the initial payment of \$140.00. If contact does not occur, and no later than 24 business hours following enrollment, the Sentinel Representative will contact the program participant and require an initial payment of \$140.00. This payment will cover the first two weeks of program supervision.

SENTINEL RESPONSIBILITIES

- 1.) Each morning, a Sentinel Representative will compare the active caseload in the Monitoring Application with the active cases in DNA Case Management to ensure any offender added to active monitoring by DuPage has also been entered into DNA by Sentinel and had their daily invoicing initiated.
- 2.) Daily, the Sentinel Representative will contact each participant who is currently delinquent and require a payment that brings the client current, plus an amount equal to two weeks in advance
- 3.) The Sentinel Representative will deliver the following message to participants when calling for payment on fees:
 - a) You have been ordered by the court to participate in a GPS monitoring program. It is your responsibility to remain current with supervision program fees. Thus, in order to remain compliant and avoid being violated, you must make a payment today in the amount of \$XXX

IF CLIENT CANNOT PAY OR CLAIMS TO BE HOMELESS

- 1.) If a client claims that he/she cannot pay for program fees or states they are homeless, a Status Report will be immediately sent to the Supervising Officer requesting that the officer instruct Sentinel as to what steps will be taken by the Department. Regardless of which option below is chosen, a Status Report will summarize the decision. Options include:
 - a. Consider the client to be indigent and count the participant as part of the indigent allotment outlined in the contract (This is only an option if the indigent allotment has not been fully fulfilled).

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- b. Confirmation that the officer will contact the client within 24 hours and require payment within 24 hours for the first two weeks of the program
 - c. Instruction from the officer to transfer the client into a county paid group that will be paid for by the county monthly at the current GPS rates paid for Juvenile participants
- 2.) If the officer is contacted and indicates the client will pay within 24 hours and no payment is received, a Non-Compliance Report (NCR) will be submitted to the Supervising Officer outlining the client's failure to comply with program requirements. The NCR will also formally request that an Administrative Hearing with the client and the court occur.
- a. Every Friday, a Financial Status Report will be provided to the DuPage Supervisors that identifies those individuals who are not in full compliance with their financial obligation.
 - b. For clients who have an arrearage amount greater than \$70.00, the Supervising Officer will be given one week to get the client into compliance
 - c. For clients who owe more than \$140.00 there shall be a corresponding Non-Compliance Report submitted to the Supervising Officer requesting either
 - removal from the program or
 - change in the classification of the client from self-pay to County-paid
- 3.) At the end of the billing quarter, Sentinel will provide DuPage County with a detailed invoice outlining the total payment and total number of monitoring days. When the aggregate daily collected rate is less than \$5.35 per client per monitoring day, DuPage County will supplement the total payments collected in the amount necessary to result in a \$5.35 daily client monitoring rate (less the 5 free units afforded to indigent participants).



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	Sentinel Offender Services, LLC
CONTACT PERSON:	Mike Dean
CONTACT EMAIL:	mdean@sentineladvantage.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

- ☐ Yes
☒ No

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

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



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

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

- ☐ Yes
- ☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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


The full text of the County's Ethics Ordinance is available at:
http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

The full text of the County's Procurement Ordinance is available at:
https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Printed Name: Dennis Fuller

Signature:  Signature On File

Title: Chief Financial Officer

Date: 12/15/25



File #: JPS-P-0012-26

Agenda Date: 1/6/2026

Agenda #: 6.G.

AWARDING RESOLUTION ISSUED TO
SENTINEL OFFENDER SERVICES, LLC
TO PROVIDE COURT ORDERED ALCOHOL MONITORING SERVICES
TO OFFENDERS FOR PROBATION AND COURT SERVICES
(CONTRACT TOTAL AMOUNT \$35,917)

WHEREAS, the State of Connecticut has previously selected Sentinel Offender Services, LLC as its vendor for alcohol monitoring services and remote breath RBPro, as well as GPS monitoring equipment; and signed an agreement with the same ("Master Agreement"); and

WHEREAS, Procurement Ordinance OFI-005B-99 (effective December 14, 2004) and 30 ILCS 525/2, the "Governmental Joint Purchasing Act" authorize the County to procure items through approved cooperative purchasing contracts; and

WHEREAS, the Master Agreement includes provisions allowing for joint purchasing through NAPSCO Value Point, which is an approved contract; and

WHEREAS, the County of DuPage, on behalf of the Eighteenth Judicial Circuit Court's Department of Probation and Court Services, is desirous of procuring a contract to provide court ordered alcohol monitoring services and remote breath RBPro to adult clients, for the Department of Probation and Court Services, a grant modification was approved by Bureau of Justice Assistance (BJA) to add Drug Court /VA/MICAP indigent clients to help support payments for their transdermal alcohol monitoring services and remote breath RBPro from Sentinel Offender Services, LLC as set forth in the attached Agreement; and

WHEREAS, Sentinel Offender Services, LLC has been evaluated and selected in accordance with County Board Policy; and

WHEREAS, the Judicial and Public Safety Committee recommends County Board approval for the issuance of a contract to Sentinel Offender Services, LLC, to provide court ordered alcohol monitoring services and remote breath RBPro to adult clients, for the Department of Probation and Court Services, a grant modification was approved by Bureau of Justice Assistance (BJA) to add Drug Court /VA/MICAP indigent clients to help support payments for their transdermal alcohol monitoring services and remote breath RBPro, for the period of April 1, 2026 through March 31, 2028, for DuPage County Probation and Court Services.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide court ordered alcohol monitoring services and remote breath RBPro to adult clients, a grant modification was approved by Bureau of Justice Assistance (BJA) to add Drug Court /VA/MICAP indigent clients to help support payments for their transdermal alcohol monitoring services and remote breath RBPro, for the period of April 1, 2026 through March 31, 2028, for DuPage County Probation and Court Services, per NASPO Master Agreement #22PSX0021, be and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Sentinel Offender Services, LLC, 1220 N Simmon Circle, Unit C, Anaheim, CA 92806, for a contract total amount of \$35,917.

Enacted and approved this 13th day of January 2026, at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-0141	RFP, BID, QUOTE OR RENEWAL #: NASPO Contract #22Px0021	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$35,917.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$35,917.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Sentinel Offender Services, LLC	VENDOR #: 13392	DEPT: Probation and Court Services	DEPT CONTACT NAME: Sharon Donald
VENDOR CONTACT: Mike Dean	VENDOR CONTACT PHONE: 1-800-496-4882	DEPT CONTACT PHONE #: 630-407-8413	DEPT CONTACT EMAIL: sharon.donald@dupagecounty.gov
VENDOR CONTACT EMAIL: mdean@sentineladvantage.com	VENDOR WEBSITE: www.sentineladvantage.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.). Sentinel Offender Services, LLC has an cooperative agreement with National Association of State Procurement Officers (NASPO) to provide alcohol monitoring services and remote breath RBPro to adult clients.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Grant funds are available to support Drug Court/VA/MICAP clients payments for their alcohol transdermal monitoring services and remote breath RBPro.			

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.
COOPERATIVE(DPC 2-352), GOVERNMENT JOINT PURCHASING ACT (30 ILCS 525) OR GSA SCHEDULE PRICING	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. Vendor was selected by the NASPO contract pursuant to the Master Agreement #22Px0021.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). Drug Court/VA grant modification was approved to provide alcohol monitoring services and remote breath RBPro to adult clients. The Probation department does not have the funding to provide this program to indigent clients.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Sentinel Offender Services, LLC	Vendor#: 13392	Dept: Probation and Court Services	Division: Finance
Attn: Mike Dean	Email: mdean@sentineladvantage.com	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: 1220 North Simon Circle, Unit C	City: Anaheim	Address: 503 N County Farm Road	City: Wheaton
State: California	Zip: 92806	State: Illinois	Zip: 60187
Phone: 1-800-496-4882	Fax:	Phone: 630-407-8413	Fax: 630-407-2502
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Sentinel Offender Services, LLC	Vendor#: 13392	Dept: Probation and Court Services	Division: Finance
Attn: Mike Dean	Email: mdean@sentineladvantage.com	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: Po Box 8436	City: Pasadena	Address: 503 N County Farm Road	City: Wheaton
State: California	Zip: 91109-8436	State: Illinois	Zip: 60187
Phone: 1-800-496-4882	Fax:	Phone: 630-407-8413	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Apr 1, 2026	Contract End Date (PO25): Mar 31, 2028

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Transdermal Alcohol Monitoring - Grant Funded \$10.79/day	FY26	5000	6100	53410	15PBJA21G G04221	28,963.75	28,963.75
2	1	EA		Remote Breath RBPro \$6.35/day	FY26	5000	6155	53410	15PBJA21G G04221	6,953.25	6,953.25
3	1	EA		Transdermal Alcohol Monitoring - Grant Funded \$10.79/day	FY27	5000	6155	53410	15PBJA21G G04221	0.00	0.00
4	1	EA		Remote Breath RBPro \$6.35/day	FY27	5000	6155	53410	15PBJA21G G04221	0.00	0.00
5	1	EA		Transdermal Alcohol Monitoring - Grant Funded \$10.79/day	FY28	5000	6155	53410	15PBJA21G G04221	0.00	0.00
6	1	EA		Remote Breath RBPro \$6.35/day	FY28	5000	6155	53410	15PBJA21G G04221	0.00	0.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 35,917.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.

**Participating Addendum
for
ELECTRONIC MONITORING PRODUCTS AND SERVICES
between
County of DuPage, Illinois
And
Sentinel Offender Services, LLC**

This Participating Addendum is entered into by DuPage County, a political subdivision of the State of Illinois ("Participating Entity") and Sentinel Offender Services, LLC, a Delaware limited liability company ("Contractor"), having its principal place of business at 1220 N. Simon Circle, Unit C, , Anaheim, California 92806 (each, individually, a "Party" or, collectively, the "Parties") for the purpose of participating in NASPO ValuePoint Master Agreement Number 22PSX0021, executed by Contractor and the State of Connecticut ("Lead State") for Electronic Monitoring Products and Services ("Master Agreement")

- I. **TERM.** This Participating Addendum is effective as of the date of the last signature below or 4/01/2026, whichever is later, and will terminate upon termination of the Master Agreement, as amended, unless the Participating Addendum is terminated sooner in accordance with the terms set forth herein.
- II. **PARTICIPATION AND USAGE.** This Participating Addendum may be used by all state agencies, institutions of higher education, cities, counties, districts, and other political subdivisions of the state, and nonprofit organizations within the state if authorized herein and by law. Participating Entity has sole authority to determine which entities are eligible to use this Participating Addendum. DuPage County is authorized to procure Electronic Monitoring Service via NASPO ValuePoint per Procurement Ordinance OFI-005B-99 (effective December 14, 2004) and 30 ILCS 525/2 "Governmental Joint Purchasing Act."
- III. **GOVERNING LAW.** The construction and effect of this Participating Addendum and any Orders placed hereunder will be governed by the state laws of Illinois and construed in accordance with Participating Entity's laws.
- IV. **SCOPE.** Except as otherwise stated herein, this Participating Addendum incorporates modifications or additions that apply only to actions and relationships within the Participating Entity.) Please refer to the following Attachments that are incorporated into this agreement:
 - 1) Attachment A - DuPage County Standard Terms and Conditions
 - 2) Attachment B – Alcohol Monitoring Offender Funded Program Service Fees
 - 3) Attachment C – DuPage County Probation and Court Services Alcohol Monitoring Participant Contract
 - 4) Attachment D – Credit Card Payment Authorization Form
 - 5) Attachment E - Sentinel Standard Operating Procedures for DuPage County Alcohol Monitoring Program Collection of Fees

Any conflict between this Participating Addendum and the Master Agreement will be resolved in favor of the Participating Addendum. The terms of this Participating Addendum, including those modifying or adding to the terms of the Master Agreement, apply only to the Parties and shall have no effect on Contractor's Participating Addenda with other participating entities or Contractor's Master Agreement with the Lead State.

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC





- V. ORDERS.** Purchasing Entities may place orders under this Participating Addendum. Each Order placed under this Participating Addendum is subject to the pricing and terms set forth herein and in the Master Agreement, including applicable discounts, reporting requirements, and payment of administrative fees to NASPO ValuePoint and Participating Entity, if applicable.
- VI. FEDERAL FUNDING REQUIREMENTS.** Orders funded with federal funds may have additional contractual requirements or certifications that must be satisfied at the time the Order is placed or upon delivery. When applicable, a Purchasing Entity will identify in the Order any alternative or additional requirements related to the use of federal funds. By accepting the Order, Contractor agrees to comply with the requirements set forth therein.
- VII. NOTICE.** Any notice required herein shall be sent to the following:
- | | |
|--|--|
| For Contractor: | For Participating Entity: |
| Mike Dean | Valerie Calvente |
| Vice President of Sales | Chief Procurement Officer |
| mdean@sentineladvantage.com | valerie.calvente@dupagecounty.gov |
| 800.496.4882 | 630.407.6184 |
- VIII. SUBMISSION OF PARTICIPATING ADDENDUM TO NASPO VALUEPOINT.** Upon execution, Contractor shall promptly email a copy of this Participating Addendum and any amendments hereto to NASPO ValuePoint at pa@naspovaluepoint.org. The Parties acknowledge and agree that the Participating Addendum, as amended, may be published on the NASPO ValuePoint website.

SIGNATURE

The undersigned for each Party represent and warrants that this Participating Addendum is a valid and legal agreement binding on the Party and enforceable in accordance with the Participating Addendum's terms and that the undersigned is duly authorized and has legal capacity to execute and deliver this Participating Addendum and bind the Party hereto.

IN WITNESS WHEREOF, the Parties have executed this Participating Addendum.

CONTRACTOR: 
Signature On File _____
Signature 

Dennis Fuller
Printed Name

Chief Financial Officer
Title

12/17/2025
Date

PARTICIPATING ENTITY:

Signature

Printed Name

Title

Date



Attachment A

DuPage County Standard Terms and Conditions

LAW GOVERNING:

Sentinel Offender Services, LLC. Agrees to comply with all applicable State and Federal laws. This Agreement shall be governed by the laws of the State of Illinois, and any dispute arising hereunder shall be subject to the exclusive jurisdiction of the 18th Judicial Circuit Court of DuPage County, Illinois

PAYMENT:

Sentinel shall be 100% responsible for collecting all program fees from those Participants referred by the Court and Probation Services. At no time will the County be financially responsible for paying any Alcohol Monitoring Fees to Sentinel.

CONFIDENTIAL INFORMATION AND COUNTY PROPERTY:

It is agreed that all specifications, or data furnished by the County of DuPage shall (1) remain the County of DuPage's sole and exclusive property; (2) be considered and treated by Sentinel Offender Services, LLC. as County of DuPage confidential information, and cannot be copied, reproduced, or duplicated in any manner or disclosed to any person or party. Except as is necessary in the performance of this contract and (3) be returned upon request.

ENDORSEMENTS:

Sentinel Offender Services, LLC. shall not use the name, seal, or images of County of DuPage in any form of endorsement to any third-party without the County's written permission.

INDEMNITY:

Sentinel Offender Services, LLC. shall, at all times, to the extent permitted by law, fully indemnify, hold harmless, and defend the County and its officers, agents, and employees from and against any and all claims and demands, actions, causes of action, and cost and fees of any character whatsoever made by anyone whomsoever on account of or in any way growing out of the performance of this contract by Sentinel Offender Services, LLC. and its employees, or because of any act or omission, neglect or misconduct of Sentinel Offender Services, LLC., its employees and agents or its subcontractors including, but not limited to, any claims that may be made by the employees themselves for injuries to their person or property or otherwise, and any claims that may be made by the employees themselves or by the Illinois Department of Labor for Sentinel Offender Services, LLC. violation of the Illinois Prevailing Wage Act (820 ILCS 130/1 et seq.). Such indemnity shall not be limited because of the enumeration of any insurance coverage or bond herein provided.

Nothing contained herein shall be construed as prohibiting the County, its officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions, or suits brought against them. Sentinel Offender Services, LLC. shall likewise be liable for the cost, fees and expenses incurred in the County's or Sentinel Offender Services, LLC. defense of any such claims, actions, or suits.

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



Sentinel Offender Services, LLC. shall be responsible for any damages incurred because of its errors, omissions, or negligent acts and for any losses or costs to repair or remedy construction because of its errors, omissions, or negligent acts.

The County does not waive its defenses or immunities under the Local Government and Governmental Employees Tort Immunity Act, 745 ILCS 10/1 et seq. due to indemnification or insurance.

PERFORMANCE:

Sentinel Offender Services, LLC. performance under the terms of the Contract shall be to the satisfaction of the County. Failure to comply with any statutory requirements shall be deemed a performance breach.

LIENS, CLAIMS, AND ENCUMBRANCES:

Sentinel Offender Services, LLC. warrants and represents that all the goods and materials ordered herein are free and clear of all liens, claims, or encumbrances of any kind.

NON-DISCRIMINATING:

Sentinel Offender Services, LLC., its employees and subcontractors, agree not to commit unlawful discrimination and agree to comply with applicable provisions of the Illinois Human Rights Act, the U.S. Civil Rights Act and Section 504 of the Federal Rehabilitation Act, and rules applicable to each.

PATENTS:

Sentinel Offender Services, LLC. undertakes and agrees to defend at Sentinel Offender Services, LLC. own expense, all suits, actions, or proceedings in which the County of DuPage, its Officers, agents, or employees are made defendants for actual or alleged infringement of any U.S. or foreign letters patent resulting from the use or sale of the items purchased hereunder. Sentinel Offender Services, LLC. shall inform the County of DuPage whenever infringement will result from Sentinel Offender Services, LLC. adherence to specifications supplied by the County of DuPage or by an authorized County representative. Sentinel Offender Services, LLC. further agrees to pay and discharge all judgments or decrees, which may be rendered in any such suit, action or proceedings against the County of DuPage, its Officers, agents, or employees therein.

Nothing contained herein shall be construed as prohibiting the County, its officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions, or suits brought against them. Sentinel Offender Services, LLC. shall likewise be liable for the cost, fees and expenses incurred in the County's or Sentinel Offender Services, LLC. defense of any such claims, actions, or suits.

TAX:

The County of DuPage does not pay Federal Excise Tax or Illinois Sales Tax. The tax exemption number is E99974551. A copy of the exemption letter is available upon written request.

TERM OF CONTRACT AND RENEWAL & EXTENSION: If this is a Service Contract This Contract shall be effective for two (2) year from the date of award. The contract may be subject to two (2) additional one (1) year renewal periods provided there are no changes in terms, conditions, specifications, and prices unless agreed upon by both parties and such renewals are mutually agreed to by both parties. In on event shall the term plus renewals exceed four (4) years.

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



TERMINATION, CANCELLATION AND DAMAGES:

This contract may be terminated upon agreement of both parties. The County may terminate based on Sentinel Offender Services, LLC. breach or default. Unless the breach or default creates an emergency, as determined in the County's sole discretion, Sentinel Offender Services, LLC. shall be given notice and a five (5) day opportunity to cure before the termination becomes effective.

If the County terminates this Contract because of Sentinel Offender Services, LLC. breach or default, the County shall have the right to purchase items or services elsewhere and to charge Sentinel Offender Services, LLC. with any additional cost incurred, including but not limited to the cost of cover, incidental and consequential damages, and the cost of re-proposing. The County may offset these additional costs against any sums otherwise due to Sentinel Offender Services, LLC. under this proposal or any unrelated contract.

If the County of DuPage fails to appropriate funds to enable continued payment of multi-year Contracts the County may cancel, without termination charges provided Sentinel Offender Services, LLC. received at least thirty (30) days prior written notice of termination.

TRANSFER OF OWNERSHIP OR ASSIGNMENT:

The terms and conditions of this contract shall be binding upon and shall insure to the benefit of the parties hereto and their respective successors and assigns. Prior to any sales or assignments, the County of DuPage must be notified and approve same in writing.

Attachment B

Alcohol Monitoring Offender Funded Program Service Fees and Payments

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



Sentinel shall collect from each of the defendants and/or Probationers participating in the Alcohol Monitoring Program based on the type of Alcohol Monitoring Equipment and Service referred to and at the following target rates:

Service Description	Transdermal Alcohol Monitoring	Remote Breath
Equipment Cost	\$8.74	\$4.30
Billing & Administration	\$1.50	\$1.50
Increased Spares	\$0.20	\$0.20
Equipment Inspection, Ankle Device Adjustments, Insurance	\$0.35	\$0.35
	\$10.79	\$6.35

It is agreed that once the ability to pay for services has been assessed, program participants who willfully do not pay the program fees at the time fees are due, will be subject to a supervisory meeting between Customer, its designated agent, Sentinel, and the participant to determine circumstances for non-payment. At the conclusion of any supervisory meeting, if it is determined the participant continues to have the ability to pay but continues with the willful non-payment of services for 14 days, they will be subject to revocation.

Indigent Provision: The costs for participants determined to be indigent will be \$0 (no cost). Sentinel will provide up to 10 slots to the county at no cost.

Termination: Should either Party determines this agreement, and the program is not meeting their expectations, either party may terminate this agreement, without cause, by giving the other Party 30 days Written Notification on their decision to exercise their Right to Terminate.

DuPage County Probation and Court Services Responsibilities:

- DuPage County Probation and Court Services will do their own installations and orientation.
- DuPage County Probation and Court Services will review with the participant all program rules and the Sentinel Participant Agreement and have the participant sign their agreement and acceptance to the Participant Agreement.
- DuPage County Probation and Court Services will continue to respond to their own alerts and review their own activity.
- DuPage County Probation and Court Services will continue to be responsible for retrieving and maintaining the equipment.
- DuPage County Probation and Court Services will use all the proper paperwork and transmittals that are required in order to properly and efficiently monitor an offender. This includes, but is not limited to, providing complete offender information to Sentinel's National Monitoring Center, maintaining a reasonable inventory for future participants, keeping an appropriate record of all equipment in use including alleged problems with any units.
- DuPage County Probation and Court Services will notify Sentinel if equipment is lost or damaged.
- DuPage County Probation and Court Services agree to maintain complete responsibility for participant selection and program management services not specifically listed below. DuPage County Probation and Court Services agrees to furnish all information to Sentinel which may reasonably be required to provide Customer with all services listed.
- DuPage County Probation and Court Services will enroll participants via secure access to websites using Customer's own computer, software, and Internet connection.

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



- DuPage County Probation and Court Services will process all information changes via secure access to Internet website using Customer's own computer, software, and Internet connection.
- DuPage County Probation and Court Services will access monitoring reports via secure internet access to software using the Customer's own computer.
- DuPage County will not pay shelf fees for equipment.
- DuPage County will maintain an inventory of equipment on the shelf equal to 25% of the active equipment in use or 20 units of each type of equipment being used, whichever is greater. This applies separately to Transdermal Cell, Transdermal Ethernet, and Remote Breath Units.

Sentinel Responsibilities:

- Sentinel will be 100% responsible for collecting all payments from those participants placed in the Alcohol Monitoring Offender Funded Program.
- Sentinel will provide dedicated staff whose primary responsibility will be collecting program fees directly from program participants and when required, address the importance with each program participant their requirement to keep current with all program fees as they agreed to in the signed Participant Agreement, and provide equipment Inspections and ankle device adjustments, as requested by Probation and Court Services.
- Sentinel will reassess the financial conditions for those participants who have experienced a sudden change in income to reevaluate if the participant's ability or inability to pay the established and agreed upon program fees warrants a revised payment plan.
- Sentinel will be 100% responsible for collecting program fees from the program participants, will use industry proven collection techniques to ensure the successful collection of all fees owed for program services, and will use collection agencies if needed to recoup established program fees.
- Sentinel will provide monthly reports to the DuPage County Probation and Court Services that provide details on fees collected from the offender funded program.
- Sentinel will provide access to our Offender Funded Case Management Module so the DuPage County Probation and Court Services can review participant collection details online.
- Sentinel will also provide a report that will detail its efforts for collecting fees from delinquent participants.
- Sentinel will immediately advise the DuPage County Probation and Court Services on any participant's refusal to pay program fees and the DuPage County Probation and Court Services will agree to sending representatives to a supervisory meeting with the program participant in order to assist with identifying why the participant is not paying the required program fees as well as to reinforce to the participant their obligation to pay all program fees as required in the participant program agreement.
- Sentinel will provide monthly reports to Probation and Court Services that provide details on fees collected from the offender funded program including the following reports.
 - #1 **Monthly** Payment Activity Report
 - #2 **Biweekly Activity Report**
- Sentinel staff will promptly follow-up on missed or partial payments.
- Sentinel will offer access to all newly released make and model equipment as they are released and upon the testing and acceptance of both parties.



Attachment C

**DuPage County Probation and Court Services Transdermal Alcohol Monitoring
Participant Contract**

You have been court ordered to be placed in the DuPage County Probation and Court Services Alcohol Monitoring Program. You have been ordered by the Court to pay all the cost of this supervision directly to Sentinel Offender Services.

On the day you begin the program, a transdermal Alcohol Monitoring transmitter device will be fitted to your ankle and a Home Base Unit will be assigned to you. The day this equipment is issued to you is the day you become responsible for payment of services. As ordered by the court, you will be billed a **daily rate of \$10.79** for each day you remain on the program. You are also responsible for the care of the equipment while in your possession and you will be held financially responsible for any equipment that is damaged or not returned to the DuPage County Probation and Court Services Division.

You are required to submit an initial payment for this program equal to 14 days of monitoring and will be required to make a payment on your first day of enrollment in the amount of **\$151.06** via a money order or credit card (Visa, MasterCard, Discover only). If you do not have this payment at enrollment, you will be required to return **the next business day** to pay for the first 14 days of your monitoring.

PAYMENT AGREEMENT: I agree to pay Sentinel Offender Services for its electronic monitoring services at the daily rate established in this agreement of **\$10.79 per day**. I agree to provide payment to Sentinel Offender Services via credit card, debit card, or money order. In the event a requested payment amount is declined, I acknowledge and understand that Sentinel Offender Services will notify the DuPage County Probation and Court Services Division and I understand that in the event I am delinquent with my payments, one or more of the following actions will be taken by the DuPage County Probation and Court Services Division:

- Notification to the Court; a Petition Charging Violation of Probation.
- I may have my bail revoked by the Court for failing to comply with program requirements.
- Sentinel Offender Services may pursue legal action in a civil court for all outstanding fees and related costs associated with program non-compliance.
- I acknowledge it is my responsibility to return the monitoring equipment issued to me back to the DuPage County Probation and Court Service Division. In the event this equipment is lost, stolen or damaged beyond normal wear, I am responsible to reimburse Sentinel Offender Services at the published replacement cost of \$600 for the Transdermal Ankle Bracelet, \$700.00 for the Transdermal Home Base Unit, and \$45.00 for the Charging Cord, and as listed in this agreement. If I do not fulfill this responsibility, Sentinel Offender Services will file felony theft charges and/or criminal property damage charges against me.

Client Initials _____

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



FEE AGREEMENT

The daily rate as ordered by the Court to participate in the program is \$10.79 per day. This fee includes the Transdermal Alcohol Monitoring Ankle Bracelet, Home Monitoring Unit, and 24/7/365 monitoring by the National Monitoring Center. My program fees through ____ total \$ _____. (Example: \$10.79 per day x 90 days sentenced on program = \$971.10 total cost)

I agree to pay \$151.06 every two weeks until all program fees are paid in full. I understand that the DuPage County Probation Department will be notified if I fail to pay my fees as ordered. Failure to pay Alcohol Monitoring Program fees and/or remain current with fees will result in a violation of my bond or sentence being filed with the court. I will continue to be responsible for payment of any outstanding fees incurred while I am on the DuPage County Probation and Court Services Electronic Monitoring Program.

PROGRAM EQUIPMENT

The GPS transmitter device fitted to your ankle and any other equipment given to you by the DuPage County Probation and Court Services Division is your responsibility. If the equipment is damaged, lost, not returned, or destroyed, you will be required to pay the following amounts:

- Transdermal Ankle Bracelet: \$600.00
- Transdermal Home Base Unit: \$700.00
- Charging Cord: \$45.00

If any of the above equipment is not returned to the DuPage County Probation and Court Services Division, a felony theft report will be filed with the local law enforcement agency.

I have read and received a copy of the rules and regulations and agree to comply with the terms and conditions of the DuPage County Probation and Court Services Division Alcohol Monitoring Program.

SENTINEL OFFENDER SERVICES CONTACT INFORMATION FOR PAYMENT:

PH: (630)943 - 2579

**Mailing Address: SENTINEL OFFENDER SERVICES LLC
2100 Manchester Rd, Suite 1740
Wheaton, IL 60187**

_____ Participant Name	_____ Date
_____ Participant Signature	_____ Date
_____ DuPage County Probation Signature	_____ Date



Attachment C

**DuPage County Probation and Court Services Remote Breath Alcohol Monitoring
Participant Contract**

You have been court ordered to be placed in the DuPage County Probation and Court Services Alcohol Monitoring Program. You have been ordered by the Court to pay all the cost of this supervision directly to Sentinel Offender Services.

On the day you begin the program, a Hand-held Portable Remote Breath Monitoring device will be assigned to you. The day this equipment is issued to you is the day you become responsible for payment of services. As ordered by the court, you will be billed a **daily rate of \$6.35** for each day you remain on the program. You are also responsible for the care of the equipment while in your possession and you will be held financially responsible for any equipment that is damaged or not returned to the DuPage County Probation and Court Services Division.

You are required to submit an initial payment for this program equal to 14 days of monitoring and will be required to make a payment on your first day of enrollment in the amount of **\$88.90** via a money order or credit card (Visa, MasterCard, Discover only). If you do not have this payment at enrollment, you will be required to return **the next business day** to pay for the first 14 days of your monitoring.

PAYMENT AGREEMENT: I agree to pay Sentinel Offender Services for its electronic monitoring services at the daily rate established in this agreement of **\$6.35 per day**. I agree to provide payment to Sentinel Offender Services via credit card, debit card, or money order. In the event a requested payment amount is declined, I acknowledge and understand that Sentinel Offender Services will notify the DuPage County Probation and Court Services Division and I understand that in the event I am delinquent with my payments, one or more of the following actions will be taken by the DuPage County Probation and Court Services Division:

- Notification to the Court; a Petition Charging Violation of Probation,
- I may have my bail revoked by the Court for failing to comply with program requirements.
- Sentinel Offender Services may pursue legal action in a civil court for all outstanding fees and related costs associated with program non-compliance.

I acknowledge it is my responsibility to return the monitoring equipment issued to me back to the DuPage County Probation and Court Service Division. In the event this equipment is lost, stolen or damaged beyond normal wear, I am responsible to reimburse Sentinel Offender Services at the published replacement cost of \$675.00 for the Remote Breath Alcohol Monitoring Units and \$45.00 for the Charging Cord and as listed in this agreement. If I do not fulfill this responsibility, Sentinel Offender Services will file felony theft charges and/or criminal property damage charges against me.

Client Initials _____

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



FEE AGREEMENT

The daily rate as ordered by the Court to participate in the program is \$6.35 per day. This fee includes the Transdermal Alcohol Monitoring Ankle Bracelet, Home Monitoring Unit, and 24/7/365 monitoring by the National Monitoring Center. My program fees through ____ total \$ _____. (Example: \$6.35 per day x 90 days sentenced on program = \$571.50 total cost)

I agree to pay \$88.90 every two weeks until all program fees are paid in full. I understand that the DuPage County Probation Department will be notified if I fail to pay my fees as ordered. Failure to pay Alcohol Monitoring fees and/or remain current with fees will result in a violation of my bond or sentence being filed with the court. I will continue to be responsible for payment of any outstanding fees incurred while I am on the DuPage County Probation and Court Services Electronic Monitoring Program.

PROGRAM EQUIPMENT

The Alcohol Monitoring Portable Remote Breath device and any other equipment given to you by the DuPage County Probation and Court Services Division is your responsibility. If the equipment is damaged, lost, not returned, or destroyed, you will be required to pay the following amounts:

- Portable Remote Breath Device: \$675.00
- Charging Cord: \$45.00

If any of the above equipment is not returned to the DuPage County Probation and Court Services Division, a felony theft report will be filed with the local law enforcement agency.

I have read and received a copy of the rules and regulations and agree to comply with the terms and conditions of the DuPage County Probation and Court Services Division Alcohol Monitoring Program.

SENTINEL OFFENDER SERVICES CONTACT INFORMATION FOR PAYMENT:

PH: (630)943 - 2579

**Mailing Address: SENTINEL OFFENDER SERVICES LLC
2100 Manchester Rd, Suite 1740
Wheaton, IL 60187**

Participant Name

Date

Participant Signature

Date

DuPage County Probation Signature

Date

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



Attachment D

CREDIT CARD PAYMENT AUTHORIZATION

DATE: ____/____/____ CLIENT ID NUM.: _____ Agency Name: _____

PARTICIPANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

AMOUNT TO BE CHARGED TO CREDIT CARD ACCOUNT:

PAYMENT INFORMATION

CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER (select one)

CARD NUMBER: _____

EXPIRATION DATE: _____

CARD CODE: _____ (three-digit number located on the back of the credit card)

CARD HOLDERS NAME: _____

CARD HOLDERS BILLING ADDRESS:

CARD HOLDERS SIGNATURE: _____ DATE: ____/____/____

I authorize reoccurring use of this card: _____ I authorize this card to be charged with phone approval: _____

Please note that a 3% processing fee will accompany all transactions processed on this card.

By signing this form, the cardholder is authorizing Sentinel Offender Services, Inc. to process a payment plus a 3% processing fee on the Credit Card account.

Please fax signed form back to _____ Attention: Sentinel. For additional questions please feel free to contact us at 15 S. Martin Luther King Jr., Drive, Waukegan, IL 60085, Telephone: To Be Updated upon new number.

A/R Use Only:

Date Rec'd: _____ Confirmation No: _____



Attachment E

Sentinel Standard Operating Procedures for DuPage County Process for Collections

SCOPE

This procedure details the responsibilities of the intake and fee collections process for both Sentinel and DuPage County.

NEW CLIENT ENROLLMENT

- 1.) Every new referral must have the required paperwork provided at the time of enrollment. If the entire referral package is not provided to the Sentinel Representative on the day of enrollment, the Sentinel Representative will notify the assigned probation officer via a Status Report of what information is missing.
- 2.) On the day of enrollment, the client will be instructed to contact the Sentinel representative and make the initial payment based on the type of Alcohol Monitoring Equipment required. If contact does not occur, and no later than 24 business hours following enrollment, the Sentinel Representative will contact the program participant and require an initial payment covering the first 14 days of the program. This payment will cover the first two weeks of program supervision.

SENTINEL RESPONSIBILITIES

- 1.) Each morning, a Sentinel Representative will compare the active caseload in the Monitoring Application with the active cases in DNA Case Management to ensure any offender added to active monitoring by DuPage has also been entered into DNA by Sentinel and had their daily invoicing initiated.
- 2.) Daily, the Sentinel Representative will contact each participant who is currently delinquent and require a payment that brings the client current, plus an amount equal to two weeks in advance.
- 3.) The Sentinel Representative will deliver the following message to participants when calling for payment on fees:
 - a) You have been ordered by the court to participate in the Alcohol Monitoring Program. It is your responsibility to remain current with supervision program fees. Thus, in order to remain compliant and avoid being violated, you must make a payment today in the amount of \$XXX.

IF CLIENT CANNOT PAY OR CLAIMS TO BE HOMELESS

- 1.) If a client claims that he/she cannot pay for program fees or states they are homeless, a Status Report will be immediately sent to the Supervising Officer requesting that the officer instruct Sentinel as to what steps will be taken by the Department. Regardless of which option below is chosen, a Status Report will summarize the decision. Options include:
 - a. Consider the client to be indigent and count the participant as part of the indigent allotment outlined in the contract (This is only an option if the indigent allotment has not been fully fulfilled).
 - b. Work out a payment plan with the participant and follow up to ensure all agreed fees will be paid prior to their program sentence ending.

**Participating Addendum Number for
Electronic Monitoring Products and Services**

Between **DuPage County, IL** and
Sentinel Offender Services, LLC



- c. Confirmation that the officer will contact the client within 24 hours and require payment within 24 hours for the first two weeks of the program.
- 2.) If the officer is contacted and indicates the client will pay within 24 hours and no payment is received, a Non-Compliance Report (NCR) will be submitted to the Supervising Officer outlining the client's failure to comply with program requirements. The NCR will also formally request that an Administrative Hearing with the client and the court occur.
 - a. Every Friday, a Financial Status Report will be provided to the DuPage Supervisors that identifies those individuals who are not in full compliance with their financial obligation.
 - b. For clients who owe more than \$140.00 and the participant has not abided by any payment schedule agreed to, there shall be a corresponding Non-Compliance Report submitted to the Supervising Officer requesting.
- 3) It is agreed that once the ability to pay for services has been assessed, program participants who willfully do not pay the program fees at the time fees are due, will be subject to a supervisory meeting between Customer, its designated agent, Sentinel, and the participant to determine circumstances for non-payment. At the conclusion of any supervisory meeting, if it is determined the participant continues to have the ability to pay but continues with the willful non-payment of services for 14 days, they will be subject to revocation.



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	Sentinel Offender Services, LLC
CONTACT PERSON:	Mike Dean
CONTACT EMAIL:	mdean@sentineladvantage.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

- ☐ Yes
☒ No

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

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



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

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

- ☐ Yes
☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/


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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Printed Name: Dennis Fuller

Signature:  Signature On File

Title: Chief Financial Officer

Date: 12/15/25



File #: JPS-P-0011-26

Agenda Date: 1/6/2026

Agenda #: 6.H.

AWARDING RESOLUTION ISSUED TO
HEARTLAND BUSINESS SYSTEMS
FOR AN ENTERPRISE AGREEMENT WITH FORTINET
FOR SHERIFF'S OFFICE
(CONTRACT TOTAL AMOUNT \$687,565.74)

WHEREAS, the County of DuPage by virtue of its power set forth in the Counties Code (55 ILCS 5/1-1001 *et seq.*) is authorized to enter into this Agreement; and

WHEREAS, pursuant to the Governmental Joint Purchasing Act (30 ILCS 525/2), the County is authorized to enter into a Joint Purchasing Agreement for an Enterprise Agreement with Fortinet; and

WHEREAS, pursuant to Intergovernmental Agreement between the County of DuPage and the TIPS Contract #220105, the County of DuPage will contract with Heartland Business Systems; and

WHEREAS, the Judicial and Public Safety Committee recommends County Board approval for the issuance of a contract to Heartland Business Systems, FOR an Enterprise Agreement with Fortinet, for the period of January 13, 2026 through January 13, 2031, for Sheriff's Office.

NOW, THEREFORE BE IT RESOLVED, that County contract, covering said for an Enterprise Agreement for Fortinet, for the period of January 13, 2026 through January 13, 2031, for Sheriff's Office, be, and it is hereby approved for issuance of a contract by the Procurement Division to Heartland Business Systems, 5400 Patton Drive Suite 4B Lisle, IL 60532, for a contract total amount not to exceed \$687,565.74, per contract pursuant to the TIPS Contract #220105.

Enacted and approved 13th of January, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 26-0146	RFP, BID, QUOTE OR RENEWAL #: 353235 v11	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$687,565.74
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$687,565.74
	CURRENT TERM TOTAL COST: \$687,565.74	MAX LENGTH WITH ALL RENEWALS: FIVE YEARS*	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Heartland Business Systems	VENDOR #:	DEPT: DuPage Sheriff's Office	DEPT CONTACT NAME: Jason Snow
VENDOR CONTACT: Mike Carroll	VENDOR CONTACT PHONE: 608-444-7994	DEPT CONTACT PHONE #: 630-405-2071	DEPT CONTACT EMAIL: jason.snow@dupagesheriff.org
VENDOR CONTACT EMAIL: mcarroll@hbs.net	VENDOR WEBSITE:	DEPT REQ #:	
<i>Overview</i>			
<p>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 Sheriff's Office wants to do an E.A. (Enterprise Agreement) with Fortinet. The E.A. work is similar to the county's Microsoft License E.A. This will consolidate most of the service agreements into a single five-year agreement. There are some online services we use that are year-to-year. This covers the majority of systems. There are multiple benefits to this in terms of service and cost. The first benefit is that we would receive a 15-minute response time for critical items and 2 hours for non-critical items. Currently, we are experiencing delays of over an hour for critical issues and one day or more for non-critical issues. The E.A. also locks in the price of hardware and services for five years upon the day of signing. The current estimated cost per year is about \$211,000 for our current needs. That totals about \$1,055,000 for 5 years. The E.A. and other non-E.A. items for the five years are about \$970,000.00. The most significant advantage is the cost savings and the upgraded support. We would save approximately \$84,000 over the five years. The Fortinet ECO system provided the Sheriff's Office with Edge Security (Web Filtering, IPS, DNS, Firewall, etc.), networking, wireless, Web Application Firewall, Sandbox, Email Filtering, SOCAaaS, Log Collection, Network Access Control, MDR/XDR, Endpoint security, Dark web Monitoring, and Authentication. All these services require a subscription for the items to operate and a warranty on the hardware in case something goes wrong that needs to be fixed or replaced.</p> <p>They are on the TIPS Contract 220105</p> <p>JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished If we stay with the current year-to-year approach, we would not receive the benefits of the upgraded support and the cost savings between the E.A. contract and price locking for the 5 years.</p>			

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.
COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. We have already invested heavily in the Fortinet Eco system. We have had their Firewall, network infrastructure, and endpoint security for many years. We are working towards establishing their security operation center to gain end-to-end visibility of our systems, which we achieved this year. This will enable us to provide better services and save the county money over the next five years.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). If we go with another company, the system will be unable to integrate. If we stay status quo, we would still have to pay for the support services but on a yearly bases with no benefits of that come from the E.A.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Heartland Business Systems	Vendor#:	Dept: DuPage County Sheriff's Office	Division: Civil Department
Attn: Mike Carroll	Email: mcarroll@hbs.net	Attn: Colleen Zbilski	Email: colleen.zbilski@dupagesheriff.org
Address: 5400 Patton Drive Suite 4B	City: Lisle	Address: 501 N County Farm RD	City: Wheaton
State: IL	Zip: 60532	State: IL	Zip: 60187
Phone: 608-444-7994	Fax:	Phone: 630-407-2122	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Heartland Business Systems	Vendor#:	Dept: DuPage County Sheriff's Office	Division: IT Department
Attn: Mike Carroll	Email: mcarroll@hbs.net	Attn: Jason Snow	Email: jason.snow@dupagesheriff.org
Address: 5400 Patton Drive Suite 4B	City: Lisle	Address: 501 N County Farm RD	City: Wheaton
State: IL	Zip: 60532	State: IL	Zip: 60187
Phone: 608-444-7994	Fax:	Phone: 630-407-2072	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 13, 2026	Contract End Date (PO25): Jan 13, 2031

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		5 Years Fabric Enterprise License Agreement. Tier XXG1	FY26	1000	4404	53807		362,368.65	362,368.65
2	1	EA		5 Years Premium Enterprise Support Agreement. Tier XXV1	FY26	1000	4404	53807		325,197.09	325,197.09
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 687,565.74

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.



www.hbs.net

Heartland Business Systems LLC

EMAIL PO & VENDOR QUOTE TO: TIPSPO@TIPS-USA.COM
PO MUST REFERENCE VENDOR'S TIPS CONTRACT NUMBER

	<u>PAYMENT TO</u>	<u>TIPS CONTACT</u>
ADDRESS	1700 Stephen Street	NAME Charlie Martin
CITY	Little Chute	PHONE (866) 839-8477
STATE	WI	FAX (866) 839-8472
ZIP	54140	EMAIL tips@tips-usa.com

DISADVANTAGED/MINORITY/WOMAN BUSINESS ENTERPRISE: N

HUB: N

SERVING STATES

AZ | AR | IL | IA | KS | MI | MN | MO | NE | OK | TX | WI

Overview

HBS provides complete, local, end-to-end technology solutions. We assist with any technology need, solve problems, and exceed expectations. At every level of the company, we are committed to providing high-quality services to each of our clients. With multiple locations in the Midwest, HBS serves commercial, public sector and small to medium business with results-driven information technology services. Everything we do is to help clients achieve their full potential. We are committed to developing long-term trusting relationships with clients large or small, across all industries. We help clients achieve their full potential by providing end-to-end customized technology solutions backed by a local team of highly skilled experts.

AWARDED CONTRACTS "View EDGAR Doc" on Website

Contract	Comodity	Exp Date	EDGAR
220105	Technology Solutions Products and Services	05/31/2027	See EDGAR Certification Doc.

CONTACTS BY CONTRACTS

220105

Brad Ellingsworth	General Manager -	(417) 343-0265	bellingsworth@hbs.net
Jennifer Bricker	Solutions Consultant	(870) 530-1444	jbricker@hbs.net



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	353235
COMPANY NAME:	Heartland Business Systems, LLC
CONTACT PERSON:	Jonathan Groh, Staff Attorney
CONTACT EMAIL:	legal@hbs.net

Section II: Procurement Ordinance Requirements

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Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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- 30 days prior to the optional renewal of any contract;
- Annual disclosure for multi-year contracts on the anniversary of said contract
- With any request for change order except those issued by the county for administrative adjustments

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http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Printed Name: Jonathan Groh

Signature: 

Title: Staff Attorney

Date: December 18, 2025

Fortinet 5 Year Enterprise Agreement

Quote #353235 v11

Prepared For:
DuPage County Sheriff's Office

 Jason Snow
 501 N. County Farm Road
 Wheaton, IL 60187

P: (630) 407-2072

E: jason.snow@DuPageSheriff.org

Prepared By:
Chicago Illinois Office

 Mike Carroll
 5400 Patton Drive Suite 4B
 Lisle, IL 60532

P: 608-444-7994

E: mcarroll@hbs.net

Date Issued:
12.30.2025
Expires:
01.14.2026

Fortinet 5 Year Enterprise Agreement	Price	Qty	Ext. Price
TIPS Contract #220105			
FC-FELAENT-60 5 Years Fabric Enterprise License Agreement. Tier XXG1 -XXG1	\$362,368.65	1	\$362,368.65
FC-ESAB-60- 5 Years Premium Enterprise Support Agreement. Tier XXV1 XXV1	\$325,197.09	1	\$325,197.09
Coverage Dates: 1/20/2026 to 1/20/2031			
Subtotal			\$687,565.74

Non-Returnable/Non-Refundable Language
Fortinet Note:

Customer understands that all orders for Fortinet are final when accepted by Fortinet. No cancellations, returns, exchanges or refunds are allowed.

Quote Summary	Amount
Fortinet 5 Year Enterprise Agreement	\$687,565.74
Total:	\$687,565.74

This quote may not include applicable sales tax, shipping, handling and/or delivery charges. Final applicable sales tax, shipping, handling and/or delivery charges are calculated and applied at invoice. The above prices are for hardware/software only, and do not include delivery, setup or installation by Heartland ("HBS") unless otherwise noted. Installation by HBS is available at our regular hourly rates, or pursuant to a prepaid HBSFlex Agreement. This configuration is presented for convenience only. HBS is not responsible for typographical or other errors/omissions regarding prices or other information. Prices and configurations are subject to change without notice. HBS may modify or cancel this quote if the pricing is impacted by a tariff. A 15% restocking fee will be charged on any returned part. Customer is responsible for all costs associated with return of product and a \$25.00 processing fee. No returns, cancellations or order changes are accepted by HBS without prior written approval. This quote expressly limits acceptance to the terms of this quote, and HBS disclaims any additional terms. Customer may issue a purchase order for administrative purposes only. By providing your "E-Signature," you acknowledge that your electronic signature is the legal equivalent of your manual signature, and you warrant that you have express authority to execute this agreement and legally bind your organization to this proposal and all attached documents. Any purchase that the customer makes from HBS is governed by HBS' Standard Terms and Conditions ("ST&Cs") located at <http://www.hbs.net/standard-terms-and-conditions>, which are incorporated herein by reference. The ST&Cs are subject to change. When a new order is placed, the ST&Cs on the above-stated website at that time shall apply. If customer has signed HBS' ST&Cs version 2021.v1.0 or later, or the parties have executed a current master services agreement, the signed agreement shall control over any conflicting terms in the version on the website. If a current master services agreement does not cover the purchase of products, the ST&Cs located on the website shall govern the purchase of products. Certain purchases also require customer to be bound by end user terms and conditions. A list of end user terms and conditions related to various manufacturers and vendors is set forth at <https://www.hbs.net/End-User-Agreements>. Any purchase that customer makes is also governed by the applicable end user terms and conditions, which are incorporated herein by reference. If customer has questions about whether end user terms and conditions apply to a purchase, customer shall contact HBS. Any order(s) that exceeds the credit limit assigned by HBS shall require upfront payment from customer in an amount determined by HBS. HBS shall make this determination at the time of the order, unless customer has previously submitted the required onboarding paperwork. In such event, HBS shall make this determination at the time of quoting. Customer shall ensure that all invoices are timely paid as stated in Section 2 of the ST&Cs, regardless of whether Customer has a financing or leasing company or other third-party issue the purchase order. In the event that a third-party issues the purchase order, Customer shall be required to sign this Quote for purposes of approving the order. QT.2024.v1.0

Acceptance
Chicago Illinois Office
DuPage County Sheriff's Office

Mike Carroll

Signature / Name

12/30/2025

Date

Signature / Name

Initials

Date



Judicial/Public Safety Requisition under \$30,000

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

File #: 26-0192

Agenda Date: 1/6/2026

Agenda #: 6.I.

PROFESSIONAL SERVICES AGREEMENT

This PROFESSIONAL SERVICES AGREEMENT ("AGREEMENT") is made this 17th day of January, 2026, between the 18th Judicial Circuit's Department of Probation and Court Services, 503 N. County Farm Road, Wheaton, Illinois, 60187 ("Department") and Dr. Michaela Mozley, [REDACTED]
[REDACTED]
[REDACTED]

RECITALS

WHEREAS, the Department has need for assessment and evaluation of offenders in the court system, specifically for sexual offending risk assessments and various other related evaluation services of offenders that are appearing before the court, to be completed upon mutual agreement between the parties; and

WHEREAS, in order to fully provide such services, the Department must contract with certain evaluators who are licensed to provide such services to the court; and

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

NOW, THEREFORE, in consideration of the premises, the mutual covenants, terms and conditions herein set forth, and the understandings of each party to the other, the parties do hereby mutually covenant, promise and agree as follows:

1. Incorporation and Construction

- 1.1 All recitals set forth above are incorporated herein and made a part thereof, the same constituting the factual basis for this AGREEMENT.
- 1.2 The headings of the paragraphs and subparagraphs of this AGREEMENT are inserted for convenience of reference only and shall not be deemed to constitute part of the AGREEMENT or to affect the construction hereof.
- 1.3 The exhibits referenced in this AGREEMENT shall be deemed incorporated herein and a part hereof.

2. Term:

- 2.1 The term of this AGREEMENT shall begin on the date referenced above and shall continue in full force and effect until the earlier of the following occurs:
 - (a) The early termination of this AGREEMENT in accordance with the terms of Section 6, or
 - (b) The expiration of this AGREEMENT on January 16, 2027 or to a new date agreed upon by the parties.

3. **Scope of Services:** Services are required as set forth in Exhibit A, Scope of Services, attached hereto and made part hereof, including the deliverables set forth thereon in accordance with the terms and conditions of this AGREEMENT. The Department may, from time to time, request changes in the Scope of Services. Any such changes, including any increase or decrease in Contractor's fees, shall be documented by an amendment to this AGREEMENT in accordance with State and County laws. Contractor agrees to provide the services to the Department at the sites set forth in Exhibit B, attached hereto and made part hereof.
4. **Compensation and Payment:** The Department shall pay the Contractor for services rendered and shall only pay in accordance with the provisions of this AGREEMENT. The Department shall not be obligated to pay for any services not in compliance with this AGREEMENT. Compensation for Services during the term shall be based on an hourly rate of \$55.00 and shall not exceed twenty-seven thousand five hundred dollars, (\$27,500.00). In the event of early termination of this AGREEMENT, the Department shall only be obligated to pay the fees incurred up to the date of termination. In no event shall the Department be liable for any costs incurred or Services performed after the effective date of termination as provided herein. Contractor shall submit invoices referencing this AGREEMENT with such supporting documentation as may be requested by the Department on a not more often than monthly basis, and no later than sixty (60) days following completion of the work being invoiced. The Contractor shall provide the Department with a valid taxpayer identification number prior to making any request for compensation. The Department will process payment in its normal course of business. Payment will not be made on invoices submitted later than six months (180 days) after the expiration date of this AGREEMENT and any statute of limitations to the contrary is hereby waived.
5. **Non-appropriation:** Expenditures not appropriated in the current fiscal year budget are deemed to be contingent liabilities only and are subject to appropriation in subsequent fiscal year budgets. In the event sufficient funds are not appropriated in a subsequent fiscal year by the Department for performance under this AGREEMENT, the Department shall notify Contractor and this AGREEMENT shall terminate on the last day of the fiscal period for which funds were appropriated. In no event shall the Department be liable to the Contractor for any amount in excess of the cost of the services rendered up to and including the last day of the fiscal period.
6. **Termination:**
 - 6.1 Either party shall have the right to terminate this AGREEMENT for cause or without cause thirty (30) days after having served written notice upon the other party, except in the event of Contractor's failure to maintain suitable insurance at the requisite coverage amounts, insolvency, bankruptcy or receivership, or if the Contractor is barred from contracting with any unit of government, or is subsequently convicted or charged with a violation of any statute or ordinances, in which case termination shall be effective immediately upon receipt of notice from the Department, at the Department's election.
 - 6.2 Upon such termination, the liabilities of the parties to this AGREEMENT shall cease, except surviving insurance and indemnification obligations, but they shall not be

relieved of the duty to perform their obligations up to the date of termination, or to pay for services rendered prior to termination. There shall be no termination expenses.

- 6.3 Upon termination of this AGREEMENT, all data, work products, reports and documents produced, because of this AGREEMENT shall become the property of the Department. Further, Contractor shall provide all deliverables within fourteen (14) days of termination in accordance with the other provisions of this AGREEMENT.

7. **Entire Agreement:**

- 7.1 This AGREEMENT, including matters incorporated herein, contains the entire agreement between the parties.
- 7.2 There are no other covenants, warranties, representations, promises, conditions or understandings; either oral or written, other than those contained herein.
- 7.3 This AGREEMENT may be executed in one or more counterparts, each of which shall for all purposes be deemed to be an original and all of which shall constitute the same instrument.
- 7.4 In event of a conflict between the terms or conditions or this AGREEMENT and any term or condition found in any exhibit or attachment, the terms and conditions of this AGREEMENT shall prevail.

8. **Standards of Performance:** Contractor agrees to devote such time, attention, skill, and knowledge as is necessary to perform Services effectively and efficiently. Contractor acknowledges and accepts a relationship of trust and confidence with the Department and agrees to cooperate with the Department in performing Services to further the best interests of the Department.

9. **Breach of Contract:** In the event of any breach of contract, the non-breaching party shall give notice to the breaching party stating with particularity the nature of the alleged breach. The breaching party shall be allowed a reasonable opportunity to cure the breach. A Party's failure to timely cure any material breach of this AGREEMENT shall relieve the other Party of the requirement to give thirty (30) day notice for termination of this AGREEMENT in accordance with Paragraph 6, above. Whenever a Party hereto has failed to timely cure a breach of this AGREEMENT, the other Party may terminate this AGREEMENT by giving ten (10) days written notice thereof to the breaching party. Notwithstanding the above term, the Contractor's failure to maintain insurance in accordance with Section 16 below, or in the event of any of the contingencies described in Paragraph 16.1, shall be grounds for the Department's immediate termination of this AGREEMENT.

10. **Assignment:** This AGREEMENT shall be binding on the parties and their respective successors and assigns, provided however, that neither party may assign this AGREEMENT or any obligations imposed hereunder without the prior written consent of the other party.

11. **Confidentiality and Ownership of Documents:**

11.1 Confidential Information. In the performance of Services, Contractor may have access to certain information that is not generally known to others ("Confidential Information"). Contractor agrees not to use or disclose to any third party, except in the performance of Services, any Confidential Information or any records, reports or documents prepared or generated as a result of this AGREEMENT without the prior written consent of the Department. Contractor shall not issue publicity news releases or grant press interviews, except as may be required by law, during or after the performance of the Services, nor shall Contractor disseminate any information regarding Services without the prior written consent of the Department. Contractor agrees to cause its personnel, staff and/or subcontractors, if any, to undertake the same obligations of confidentiality agreed to by Contractor under this AGREEMENT. The terms of this Paragraph 11.1 shall survive the expiration or termination of this AGREEMENT.

11.2 Ownership. All records, reports, documents, and other materials prepared by Contractor in performing Services, as well as all records, reports, documents, and other materials containing Confidential Information prepared or generated as a result of this AGREEMENT, shall at all times be and remain the property of the Department. All of the foregoing items shall be delivered to the Department upon demand at any time and in any event, shall be promptly delivered to the Department upon expiration or termination of the AGREEMENT. In the event any of the above items are lost or damaged while in Contractor's possession, such items shall be restored or replaced at Contractor's expense.

12. **Representations and Warranties of Contractor**: Contractor represents and warrants that the following shall be true and correct as of the effective date of this AGREEMENT and shall continue to be true and correct during the Term of this AGREEMENT.

12.1 Compliance with Laws. Contractor is and shall remain in compliance with all local, state and federal laws, County of DuPage ordinances, and regulations relating to this AGREEMENT and the performance of Services. Further, Contractor is and shall remain in compliance with all County and Department policies and rules, including, but not limited to, criminal background checks.

12.2 Good Standing. Contractor is not in default and has not been deemed by the Department to be in default under any other AGREEMENT with the Department during the five (5) year period immediately preceding the effective date of this AGREEMENT.

12.3 Authorization. In the event Contractor is an entity other than a sole proprietorship, Contractor represents that it has taken all action necessary for the approval and execution of this AGREEMENT, and execution by the person signing on behalf of Contractor is duly authorized by Contractor and has been made with complete and full authority to commit Contractor to all terms and conditions of this AGREEMENT which shall constitute valid, binding obligations of Contractor.

12.4 Gratuities. No payment, gratuity or offer of employment, except as permitted by the Illinois State Gift Ban Act, was made by or to Contractor in relation to this AGREEMENT or as an inducement for award of this AGREEMENT.

13. **Independent Contractor:** It is understood and agreed that the relationship of Contractor to the Department is and shall continue to be that of an independent contractor and neither Contractor nor any of Contractor's employees shall be entitled to receive Department employee benefits. As an independent contractor, Contractor agrees to be responsible for the payment of all taxes and withholdings specified by law, which may be due in regard to compensation paid by the Department. Contractor agrees that neither Contractor nor its employees, staff or subcontractors shall represent themselves as employees or agents of the Department. Contractor hereby represents that Contractor's valid taxpayer identification number as defined by the United States Internal Revenue Code (social security number or federal employer identification number) was or will be provided to the Department upon request.
14. **Indemnification:**
- 14.1 The Contractor shall indemnify, hold harmless and defend the Department and the County of DuPage, their officials, officers, employees, and agents from and against all liability, claims, suits, demands, proceedings and actions, including costs, fees and expense of defense, arising from, growing out of, or related to, any loss, damage, injury, death, or loss or damage to property resulting from, or directly connected with, the Contractor's negligent or willful misconduct, errors or omissions in its, or their, performance under this AGREEMENT.
- 14.2 Nothing contained herein shall be construed as prohibiting the Department and the County of DuPage, their officials, directors, officers, agents and employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, suits, demands, proceedings and actions brought against them. The Department's and/or County of DuPage's participation in its defense shall not remove Contractor's duty to indemnify, defend, and hold the Department harmless, as set forth above.
- 14.3 Any indemnity as provided in this AGREEMENT shall not be limited by reason of the enumeration of any insurance coverage herein provided. Contractor's indemnification of Department and the County of DuPage shall survive the termination, or expiration, of this AGREEMENT.
- 14.4 The Department and the County of DuPage does not waive, by these indemnity requirements, any defenses or protections under the Local Government and Governmental Employees Tort Liability Act (745 ILCS 10/1, et seq.) or otherwise available to it, or the Contractor, under the law.
15. **Favored Nation:** Contractor shall furnish Services to the Department at the lowest price that the Contractor charges to other similarly situated parties. If Contractor overcharges, in addition to all other remedies, the Department is entitled to a refund in the amount of the overcharge, plus interest at the rate of 1% per month from the date the overcharge was paid by the Department until the date refund is made. The Department has the right to offset any overcharge against any amounts due to Contractor under this or any other AGREEMENT between Contractor and the Department, and at the Department's sole option the right to declare Contractor in default under this AGREEMENT.

16. **Contractor's Insurance:**
- 16.1 The Contractor shall maintain, at its sole expense, insurance coverage including: Professional Liability Insurance (Errors and Omissions) with minimum limits of at least one million dollars (\$1,000,000) per incident and two million dollars (\$2,000,000) aggregate during the term of this AGREEMENT. In addition, coverage shall be provided in the minimum amount of one million (\$1,000,000) and shall be maintained for a period of four (4) years after the date of the final payment for this AGREEMENT.
- 16.2 It shall be the duty of the Contractor to provide to the Department and the County of DuPage, copies of the Contractor's Certificates of Insurance, as well as all applicable coverage and cancellation endorsements before issuance of a Notice of Proceed. It is further duty of the Contractor to immediately notify the Department and County of DuPage if any insurance required under this AGREEMENT has been cancelled, materially changed, or renewal has been refused, and the Contractor shall immediately suspend all work in progress and take the necessary steps to purchase, maintain and provide the required insurance coverage. If a suspension of work should occur due to insurance requirements, upon verifications by the Department or the County of DuPage of the Contractor curing any breach of its required insurance coverage, the Department or the County of DuPage shall notify the Contractor that the Contractor can resume work under this AGREEMENT. The Contractor shall accept and bear all costs that may result from the cancellation of this AGREEMENT due to Contractor's failure to provide and maintain the required insurance.
- 16.3 The Contractor shall require all approved sub-contractor, anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable under this AGREEMENT to maintain the same insurance required of the Contractor. The Department and the County of DuPage retain the right to obtain evidence of subcontractors' insurance coverage at any time.
17. **Authority to Contract:** Contractor represents and warrants to the best of her knowledge that she is permitted to enter into this AGREEMENT and perform the obligations contemplated hereto, including all of the Exhibits, and that this AGREEMENT and the terms and obligations hereof are not inconsistent with any other obligations Contractor may have. Contractor further warrants and represents that she has no conflicting public or private interest with the services to be provided under this AGREEMENT and shall not acquire directly or indirectly any such interest which would conflict in any manner with his/her performance under this AGREEMENT.
18. **Modification or Amendment:** The parties may modify or amend terms of this AGREEMENT only by a written document duly approved and executed by both parties.
19. **Severability:**
- 19.1 In the event, any provision of this AGREEMENT is held to be unenforceable or invalid for any reason, the enforceability thereof shall not effect the remainder of the AGREEMENT. The remainder of this AGREEMENT shall be construed as if not containing the particular provision and shall continue in full force, effect and enforceability, in accordance with its terms.

19.2 In the event of the contingency described in Paragraph 19.1 above, the parties shall make a good faith effort to amend this AGREEMENT pursuant to Paragraph 18 above, in order to remedy and, or, replace any provision declared unenforceable or invalid.

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

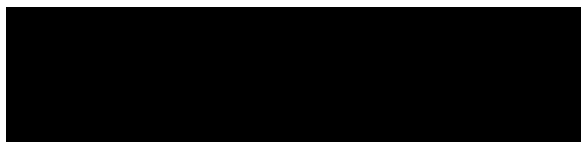
IF TO THE DEPARTMENT:

Kathy Starkovich, Director
Department of Probation and Court Services
503 North County Farm Road
Wheaton, IL 60187

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

Copy to: Du Page County Finance Department
421 North County Farm Road
Wheaton, IL 60187
Attn: Jeffrey Martynowicz, CFO

IF TO CONTRACTOR:



21. **Governing Law:**

21.1 The laws of the State of Illinois shall govern this AGREEMENT as to both interpretation and performance.

21.2 The venue for resolving any disputes concerning the parties' respective performance, or failure to perform, under this AGREEMENT, shall be the judicial circuit court for DuPage County.

22. **Waiver:** The parties agree that the waiver of, or failure to enforce, any breach of this AGREEMENT by the remaining party shall not be construed, or otherwise operate, as a waiver of any future breach of this AGREEMENT. Further the failure to enforce any particular breach shall not bar or prevent the remaining party from enforcing this AGREEMENT with respect to a difference breach.

23. **County Approval:** If applicable, this AGREEMENT is subject to approval of the appropriate committee(s) and County Board of the County of DuPage.

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

DEPARTMENT

By: **Signature On File**

Kathy Starkovich, Director

CONTRACTOR

By: **Signature On File** 12/17/2025

Dr. Michaela Mozley

Exhibit A

SCOPE OF SERVICES

Contractor agrees to work with Dr. Kristin Schoenbach, the Department's Forensic Psychologist and/or designated DEPARTMENT personnel at sites referenced in Exhibit A to deliver services on behalf of the Department consistent with the demands of her profession. Services include the following:

1. DESCRIPTION OF INDIVIDUAL'S WORK:

Services include the following:

- Complete court-ordered sexual offending risk assessments of adult defendants, minor respondents, parents and/or adult caretakers.
- Administer comprehensive psychological testing of referrals from the Court.
- Independently provide the Court with written reports and clinical summaries including relevant opinions and recommendations.
- Provide direct in-court expert testimony as required.
- Maintain confidential records of referred individuals.
- Maintain adequate psychological tests and related materials.
- It is anticipated that the services enumerated above will average 10 hours per week but shall not exceed 10 hours per week.

2. MILESTONE/DELIVERABLE INFORMATION:

- Prepare and submit monthly reports outlining activities.

Exhibit B

CONTRACT SITES SUBJECT TO THIS AGREEMENT

Contractor agrees to provide services on-site at the following contract sites. Contractor will render services in accordance with the Scope of Services in Exhibit A for the effective dates set forth below:

Contract Sites

Effective Dates of Service

18th Judicial Courthouse and Annex
505 North County Farm Road
Wheaton, Illinois 60187

1/17/2026 to 1/16/2027

Department of Probation and Court Services
503 N. County Farm Road
Wheaton, Illinois 60187

Other Sites as necessary to complete an examination.

Exhibit C

RATE SCHEDULE

Contractor understands and agrees that she will provide services for designated number of hours as determined and approved by the Department. In consideration for the provision of Contractor services, the Department shall compensate Contractor as set forth below.

Rate

\$55.00/hour for approximately 10 hours per week not to exceed \$27,500.00.



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-0074	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$27,500.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$27,500.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Dr. Michaela Mozley	VENDOR #: 43493	DEPT: Probation & Court Services	DEPT CONTACT NAME: Sharon Donald
VENDOR CONTACT: Dr. Michaela Mozley	VENDOR CONTACT PHONE: [REDACTED]	DEPT CONTACT PHONE #: 630-407-8413	DEPT CONTACT EMAIL: sharon.donald@dupagecounty.gov
VENDOR CONTACT EMAIL: [REDACTED]	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Forensic Psychologist to provide expertise, experience, and knowledge to complete court-ordered psycho-sexual evaluations for court-involved individuals. The hourly rate is \$55.00 per hour.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished. The number of forensic evaluation cases has increased over the last several years. These cases take a longer time for the evaluations to be completed. Psycho-sexual evaluations require a great deal of clinical resources and are the most time-involved evaluations we conduct in the department; each psycho-sexual evaluation takes, on average, a minimum of 20 hours to complete.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. Dr. Michaela Mozley is licensed as a clinical psychologist and is a Licensed Sex Offender Evaluator in the State of Illinois. Dr. Mozley also has specialized experience with completing forensic assessments, including but not limited to psychosexual evaluations, and providing the Court with written reports and expert opinions.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) The service is required by the court. 2) Staff recommends issuance of this contract for Dr. Michaela Mozley as a part-time Forensic Psychologist.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Dr. Michaela Mozley	Vendor#: 43493	Dept: Probation & Court Services	Division: Finance
Attn: Dr. Michaela Mozley	Email: [REDACTED]	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: [REDACTED]	City: [REDACTED]	Address: 503 N County Farm Road	City: Wheaton
State: [REDACTED]	Zip: [REDACTED]	State: Illinois	Zip: 60187
Phone: [REDACTED]	Fax:	Phone: 630-407-8413	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Dr. Michaela Mozley	Vendor#: 43493	Dept: Probation & Court Services	Division: Finance
Attn: Dr. Michaela Mozley	Email: [REDACTED]	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: [REDACTED]	City: [REDACTED]	Address: 503 N County Farm Road	City: Wheaton
State: [REDACTED]	Zip: [REDACTED]	State: Illinois	Zip: 60187
Phone: [REDACTED]	Fax:	Phone: 630-407-8413	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 17, 2026	Contract End Date (PO25): Jan 16, 2027

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		To provide sexual offending risk assessments and various other related evaluation to the probationers.	FY26	1400	6120	53090		22,000.00	22,000.00
2	1	EA			FY27	1400	6120	53090		5,500.00	5,500.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 27,500.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	Dr. Michaela Mozley
CONTACT PERSON:	Dr. Michaela Mozley
CONTACT EMAIL:	

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

- ☐ Yes
☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Printed Name: Dr. Michaela Mozley

Signature: **Signature On File**



Title: Contract Psychologist

Date: December 10, 2025



Judicial/Public Safety Requisition under \$30,000

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

File #: 26-0193

Agenda Date: 1/6/2026

Agenda #: 6.J.



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-0075	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$29,260.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$29,260.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Raymond W. Johnson	VENDOR #: 45597	DEPT: Probation and Court Services	DEPT CONTACT NAME: Sharon Donald
VENDOR CONTACT: Raymond Johnson	VENDOR CONTACT PHONE: [REDACTED]	DEPT CONTACT PHONE #: 630-407-8413	DEPT CONTACT EMAIL: sharon.donald@dupagecounty.gov
VENDOR CONTACT EMAIL: [REDACTED]	VENDOR WEBSITE:	DEPT REQ #:	

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Nationwide, effective Veterans Courts have strong veteran peer mentor programs where participants are matched with a volunteer mentor in the community. Veteran Mentor Coordinator will continue to develop a peer mentor program, coordinating the matching of participants and mentors and creating and maintaining a schedule of events and activities for the established Veterans Court. The VA Coordinator will work with the mentors to assist the participants in their recovery process.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
This program will provide support to the veteran population in the judicial system.

SECTION 2: DECISION MEMO REQUIREMENTS

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

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

OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. Raymond Johnson is a 12-year veteran of the United States Army and Illinois Army National Guard. He had a Top Secret-Presidential Support security clearance and is a retired Investigator from the West Chicago Police Department. Raymond has related volunteer experience with community-based organizations, is active in Veteran groups and has extensive experience with fundraising. He has supported others through mental health, substance abuse and trauma situations.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Staff recommends issuance of this contract to Raymond Johnson to provide Peer Mentor Coordinator Services. 2) The Drug Court and VA grant has allocated funds to support these services.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Raymond W. Johnson	Vendor#: 45597	Dept: Probation and Court Services	Division: Probation
Attn: Raymond Johnson	Email: [REDACTED]	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: [REDACTED]	City: [REDACTED]	Address: 503 N. County Farm Road	City: Wheaton
State: [REDACTED]	Zip: [REDACTED]	State: Illinois	Zip: 60187
Phone: [REDACTED]	Fax:	Phone: 630-407-8413	Fax: 630-407-2501
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Raymond W. Johnson	Vendor#: 45597	Dept: Probation and Court Services	Division: Probation
Attn: Raymond Johnson	Email: [REDACTED]	Attn: Sharon Donald	Email: sharon.donald@dupagecounty.gov
Address: [REDACTED]	City: [REDACTED]	Address: 503 N. County Farm Road	City: Wheaton
State: [REDACTED]	Zip: [REDACTED]	State: Illinois	Zip: 60187
Phone: [REDACTED]	Fax:	Phone: 630-407-8413	Fax: 630-407-2501
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 15, 2026	Contract End Date (PO25): Sep 30, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Veteran Mentor Coordinator to develop a veteran peer mentor program with in the established Veterans Court	FY26	5000	6155	53090	15PBJA21G G04221MU MU	29,260.00	29,260.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 29,260.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.

INDEPENDENT CONTRACTOR AGREEMENT:
VETERAN MENTOR COORDINATOR

This AGREEMENT ("Agreement") is effective as of the 15th day of January, 2026, and is entered into by and between the 18th Judicial Circuit's Department of Probation and Court Services, 503 N. County Farm Road, Wheaton, Illinois 60187 ("Department") and Raymond W. Johnson, [REDACTED]
[REDACTED]

RECITALS

WHEREAS, in order to provide services to participants in Veterans Court who require the services of a peer mentor, the Department must contract with certain individuals to provide peer mentor coordinator services; and

WHEREAS, the Department desires that Contractor render peer mentor coordinator services more fully described herein; and

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

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

1. **Incorporation of Recitals:** The matters recited above are hereby incorporated into and made a part of this Agreement.
2. **Term:** This Agreement is for a term commencing January 15, 2026 and continuing through September 30, 2026 ("Term"), unless terminated sooner as provided herein.
3. **Scope of Services:** Contractor agrees to provide the services required and, if applicable, set forth on Exhibit "A" including providing the deliverables set forth thereon, in accordance with the terms and conditions of this Agreement. The Department may, from time to time, request changes in the scope of Services. Any such changes, including any increase or decrease in Contractor's fees, shall be documented by an amendment to this Agreement in accordance with State and County laws.
4. **Compensation and Payment:** Compensation for Services during the initial term shall be based on an hourly rate of \$40.00 and shall not exceed twenty-nine thousand two hundred sixty dollars, (\$29,260), with no reimbursement for expenses. Compensation shall be based on actual Services performed during the Term of this Agreement and the Department shall not be obligated to pay for any Services not in compliance with this Agreement. In the event of early termination of this Agreement, the Department shall only be obligated to pay the fees incurred up to the date of termination. In no event shall the Department be liable for any costs incurred or Services performed after the effective date of termination as provided herein. Contractor shall submit invoices referencing this Agreement with such supporting documentation as may be requested by the Department prior to payment. The Department will process payment in accordance with the Illinois Prompt Payment Act (50 ILCS 505/1 et. seq.). As such, the Department will approve or disapprove of an invoice for goods or services within 30 days of the presentation of the invoice (or delivery of the goods or services, whichever is later) and will then pay any portion of the invoice which it has not disapproved within 30 days thereafter.
5. **Non-appropriation:** Expenditures not appropriated in the current fiscal year budget are deemed to be contingent liabilities only and are subject to appropriation in subsequent fiscal year budgets. In the event sufficient funds are not appropriated in a subsequent fiscal year by the Department for

performance under this Agreement, the Department shall notify Contractor and this Agreement shall terminate on the last day of the fiscal period for which funds were appropriated. In no event shall the Department be liable to the Contractor for any amount in excess of the current appropriated amount.

6. **Termination:** Either party may terminate this Agreement, effective immediately, if (i) the other party fails to maintain such party's licenses, insurances, or required certifications that are required to perform such party's duties or obligations under this Agreement, (ii) the other party breaches any representation, warranty or other term of this Agreement, (iii) the Contractor is convicted of any offense punishable as a felony, (iv) the other party commits fraud, embezzlement, misappropriation or the like with respect to the other party or such party's assets. Except as set forth above, either party shall have the right to terminate this AGREEMENT for any cause upon serving thirty (30) days' prior written notice upon the other party.
7. **Standards of Performance:** Contractor agrees to devote such time, attention, skill, and knowledge as is necessary to perform Services effectively and efficiently. Contractor acknowledges and accepts a relationship of trust and confidence with the Department and agrees to cooperate with the Department in performing Services to further the best interests of the Department.
8. **Assignment:** This Agreement shall be binding on the parties and their respective successors and assigns, provided however, that neither party may assign this Agreement or any obligations imposed hereunder without the prior written consent of the other party. Should Contractor assign this Agreement to any entity consistent with the requirements of this provision, the Insurance requirements discussed in Section 13 will immediately apply.
9. **Confidentiality and Ownership of Documents.**
 - 9.1 **Confidential Information.** In the performance of Services, Contractor may have access to certain information that is not generally known to others ("Confidential Information"). Contractor agrees not to use or disclose to any third party, except in the performance of Services, any Confidential Information or any records, reports or documents prepared or generated as a result of this Agreement without the prior written consent of the Department. Contractor shall not issue publicity news releases or grant press interviews, except as may be required by law, during or after the performance of the Services, nor shall Contractor disseminate any information regarding Services without the prior written consent of the Department. Contractor agrees to cause its personnel, staff and/or subcontractors, if any, to undertake the same obligations of confidentiality agreed to by Contractor under this Agreement. The terms of this Paragraph 9.1 shall survive the expiration or termination of this Agreement.
 - 9.2 **Ownership.** All records, reports, documents, and other materials prepared by Contractor in performing Services, as well as all records, reports, documents, and other materials containing Confidential Information prepared or generated as a result of this Agreement, shall at all times be and remain the property of the Department. All of the foregoing items shall be delivered to the Department upon demand at any time and in any event, shall be promptly delivered to the Department upon expiration or termination of the Agreement. In the event any of the above items are lost or damaged while in Contractor's possession, such items shall be restored or replaced at Contractor's expense.
10. **Representations and Warranties of Contractor:** Contractor represents and warrants that the following shall be true and correct as of the effective date of this Agreement and shall continue to be true and correct during the Term of this Agreement.
 - 10.1 **Licensed Professionals.** Services required to be performed by professionals shall be performed

by professionals licensed to practice by the State of Illinois in the applicable professional discipline.

- 10.2 Compliance with Laws. Contractor is and shall remain in compliance with all local, state and federal laws, County of DuPage ordinances, and regulations relating to this Agreement and the performance of Services. Further, Contractor is and shall remain in compliance with all Department policies and rules, including, but not limited to, criminal background checks.
- 10.3 Good Standing. Contractor is not in default and has not been deemed by the Department to be in default under any other Agreement with the Department during the five (5) year period immediately preceding the effective date of this Agreement.
- 10.4 Authorization. In the event Contractor is an entity other than a sole proprietorship, Contractor represents that it has taken all action necessary for the approval and execution of this Agreement, and execution by the person signing on behalf of Contractor is duly authorized by Contractor and has been made with complete and full authority to commit Contractor to all terms and conditions of this Agreement which shall constitute valid, binding obligations of Contractor.
- 10.5 Gratuities. No payment, gratuity or offer of employment, except as permitted by the Illinois State Gift Ban Act, was made by or to Contractor in relation to this Agreement or as an inducement for award of this Agreement.
11. **Independent Contractor:** It is understood and agreed that the relationship of Contractor to the Department is and shall continue to be that of an independent contractor and neither Contractor nor any of Contractor's employees shall be entitled to receive Department employee benefits. As an independent contractor, Contractor agrees to be responsible for the payment of all taxes and withholdings specified by law, which may be due in regard to compensation paid by the Department. Contractor agrees that neither Contractor nor its employees, staff or subcontractors shall represent themselves as employees or agents of the Department. Contractor hereby represents that Contractor's valid taxpayer identification number as defined by the United States Internal Revenue Code (social security number or federal employer identification number) was or will be provided to the Department upon request.
12. **Favored Nation:** Contractor shall furnish Services to the Department at the lowest price that the Contractor charges to other similarly situated parties. If Contractor overcharges, in addition to all other remedies, the Department is entitled to a refund in the amount of the overcharge, plus interest at the rate of 1% per month from the date the overcharge was paid by the Department until the date refund is made. The Department has the right to offset any overcharge against any amounts due to Contractor under this or any other Agreement between Contractor and the Department, and at the Department's sole option the right to declare Contractor in default under this Agreement.
13. **Contractor's Insurance:**
 - 13.1 The Contractor shall maintain, at its sole expense all insurance required by law. It is the understanding of the parties that Contractor is a sole proprietor doing business as himself. In the event the Contractor assigns this contract to anyone, including but not limited to a corporate entity, LLC, or partnership or hires any employees, the Contractor shall maintain, at its sole expense, insurance coverage including:
 - 13.1.a Worker's Compensation Insurance in the statutory amounts to the extent required by law.

13.1.b Employer's Liability Insurance in an amount not less than one million (\$1,000,000.00) dollars each accident/injury and one million dollars (\$1,000,000.00) employee/disease.

13.2 It shall be the duty of the Contractor to provide to the Department, copies of the Contractor's Certificates of Insurance before issuance of a Notice to Proceed.

13.3 The insurance required to be purchased and maintained by Contractor shall be provided by an insurance company acceptable to the Department, and licensed to do business in the State of Illinois; and shall include at least the specific coverage and be written for not less than the limits of the liability specified herein or required by law or regulation whichever is greater; and shall contain a provision or endorsement that the coverage afforded will not be canceled, materially changed, or renewal refused until at least thirty (30) days prior written notice has been given to Department.

14. **Indemnification.**

14.1 The Contractor shall indemnify, hold harmless and defend the Department, its officials, officers, employees, and agents from and against all liability, claims, suits, demands, proceedings and actions, including costs, fees and expense of defense, arising from, growing out of, or related to, any loss, damage, injury, death, or loss or damage to property resulting from, or connected with, the Contractor's negligent or willful acts, errors or omissions in its performance under this Agreement.

14.2 The DuPage County State's Attorney is the exclusive legal representative of the County and the Department. Nothing contained herein shall be construed as prohibiting the DuPage County State's Attorney's Office from defending the Department, its officials, directors, officers, agents and employees through the selection and use of its own agents, attorneys and experts, any claims, suits, demands, proceedings and actions brought against them.

14.3 Any indemnity as provided in this Agreement shall not be limited by reason of the enumeration of any insurance coverage herein provided. Contractor's indemnification of Department shall survive the termination, or expiration, of this Agreement.

14.4 Neither the provision of insurance or indemnification shall be deemed a waiver of the Department's defenses under the Illinois Local Government and Governmental Employees Tort Liability Act or otherwise limit the Department's right to defenses, privileges or immunities which may be available to it in litigation or conduct its own defense of any claims.

15. **Entire Agreement and Amendment:** This Agreement, including all exhibits and referenced documents, constitutes the entire agreement of the parties with respect to the matters contained herein. All attached exhibits are incorporated into and made a part of this agreement. No modification of or amendment to this Agreement shall be effective unless such modification or amendment is in writing and signed by both parties hereto. Any prior agreements or representations, either written or oral, relating to the subject matter of this Agreement are of no force or effect.

16. **Governing Law:** This agreement shall be subject to and governed by the laws of the State of Illinois. The exclusive venue for the resolution of any disputes or the enforcement of any rights pursuant to this agreement shall be in the 18th Judicial Circuit Court of DuPage County, Illinois.

17. **Waiver:** No delay or omission by the Department to exercise any right hereunder shall be construed as a waiver of any such right and the Department reserves the right to exercise any such right from time to time as often and as may be deemed expedient.

18. **County Approval:** If applicable, This Agreement is subject to approval of the appropriate committee(s) and County Board of the County of DuPage.

19. **Notices:** Any required notice shall be sent to the following addresses and parties:

IF TO THE DEPARTMENT:

Kathleen M. Starkovich, Director
Department of Probation and Court Services
503 North County Farm Road
Wheaton, IL 60187

Copy to: DuPage County Finance Department
421 North County Farm Road
Wheaton, IL 60187
Attn: Jeffrey Martynowicz CFO

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

Copy to: Krystina Jonsson, Assistant State's Attorney
DuPage County State's Attorney's Office
505 North County Farm Road
Wheaton, IL 60187-2521

IF TO CONTRACTOR:



All notices required to be given under the terms of this AGREEMENT shall be in writing and either (a) served personally during regular business hours; (b) served by facsimile transmission during regular business hours; or (c) served by certified or registered mail, return receipt requested, properly addressed with postage prepaid. Notices served personally or by facsimile transmission shall be effective upon receipt, and notices served by mail shall be effective upon receipt as verified by the United States Postal Service. Each party may designate a new location for service of notices by serving notice thereof in accordance with the requirements of this Paragraph, and without compliance to the amendment procedures set forth in Paragraph 17, above.

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

DEPARTMENT

**INDEPENDENT
CONTRACTOR**

By: ^{SI} **Signature On File**

**Kathleen Starkovich,
Director**

Signature On File

By: _____

**Raymond W. Johnson
Contractor**

Exhibit A

SCOPE OF SERVICES

County's Purchase Order #		County Resolution #	
Contract Name	Veteran Mentor Coordinator	Contract Date	January 15, 2026
County's Project Managers	Deena Kuranda Bernadine Howard	Contractor's Project Manager	Raymond W Johnson

This Scope of Services is for Contractors providing to the County certain Services pursuant to the above-referenced Contract and County Resolution. The undersigned agree this Independent Contractor project shall be conducted pursuant to the terms and conditions of the above-referenced Contract and by the following terms and conditions:

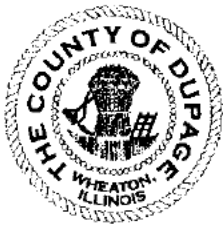
1. DESCRIPTION OF INDIVIDUAL'S WORK:

Contractor is responsible for developing a veteran peer mentor program within the established Veterans Court. Contractor will:

- Recruit, screen, select, train and supervise volunteer peer veteran mentors;
- Finalize peer mentor handbook and manual;
- Assess peer mentor strengths to effectively match with program participants;
- Be available to mentors to address crises and respond to critical situations involving mentees;
- Manage 501c(3) to raise funds for activities for program participants and plan and organize such activities;
- Provide oversight of all groups and services in which mentors participate;
- Coordinate and facilitate regularly scheduled meetings with veteran mentors to provide support and on-going training and coaching;
- Attend and participate as requested in weekly staffings, court calls and graduation ceremonies;
- Network with community-based agencies to further develop mentoring opportunities;
- Provide other services as mutually agreed upon.

2. DELIVERABLES

- On an on-going basis, recruit and train a sufficient number of mentors to meet programmatic needs;
- Facilitate monthly mentor meetings and provide minutes;
- Prepare and submit information on supplied forms for quarterly and twice-yearly grant reports with approximate due dates of January 30, April 30, July 30 and September 30, 2026;
- On a monthly basis, Contractor will submit written progress reports by the 15th of each month indicating:
 - Significant activities undertaken or significant situations addressed during the preceding month;
 - Status of mentor-mentee matches including search for prospective mentors;
 - 501c(3) funds expended;



REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	Raymond W Johnson
CONTACT PERSON:	Raymond W Johnson
CONTACT EMAIL:	

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Printed Name: Raymond W Johnson

Signature: _____

Signature On File

Title: Mentor Coordinator Date: 12/9/2025



Finance Resolution

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

File #: FI-R-0015-26

Agenda Date: 1/6/2026

Agenda #: 7.A.

RESOLUTION DECLARING EQUIPMENT, INVENTORY, AND/OR PROPERTY ON ATTACHMENT A, PURCHASED BY THE DU PAGE COUNTY SHERIFF'S OFFICE AS SURPLUS EQUIPMENT

WHEREAS, DuPage County is the ultimate owner of property purchased with 9-1-1 surcharge funds;
and

WHEREAS, the 248 APX400 portable radios on Attachment A were purchased on November 10, 2021, for a combined cost of \$452,056.88, for use by the DuPage County Sheriff's Office, for public safety communication, and have an estimated value of \$500 per unit, and are forty percent (40%) depreciated as of November 10, 2025; and

WHEREAS, the individual items on Attachment A are still serviceable but have been replaced as part of the end of life/end of support equipment replacement schedules; and

WHEREAS, the DuPage County Sheriff's Office recommends the DuPage County Board to declare items on Attachment A as Surplus Items to allow for disposal, reassignment, or sale of such personal property by the County of DuPage. Said transfer to be accomplished by separate resolution.

NOW, THEREFORE BE IT RESOLVED, that the DuPage County Board hereby declares the items on Attachment A as Surplus Items.

Enacted and approved this 13th day of January, 2026 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

	APX4000	
	Serial Number	Alias
1	426CXZ1044	SOP CLASS SGT2
2	426CXZ1048	SOP DENNY
3	426CXZ1057	SOP SPARE 30
4	426CXZ1061	SOP N DOMROSE
5	426CXZ1066	SOP PCRT
6	426CXZ1069	SOP 501B DL2
7	426CXZ1070	SOP D YOUNG
8	426CXZ1071	SOP M REC AM
9	426CXZ1073	SOP 2 WEST AM
10	426CXZ1074	SOP COURT ESC
11	426CXZ1076	SOP B REC ROOM
12	426CXZ1077	SOP NEUBERG
13	426CXZ1080	SOP NOLAN
14	426CXZ1081	SOP 3 EAST AM
15	426CXZ1082	SOP 3 WEST AM
16	426CXZ1084	SOP OCONNOR
17	426CXZ1086	SOP 3B ESC1 AM
18	426CXZ1088	SOP SPARE 34
19	426CXZ1090	SOP MSU 7
20	426CXZ1092	SOP POCHOWICZ
21	426CXZ1094	SOP HOSPITAL 4
22	426CXZ1098	SOP LYTHBERG
23	426CXZ1100	SOP HOSPITAL 5
24	426CXZ1101	SOP MAYSONET
25	426CXZ1102	SOP BUFORD
26	426CXZ1103	SOP 4A ESC AM
27	426CXZ1104	SOP LAUNDRY
28	426CXZ1106	SOP M REC PM
29	426CXZ1108	SOP 2 A SGT 3
30	426CXZ1110	SOP 4A ESC PM
31	426CXZ1111	SOP LAW LIBRY
32	426CXZ1113	SOP SPARE 31
33	426CXZ1114	SOP COMISARY1
34	426CXZ1115	SOP BROOKS
35	426CXZ1116	SOP DOSC
36	426CXZ1117	SOP CARNATE
37	426CXZ1118	SOP COMISARY2
38	426CXZ1120	SOP M ESC1 AM
39	426CXZ1122	SOP CARRAGHER
40	426CXZ1124	SOP CHAVEZ

41	426CXZ1126	SOP SPARE 8
42	426CXZ1127	SOPBOTTIGLIERO
43	426CXZ1133	SOP M ESC2 AM
44	426CXZ1134	SOP RD SGT
45	426CXZ1137	SOP CINTRON
46	426CXZ1138	SOP SPARE 33
47	426CXZ1139	SOP CCT DAYS
48	426CXZ1141	SOP 1 B SGT 3
49	426CXZ1142	SOP KUTTNER
50	426CXZ1143	SOP TRNSP 1
51	426CXZ1144	SOP KITCHN PM
52	426CXZ1145	SOP 2 EAST PM
53	426CXZ1146	SOP 2 WEST PM
54	426CXZ1147	SOP CLASS SGT3
55	426CXZ1148	SOP TRNSP 5
56	426CXZ1150	SOP PROSSER
57	426CXZ1153	SOP TRNSP 6
58	426CXZ1154	SOP RD 1
59	426CXZ1156	SOP MSU 9
60	426CXZ1158	SOP RD 2
61	426CXZ1160	SOP RD 3
62	426CXZ1163	SOP KRUPINSKI
63	426CXZ1164	SOP L BARNES
64	426CXZ1165	SOP MSU ESCORT
65	426CXZ1166	SOP LATEK
66	426CXZ1168	SOP LEONE
67	426CXZ1170	DU SOP M BROWN
68	426CXZ1172	SOP SPARE 41
69	426CXZ1173	SOP JAIL SPR 1
70	426CXZ1174	SOP JAIL SPR 2
71	426CXZ1176	SOP SPARE 36
72	426CXZ1177	SOP 2 B SGT 1
73	426CXZ1178	SOP MOUSTOS
74	426CXZ1182	SOP SHELTON
75	426CXZ1183	SOP VOCAL 1
76	426CXZ1184	SOP VOCAL 3
77	426CXZ1188	SOP M PROP AM1
78	426CXZ1189	SOP FD MCC
79	426CXZ1190	SOP FD CCC
80	426CXZ1192	SOP M PROP AM2
81	426CXZ1194	SOP PSY 3
82	426CXZ1196	SOP JOFMCCSPR

83	426CXZ1197	SOP PSY 4
84	426CXZ1198	SOP PSY 2
85	426CXZ1199	SOP SPARE 19
86	426CXZ1200	SOP SPARE 17
87	426CXZ1201	SOP SPARE 2
88	426CXZ1205	SOP SPARE 1
89	426CXZ1206	SOP SPARE 40
90	426CXZ1207	SOP RIVERA
91	426CXZ1211	SOP MSU 3
92	426CXZ1214	SOP CCANTWELL
93	426CXZ1215	SOP ONE
94	426CXZ1216	SOP CCC BASE
95	426CXZ1217	SOP TWO
96	426CXZ1220	SOP JANUS
97	426CXZ1224	SOP MSU SPARE
98	426CXZ1225	SOP VOCAL 4
99	426CXZ1226	SOP VOCAL 5
100	426CXZ1240	SOP VOCAL SGT
101	426CXZ1244	SOP GRECO
102	426CXZ1245	SOP SO QM
103	426CXZ1246	SOP SPARE 6
104	426CXZ1247	SOP TRNSP 7
105	426CXZ1248	SOP 1 B LT
106	426CXZ1249	SOP 2 B SGT 3
107	426CXZ1250	SOP 1 B SGT 1
108	426CXZ1251	SOP V CAUNCA
109	426CXZ1252	DUSOP VAN HOOSE
110	426CXZ1253	SOP CLASS SGT4
111	426CXZ1255	SOP TRNSP 8
112	426CXZ1257	SOP CLASS SGT1
113	426CXZ1258	SOP SWAP 4
114	426CXZ1260	SOP J PUTNAM
115	426CXZ1261	SOP MSU 4
116	426CXZ1262	SOP MORTAKIS
117	426CXZ1263	SOP PIO
118	426CXZ1265	SOP KELTNER
119	426CXZ1266	SOP M ESC PM2
120	426CXZ1269	SOP SWAP 2
121	426CXZ1272	SOP CCT PM
122	426CXZ1278	SOP SPARE 5
123	426CXZ1279	SOP M ESC PM1
124	426CXZ1282	SOP YARKHAN

125	426CXZ1284	SOP MSU 1
126	426CXZ1285	SOP 3 EAST PM
127	426CXZ1286	SOP 3 WEST PM
128	426CXZ1289	SOP SPARE 10
129	426CXZ1290	SOP VOCAL 2
130	426CXZ1293	SOP 3B ESC1 PM
131	426CXZ1294	SOP TRNSP 3
132	426CXZ1295	SOP TRNSP 4
133	426CXZ1296	SOP SWAP 3
134	426CXZ1298	SOP TRNSP SGT
135	426CXZ1299	SOP STAG SGT
136	426CXZ1300	SOP ROBINSON
137	426CXZ1301	SOP MCC BASE
138	426CXZ1302	SOP HOSPITAL 1
139	426CXZ1303	SOP HOSPITAL 2
140	426CXZ1304	SOP HOSPITAL 3
141	426CXZ1307	SOP KOCUR
142	426CXZ1311	SOP VITTON
143	426CXZ1321	SOP BELL
144	426CXZ1323	SOP MSU 6
145	426CXZ1324	SOP SPARE 35
146	426CXZ1325	SOP DET BASE
147	426CXZ1326	SOP S SWAN
148	426CXZ1328	SOP FIUOffice
149	426CXZ1329	SOP SALUTRIC
150	426CXZ1333	SOP SCALISE
151	426CXZ1341	SOP SHANNON
152	426CXZ1343	SOP D DOMROSE
153	426CXZ1344	SOP VLNTEER 2
154	426CXZ1345	SOP SIKOWICH
155	426CXZ1347	SOP SIMMONS
156	426CXZ1353	SOP SOLOMON
157	426CXZ1354	SOP MSU 5
158	426CXZ1355	SOP SPARE 38
159	426CXZ1356	SOP VISIT SEC
160	426CXZ1358	SOP VOLANTI
161	426CXZ1359	SOP F ESC AM
162	426CXZ1361	SOP PSY 1
163	426CXZ1364	SOP F PROP AM
164	426CXZ1365	SOP 3B ESC2 AM
165	426CXZ1366	SOP 1 EAST
166	426CXZ1371	SOP KITCHN AM

167	426CXZ1374	SOP 2 EAST AM
168	426CXZ1383	SOP TRNSP 2
169	426CXZ1385	SOP 1A ESC AM
170	426CXZ1387	SOP VISIT LOB1
171	426CXZ1388	SOP SWAP SGT
172	426CXZ1390	SOP VISIT LOB2
173	426CXZ1392	SOP 2 A SGT 1
174	426CXZ1394	SOP 2A ESC AM
175	426CXZ1395	SOP 1 A SGT 3
176	426CXZ1399	SOP SWAP 1
177	426CXZ1401	SOP 3A ESC AM
178	426CXZ1403	SOP TRNSP 9
179	426CXZ1417	SOP IRELAND
180	426CXZ1419	SOP SPARE 37
181	426CXZ1425	SOP THREE
182	426CXZ1426	SOP 3B ESC2 PM
183	426CXZ1428	SOP CORR QM
184	426CXZ1431	SOP JOF CCORR
185	426CXZ1432	SOP 1A ESC PM
186	426CXZ1435	SOP M PROP PM1
187	426CXZ1437	SOP 2 A SGT 2
188	426CXZ1439	SOP JRODRIGUEZ
189	426CXZ1440	SOP 2A ESC PM
190	426CXZ1441	SOP JAHANGIR
191	426CXZ1442	SOPJOFINFODESK
192	426CXZ1444	SOP 3A ESC PM
193	426CXZ1446	SOP M PROP PM2
194	426CXZ1447	SOP JOVANOVICH
195	426CXZ1448	SOP JOYCE
196	426CXZ1450	SOP KALDIS
197	426CXZ1451	SOP F ESC PM
198	426CXZ1454	SOP FEM PRP PM
199	426CXZ1458	SOP RD 4
200	426CXZ1465	SOP RD 5
201	426CXZ1467	SOP RD 6
202	426CXZ1468	SOP 2 B SGT 2
203	426CXZ1470	SOP 2 A LT
204	426CXZ1474	SOP 1 B SGT 2
205	426CXZ1475	SOP HSA
206	426CXZ1477	SOP 1 A SGT 1
207	426CXZ1479	SOP 1 A LT
208	426CXZ1481	SOPKUPISZEWSKI

209	426CXZ1482	SOP K JORDAN
210	426CXZ1483	SOP MSU 2
211	426CXZ1485	SOP VLNTEER 1
212	426CXZ1487	SOP 1 A SGT 2
213	426CXZ1490	SOP 1 TUVW
214	426CXZ1491	SOP XYZ
215	426CXZ1493	SOP 2FLCONTRL
216	426CXZ1495	SOP 2 QRT
217	426CXZ1498	SOP 2 UVW
218	426CXZ1499	SOP 2 XYZ
219	426CXZ1506	SOP SPARE 7
220	426CXZ1509	SOP DANTE
221	426CXZ1511	SOP 3FLCONTRL
222	426CXZ1512	SOP JOFSPARE1
223	426CXZ1513	SOP DEHOYOS
224	426CXZ1514	SOP EGAN
225	426CXZ1518	SOP GRANDJURY
226	426CXZ1519	SOP 3 QRT
227	426CXZ1520	SOP DRURY
228	426CXZ1521	SOP 3 UVW
229	426CXZ1523	SOP 3XYZ
230	426CXZ1524	SOP 4FLCONTRL
231	426CXZ1525	SOP 4 QRT
232	426CXZ1526	SOP 4 UVW
233	426CXZ1527	SOP 4 XYZ
234	426CXZ1529	SOP 2 B LT
235	426CXZ1530	SOP B STUCKEY
236	426CXZ1531	SOP FAIR
237	426CXZ1532	SOP A JACKSON
238	426CXZ1533	SOP FRENCH
239	426CXZ1537	SOP G SMITH
240	426CXZ1538	SOP GAWRON
241	426CXZ1541	SOP AGUSTIN
242	426CXZ1544	SOP ALIU
243	426CXZ1545	SOP GOVONI
244	426CXZ1546	SOP DON
245	426CXZ1547	SOP BMCCARTHY
246	426CXZ1548	SOP GRAUNKE
247	426CXZ1551	SOP BOULOUGOUR
248	426CXZ1554	SOP GRUBER



Finance Resolution

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

File #: FI-R-0016-26

Agenda Date: 1/6/2026

Agenda #: 7.B.

ACCEPTANCE AND APPROPRIATION OF
THE ILLINOIS STATE OPIOID RESPONSE
CRIMINAL JUSTICE MEDICATION ASSISTED RECOVERY
INTEGRATION GRANT PY26, MOU NUMBER 2026-008
COMPANY 5000 - ACCOUNTING UNIT 4496
\$15,000
(Under the administrative direction of the
DuPage County Sheriff's Office)

WHEREAS, the County of DuPage, through the DuPage County Sheriff's Office, has been notified by Health Management Associates (HMA) that grant funds in the amount of \$15,000 (FIFTEEN THOUSAND AND NO/100 DOLLARS) are available to be used for the purpose of supporting participation in the learning collaborative to implement specific and approved strategies to expand access to medication assisted treatment of opioid addiction in the county jail and drug court in DuPage County; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$15,000 (FIFTEEN THOUSAND AND NO/100 DOLLARS) be made to establish the Illinois State Opioid Response Criminal Justice Medication Assisted Recovery Integration Grant PY26, Company 5000 - Accounting Unit 4496, for the period July 1, 2025 through June 30, 2026; and

BE IT FURTHER RESOLVED by the DuPage County Board that DuPage County Sheriff's Office Chief's are approved as the County's Authorized Representative; and

BE IT FURTHER RESOLVED that should state and/or federal funding cease for this grant, the Judicial and Public Safety Committee shall review the need for continuing the specified program and associated headcount; and

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

ATTACHMENT I

ADDITIONAL APPROPRIATION FOR THE
ILLINOIS STATE OPIOID RESPONSE
CRIMINAL JUSTICE MEDICATION ASSISTED RECOVERY
INTERGRATION GRANT PY26, MOU NUMBER 2026-008
COMPANY 5000 – ACCOUNTING UNIT 4496
\$15,000

REVENUE

41000-0002 - Federal Operating Grant - HHS	\$	<u>15,000</u>
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TOTAL INCREASED REVENUE	\$	<u><u>15,000</u></u>
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EXPENDITURES

CONTRACTUAL

53090-0000 - Other Professional Services	\$	<u>15,000</u>
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TOTAL CONTRACTUAL	\$	<u>15,000</u>
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TOTAL ADDITIONAL APPROPRIATION	\$	<u><u>15,000</u></u>
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Contract Title: Illinois Medication Assisted Recovery Learning Collaborative

Memorandum of Understanding – Continuation Grant

MOU Number: 2026-08

THIS AGREEMENT (the “**Agreement**”) shall be effective this July 1, 2025, through June 30, 2026 (the “**Term**”).

BY AND BETWEEN DuPage County (the “**Applicant Agency**”) and Health Management Associates, Inc. (the “**Sub-Recipient**” and, together with Applicant Agency, the “**Parties**” and each a “**Party**”), created under laws governing the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (“**SAMHSA**”) and the State of Illinois Department of Human Services (“**IDHS**”).

WHEREAS, the Sub-Recipient is the subrecipient of the State Opioid Response (SOR) Grant TI083278 awarded by SAMHSA to IDHS (the “**State Opioid Response Grant**”) pursuant to an agreement between IDHS and the Sub-Recipient (the “**IDHS Agreement**”).

WHEREAS, under the IDHS Agreement, Sub-Recipient will distribute grant funds from the State Opioid Response Grant to each participating Illinois county, for the purpose of supporting participation in the learning collaborative to implement specific and approved strategies to expand access to medication assisted treatment of opioid addiction in the county’s jail(s) and drug court(s) (the “**Distribution Purpose**”).

In consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. **GRANT AMOUNT AND INTENT:** DuPage County has the opportunity to receive \$15,000 from the Sub-Recipient under the SOR Grant and IDHS Agreement to achieve the following objectives:
 - Improve education
 - Continue collaborations with various partners
 - Maintain compliance

Specific grant activities will be:

- Educational opportunities
- Offset costs associated with recovery pod and reentry coordinator
- Upgrade any specific equipment/supplies to support goals

2. **APPLICANT AGENCY OBLIGATIONS:** To be eligible to receive the funds specified in Section 1, the Applicant Agency must comply with the requirements of this Agreement, including any participation requirements contained in *Illinois Medication Assisted Recovery Learning Collaborative Memorandum of Understanding Exhibit A*, the State Opioid Response Grant, and the Sub-Recipient Agreement (which are provided in a separate document and incorporated as part of this Agreement) and any applicable federal, state, and local laws. Applicant Agency is expected to initiate spending of funds received under this Agreement by June 30, 2026.

The Applicant Agency identifies the following entity information and representatives:

Entity's Legal Name	DuPage, County of
Doing Business As (if applicable)	DuPage County Sheriff's Office
Street Address	501 N County Farm Rd
City, State, Zip	Wheaton, IL 60187
Mailing Address, if different	

Primary Grant Director	Authorized Signatory	Contract Representative
<i>Individual leading implementation of the grant</i>	<i>Individual authorized to sign on behalf of applicant agency</i>	<i>Individual responsible for agreement processing and negotiation</i>
Mark Garcia	Edmond Moore	John Putnam
Chief	Undersheriff	Commander
Mark.garcia@dupagesheriff.org	Edmond.moore@dupagesheriff.org	John.putnam@dupagesheriff.org
630-407-2004	630-407-2000	630-407-20250

3. **DISTRIBUTION OF FUNDS:** The Sub-Recipient will distribute the full grant amount - \$15,000 - to the Applicant Agency following execution of this Agreement and upon receipt of funds from IDHS.
4. **REPAYMENT OF FUNDS:** In the event the Applicant Agency spends funds distributed under this Agreement in a manner inconsistent with the Distribution Purpose or otherwise is violation of this Agreement, the Applicant Agency agrees to repay the Sub-Recipient any funds distributed under this Agreement.
5. **RECORDKEEPING; REPORTING; AUDIT AND AVAILABILITY OF APPLICANT AGENCY RECORDS:** The Applicant Agency shall keep such records as necessary to demonstrate compliance with this Agreement. The Applicant Agency shall submit reports in such quantity and frequency as determined by the Sub-Recipient demonstrating its compliance with the requirements of this Agreement. The Parties agree that to comply with audit provisions applicable to federal subrecipients under 45 C.F.R. § 75.216 and under the IDHS Agreement. If applicable, the Applicant Agency will complete and submit such documentation requested by the Sub-Recipient to assure compliance with any applicable audit requirements. The Applicant Agency agrees to retain all books, records, and other documents relative to this Agreement for at least three (3) years following final payment under this Agreement, unless any litigation, claim, financial management review, or audit is started before the expiration of the three (3)-year period, in which case the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken. The Applicant Agency agrees to make such records available for review to the Sub-Recipient, SAMHSA, the Office of Inspector General for the United States Department of Health and Human Services, the Comptroller General of the United States, IDHS, or any of their respective authorized representatives.
6. **NOTICE:** All notices, requests, consents, claims, demands, waivers, and other communications hereunder (each a "Notice") shall be in writing and addressed to: (a) Sub-Recipient at 2501 Woodlake Circle, Suite 100, Okemos, MI 48864; or (b) the Applicant Agency at DuPage County The Parties may update their respective addresses from time to time by providing a Notice in accordance with this

Section. All Notices shall be delivered by personal delivery, nationally recognized overnight courier (with all fees prepaid), facsimile or email (with confirmation of transmission), or certified or registered mail (in each case, return receipt requested, postage prepaid). Except as otherwise provided in this Agreement, a Notice is effective only if (a) the receiving Party has received the Notice and (b) the Party giving the Notice has complied with the requirements of this Section.

7. LIABILITY. Each Party is responsible for its own acts or omissions and the negligent acts and omission of its respective employees, personnel, and agents, to the greatest extent allowed by law. The Applicant Agency shall promptly notify the Sub-Recipient of any claim against the Applicant Agency that relates to the Applicant Agency's performance under this Agreement.
8. DEBARMENT AND SUSPENSION. The Applicant Agency certifies, to the best of its knowledge and belief and after reasonable due diligence, that its principles and key personnel:
 - a. Are not presently suspended, debarred, declared ineligible, or voluntarily excluded from eligibility for covered transactions by any Federal department or agency;
 - b. Within the three (3)-year period preceding the execution of Agreement, have not been convicted of, or had a civil judgment rendered against them for:
 - i. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction;
 - ii. Violation of a Federal or State antitrust statute;
 - iii. Embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
 - iv. False statements or receipt stolen property.
 - c. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated above.
 - d. Within a three (3)-year period preceding the execution of this Agreement, have not had any public transaction (Federal, State, or local) terminated for cause or default.
9. ENTIRE AGREEMENT: This Agreement, together with any other documents incorporated by reference, including Exhibit A, constitutes the sole and entire agreement of the Parties to this Agreement with respect to the subject matter contained herein, and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter.
10. AMENDMENT: This Agreement may only be amended, modified, or supplemented by an agreement in writing signed by each Party to this Agreement, and any of the terms thereof may be waived, only by a written document signed by each Party to this Agreement or, in the case of waiver, by the Party or Parties waiving compliance.
11. GOVERNING LAW: This Agreement and all related documents, including all appendix, exhibits, or schedules attached hereto, and all matters arising out of or relating to this Agreement, whether sounding in contract, tort, or statute are governed by, and construed in accordance with, the laws of the State of Illinois, without giving effect to the conflict of laws provisions thereof to the extent such principles or rules would require or permit the application of the laws of any jurisdiction other than those of the State of Illinois.

12. SEVERABILITY: If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction.

13. EXECUTION IN COUNTERPART: This Agreement may be executed in multiple counterparts and by e-mail or facsimile signature, each of which shall be deemed an original and all of which together shall constitute one instrument.

14. GRANT ADMINISTRATION

The Applicant Agency must submit a completed IRS Form W-9 with the signed agreement.

Funds will be paid via electronic fund transfer. Applicant must submit ACH banking information with the signed agreement.

(SIGNATURES BELOW)

IN WITNESS WHEREOF, each of the Parties has caused this MOU Agreement 2026-08 to be executed by its duly authorized representative on the day and year written below:

APPLICANT AGENCY:

DuPage County Sheriff

By: _____
(SIGNATURE)

Name: Mark Garcia

Title: Chief

Date: _____

SUB-RECIPIENT:

HEALTH MANAGEMENT ASSOCIATES, INC.

By: _____
(SIGNATURE)

Name: _____

Title: _____

Date: _____



Grant Proposal Notifications

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

File #: 26-0194

Agenda Date: 1/6/2026

Agenda #: 8.A.



Grant Proposal Notification

GPN Number: 001-26 Date of Notification: 12/05/2025
(Completed by Finance Department) (MM/DD/YYYY)

Parent Committee Agenda Date: 01/20/2026 Grant Application Due Date: 12/05/2025
(Completed by Finance Department) (MM/DD/YYYY) (MM/DD/YYYY)

Name of Grant: Illinois State Opioid Response Criminal Justice Medication Assisted Recover Integration PY26

Name of Grantor: Illinois Department of Human Services/Health Management Associates

Originating Entity: U.S. Department of Helath and Human Services
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Sheriff

Department Contact: Mark Garcia, Chief, X2004
(Name, Title, and Extension)

Parent Committee: _____

Grant Amount Requested: \$ 15,000.00

Type of Grant: Direct Payment
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☐ Yes ☒ No

Source of Grant: ☒ Federal ☐ State ☐ Private ☐ Corporate

If Federal, provide CFDA: 93.243 If State, provide CSFA: _____

Grant Proposal Notification

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

DuPage County has been taking active steps to address mental health and substance use issues across the justice system continuum. This includes re-entry and post-incarceration supports for individuals with mental health issues and the administration of Vivitrol prior to release. Collaboration between DuPage County Sheriffs Office and other professional organizations providing continued care would expand the services and opportunities to provide Medicated Assisted Recovery to inmates currently detained in the DuPage County Corrections Facility.

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

The strategic imperative that best correlates with the funding opportunity is quality of life. This funding opportunity will not only assist in combating the heroin crisis by combining resources and providing MAR to inmates, but will also provide connections between those in need with physical and mental health assistance provided in multiple platforms. Services provided will be for incarcerated individuals to ensure continuity of care while in custody. These services will also assist individuals post-incarceration with developing coping mechanisms.

3. What is the period covered by the grant?

07/01/2025 to: 06/30/2026
(MM/DD/YYYY) (MM/DD/YYYY)

3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. _____ and _____
(MM/YY) (Duration)

4. Will the County provide "seed" or startup funding to initiate grant project? (Yes or No)

NO

4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront) ☒

5.2. After expenditure of costs (reimbursement-based) ☐



Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes
- 6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.
- 6.1.1. Total salary \$0.00 Percentage covered by grant 0
- 6.1.2. Total fringe benefits \$0.00 Percentage covered by grant 0
- 6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): NO
- 6.1.3.1. If yes, which ones are disallowed?
- 6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?
- 6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No
- 6.2.1. If yes, how many new positions will be created?
- 6.2.1.1. Full-time _____ Part-time _____ Temporary _____
- 6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit? _____
(Yes or No)
- 6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

Grant Proposal Notification

6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)

No

6.3.1. If yes, please answer the following:

6.3.1.1. How many years beyond the grant term?

6.3.1.2. What Company-Accounting Unit(s) will be used?

6.3.1.3. Total annual salary

6.3.1.4. Total annual fringe benefits

7. Does the grant allow for direct administrative costs? (Yes or No)

No

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project

7.1.2. Percentage of direct administrative costs covered by grant

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

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

100

9. Are matching funds required? (Yes or No):

No

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity?

9.1.2. What is the dollar amount of the County's match?



Grant Proposal Notification

9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

10. What amount of funding is already allocated for the project? \$0.00

10.1. If allocated, in what Company-Accounting Unit are the funds located? _____

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): _____

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$15,000.00



Grant Proposal Notifications

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

File #: 26-0195

Agenda Date: 1/6/2026

Agenda #: 8.B.



Grant Proposal Notification

GPN Number: 002-26
(Completed by Finance Department)

Date of Notification: 12/16/2025
(MM/DD/YYYY)

Parent Committee Agenda Date: 01/20/2026
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 12/19/2025
(MM/DD/YYYY)

Name of Grant: Patrick Leahy Bulletproof Vest Partnership PY25

Name of Grantor: U.S. Department of Justice

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

County Department: Sheriff

Department Contact: Deputy Chief Dan Bilodeau X2402
(Name, Title, and Extension)

Parent Committee: JPS

Grant Amount Requested: \$ 159,666.00

Type of Grant: Direct Payment
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☐ Yes ☒ No

Source of Grant: ☒ Federal ☐ State ☐ Private ☐ Corporate

If Federal, provide CFDA: 16.607 If State, provide CSFA: _____

Grant Proposal Notification

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

The DuPage County Sheriff's Office has over 383 sworn Deputies and 12 Court Security Officers, all who need to wear protective gear. The type of protective gear is dependent on the Bureau current assignment for each deputy. Those assigned to Corrections will wear a level 2 ballistic/stab resistant vest and those assigned to Law Enforcement, Judicial Office Facility, SWAP, and the Warrants/Transport Bureau will wear a level 3 bulletproof vest. Each vest is uniquely fitted for each deputy to allow for ease of movement and proper breathing while protecting the wearer with ample coverage. These vests have a life span of five years. The protection the two vests offer are not interchangeable. The Sheriff's Office has a policy on the Use and Care of Body Armor mandating members to wear body armor while performing their duties as a member of the Sheriff's Office. Providing potential lifesaving protective gear has a large associated cost. The Sheriff's Office must budget for approximately 100 new or replacement vests a year.

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

The strategic imperative that correlate most to this funding opportunity is Quality of Life. By providing up-to-date, high quality, and compliance tested protective vests can save a deputies life. Either in the corrections facility if faced with an edged weapon or if shot at while protecting the citizens of DuPage County.

3. What is the period covered by the grant? _____ to: _____
(MM/DD/YYYY) (MM/DD/YYYY)

3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. 04/25 and 1 YEAR
(MM/YY) (Duration)

4. Will the County provide "seed" or startup funding to initiate grant project? (Yes or No) No

4.1. If yes, please identify the Company-Accounting Unit used for the funding _____

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront) ☐

5.2. After expenditure of costs (reimbursement-based) ☒

Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) No

6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.

6.1.1. Total salary _____ Percentage covered by grant _____

6.1.2. Total fringe benefits _____ Percentage covered by grant _____

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): _____

6.1.3.1. If yes, which ones are disallowed?

6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?

6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No

6.2.1. If yes, how many new positions will be created?

6.2.1.1. Full-time _____ Part-time _____ Temporary _____

6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit? _____
(Yes or No)

6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?





Grant Proposal Notification

- 9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? 1000-4400
10. What amount of funding is already allocated for the project? _____
- 10.1. If allocated, in what Company-Accounting Unit are the funds located? _____
- 10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): Yes
11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$159,666.00



Informational

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

File #: 26-0196

Agenda Date: 1/6/2026

Agenda #: 9.A.

Safe Harbor

November 2025
Monthly Report

Executive Director's Comments:

November is over in the blink of an eye! I'm not sure where the month went, it feels like I was just working on our monthly report for October. It's been relatively calm here.

Our student volunteers are finishing up their hours. There were a couple challenges with this group, attendance was a big one as well as the students' engaging with the children, some were very slow to engage. I came up with an expectation sheet I will go over with the students; we will both sign and they will be given a copy, I also printed a time sheet for the students that I will fill out with time in/out and room for any notes, i.e. late/leave early etc. We have been invited to the next Service-Learning event at C.O.D. in February, I've gotten staffing taken care of, as the next has different hours (11:30 a.m-1:30 p.m.). For the most part the students enjoy their time here.

Judge Wheaton stopped in Safe Harbor twice this month. She took some pictures of our rooms for a presentation she was working on and to pass along information that a group she is familiar with is looking for need for book donations to foster a love of reading in children. I reached out to the contact's name she gave me and her contact said Safe Harbor is exactly what they are looking for. We received a large donation of stuffed animals that the kids love. Our Thanksgiving tree has gotten the most compliments out of the others we have done. The next tree will be decorated with The Grinch ornaments and such.

Happy Holidays!

Sara Addante

Ages of Children Using Safe Harbor November 2025

Ages	Monthly Total	Year-To-Date
15		1
14		6
13	1	2
12	1	11
11	3	22
10	1	36
9	3	36
8	4	57
7	2	46
6	5	80
5	3	74
4	9	140
3	17	141
2	10	132
1	5	111
Under 1 yr	1	47
Total	65	942

Case Category & Courtrooms

November 2025

	Traffic	Year-To-Date
1001	3	65
1002	5	48
1003	1	43
Total	9	156

	Chancery	
1004		16
2004		1
2005	2	18
2007		
2009	1	14
2011		
Total	3	49

	Law	
2006	1	10
2008		
2014		
2016		
2018		
2020		
3011		1
Total	1	11

Case Category & Courtrooms (Continued)

Domestic Relations

2000	1	2
2001	3	127
2002	3	30
2003	9	61
3000		8
3002		
3003		13
3004		1
3005	1	14
3006		15
3007	1	11
3009	3	14
3012	1	25
Total	22	321

Misdemeanor

3001A		18
3010	6	82
4001	2	14
4003	3	26
4005		3
4007	3	30
4015	5	22
4016	3	38
4017		11
Total	22	244

Case Category & Courtrooms (Continued)

Felony

4000		18
4002		9
4004	1	12
4006	1	15
4010		15
4012	1	24
4014		12
Total	3	105

Other Court Locations

Clerk	1	23
Help Desk rm 2017		6
Arbitration rm 354		2
State's Attorney		9
Probation		7
Family Shelter- (Order of Protection not given)	4	13
Total	5	60

Total Cases: 65

Total Cases YTD: 948

***Parents had more than one case on same day**

Attorneys Referring Safe Harbor

Dean Kekos

John Spina

Additional Ways Parents Heard About Safe Harbor

Attorney	1	11
Court Website	4	71
Deputy	18	170
Other	28	226
Total	51	478

Additional Information for November 2025

Total number of children for November 2025

	Total	Year to Date
A.M.	59	784
P.M.	6	158
Total (A.M & P.M)	65	942

Average Length of Stay 1.27

Y.T.D. 2.13

Volunteer Information

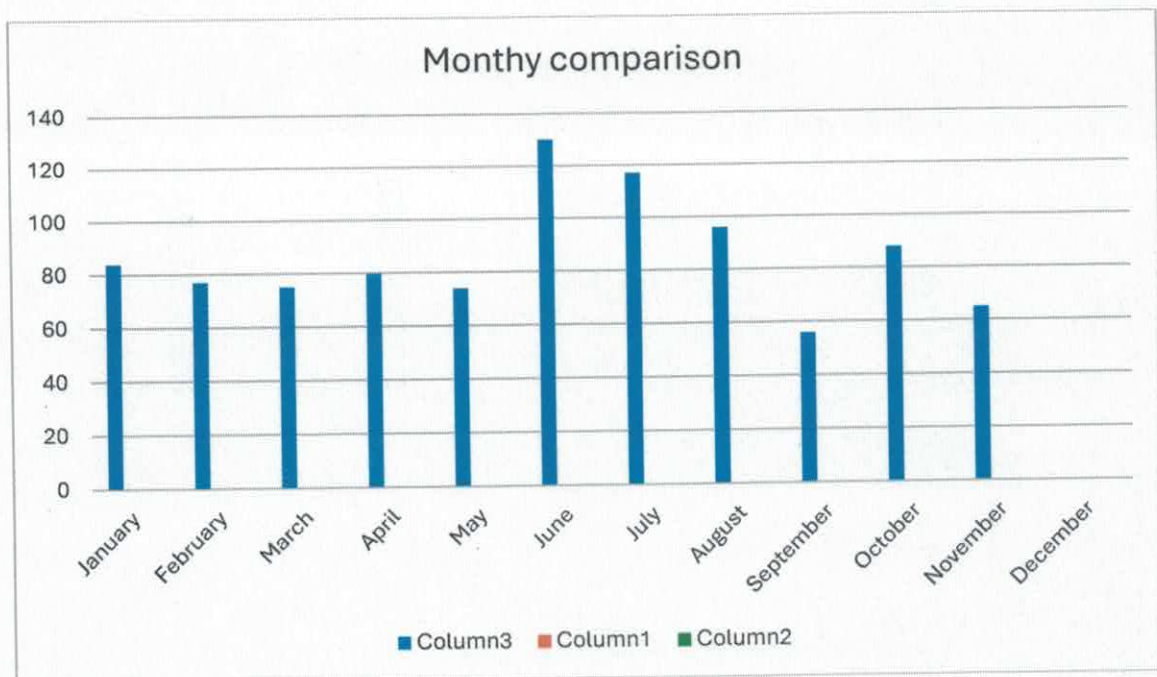
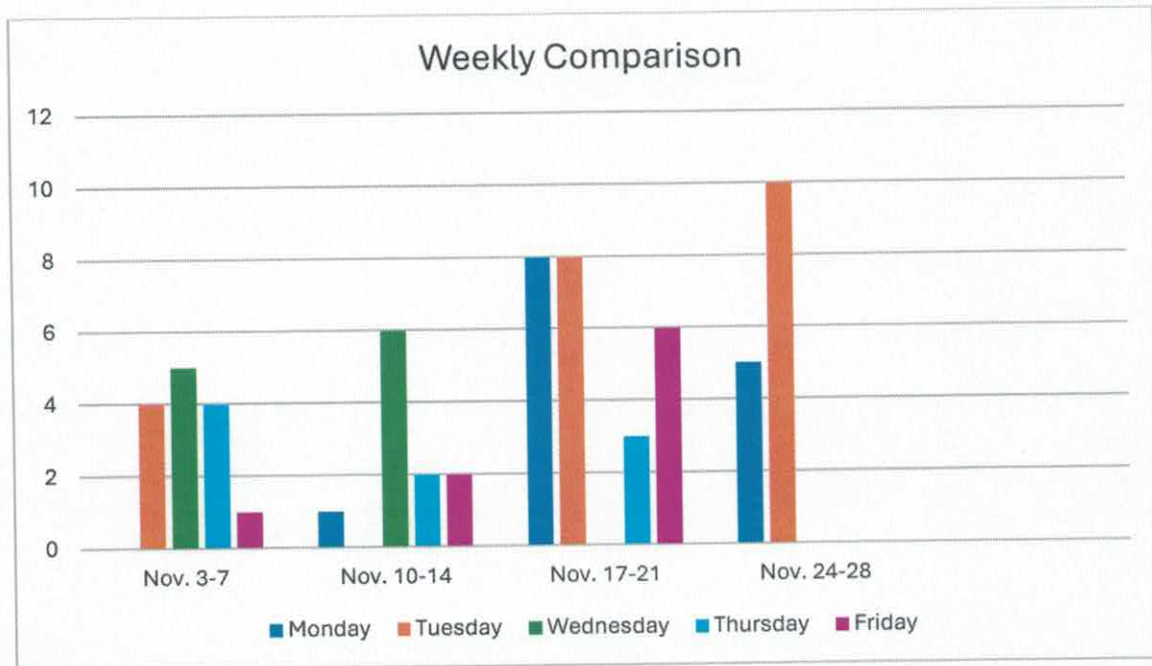
	Hours Spent at Safe Harbor	Year to Date
Cheryl Tiede	16	136
Carol Jacobs	12	136
Cierra Claudio	0	32
Samantha Korinko	0	56
Jamie Meza	12	44
Susan Battaglia	12	140
Laurie Bullock	8	156
Rita Grasser	12	120
Kelly Steciak	4	76
Brenda Carroll	12	180
Luci Kemp	12	84
Jay Tiede	0	16
Total	100	1176

Safe Harbor Operating Hours November 2025

Date	Last Entrance	Closing Time	No. of Hrs. Open
Nov. 3		3:00*	7
Nov. 4	1:00	3:00	7
Nov. 5		3:00*	7
Nov. 6	1:00	3:00	7
Nov. 7		3:00*	7
Nov. 10		3:00*	7
Nov. 11	Closed	Holiday	0
Nov. 12		3:00*	7
Nov. 13		3:00*	7
Nov. 14		3:00*	7
Nov. 17		3:00*	7
Nov. 18		3:00*	7
Nov. 19		3:00*	7
Nov. 20		3:00*	7
Nov. 21		3:00*	7
Nov. 24	1:20	3:45	7.75
Nov. 25	1:20	3:00	7
Nov. 26		2:00*	6
Nov. 27	Closed		Holiday
Nov. 28	Closed		Holiday

Total Operating Hours for November 2025 = 125.75

*No children in the waiting room on those afternoons.





Informational

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

File #: 26-0197

Agenda Date: 1/6/2026

Agenda #: 9.B.



DUPAGE COUNTY PUBLIC DEFENDER

Jeffrey R. York, Chief Public Defender

December 8, 2025

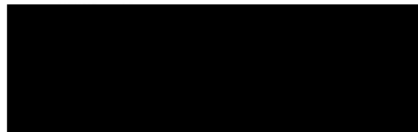
Ms. Lucy Chang Evans
Chairwoman of the Judicial
Public Safety Committee
County Board Offices
421 N. County Farm Road
Wheaton, IL 60187

RE: Monthly Statistical Report

Dear Ms. Chang Evans:

Pursuant to 55 ILCS 5/3-4010, enclosed is a copy of the monthly report of services rendered by the Public Defender's Office through November 30, 2025.

Sincerely,

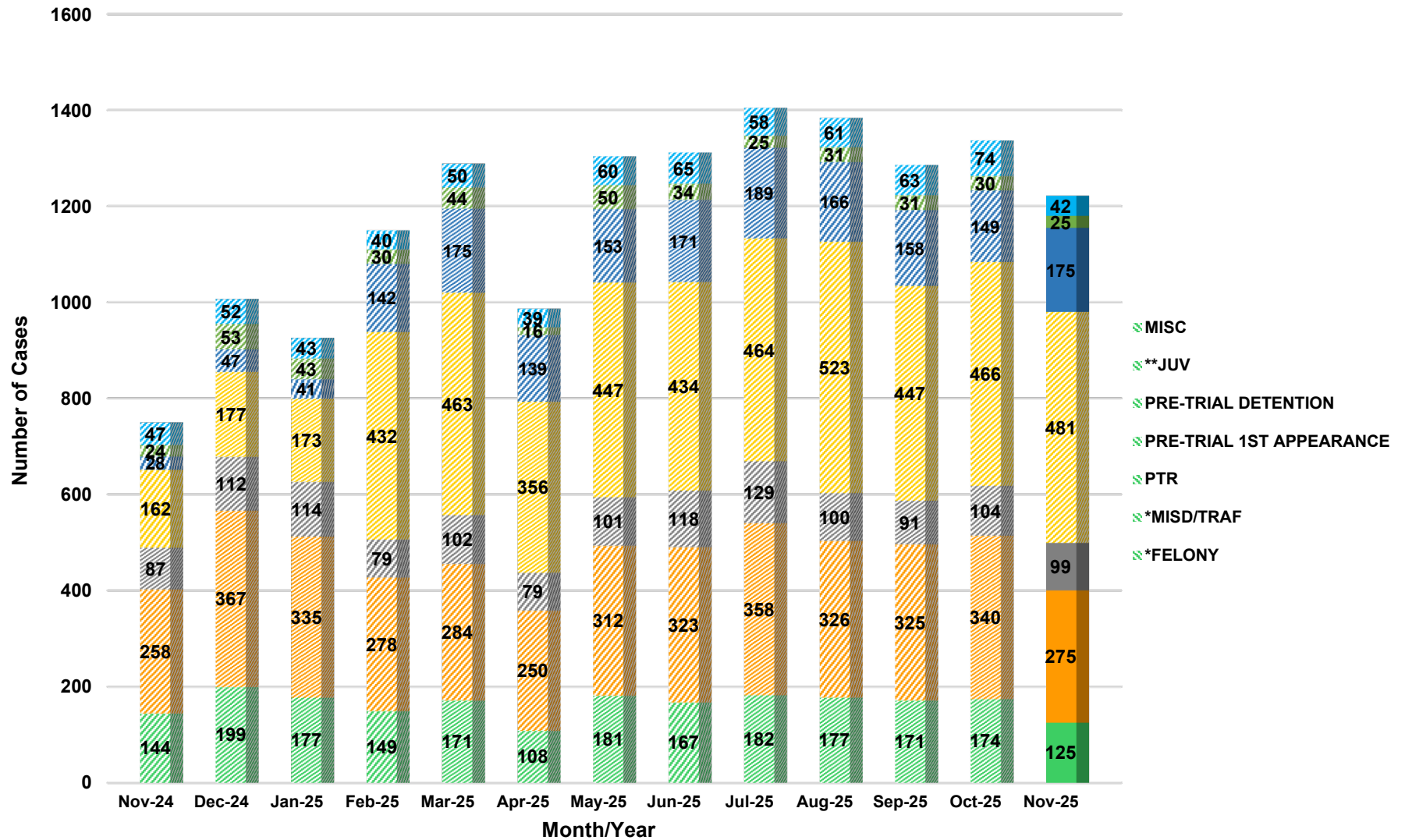


JEFFREY R. YORK
Public Defender of DuPage County

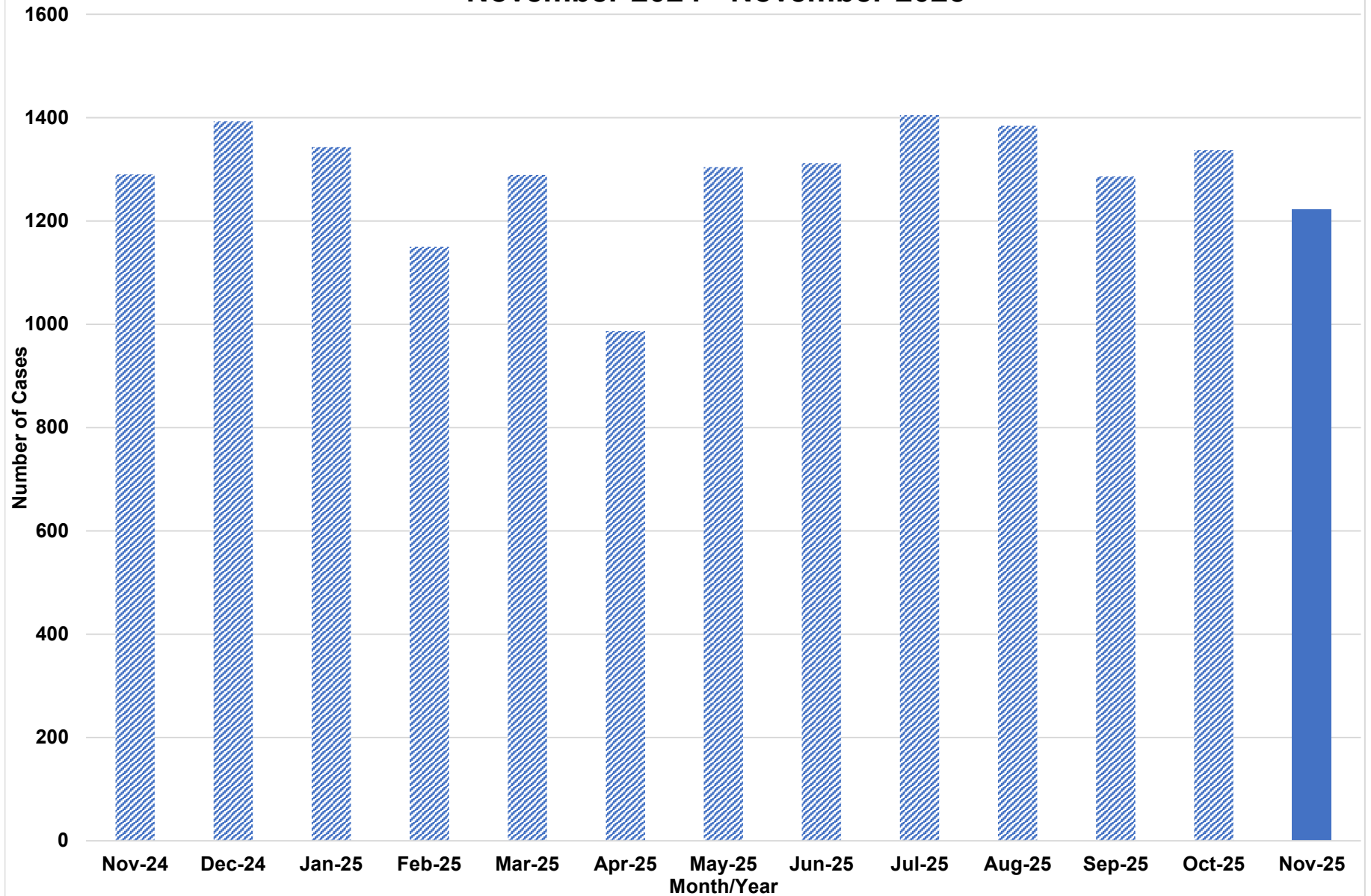
JRY/mb
encl.

Case Type	Case Sub Type	Number of Cases
Criminal	Felony	125
Criminal	Misdemeanor	275
Juvenile Abuse and Neglect		3
Juvenile Delinquency		20
Juvenile Truancy		2
Mental Health & Miscellaneous		42
Pre-Trial First Appearance		481
Pre-Trial Detention		175
PTR	Felony/Misdemeanor	99
Total		1222

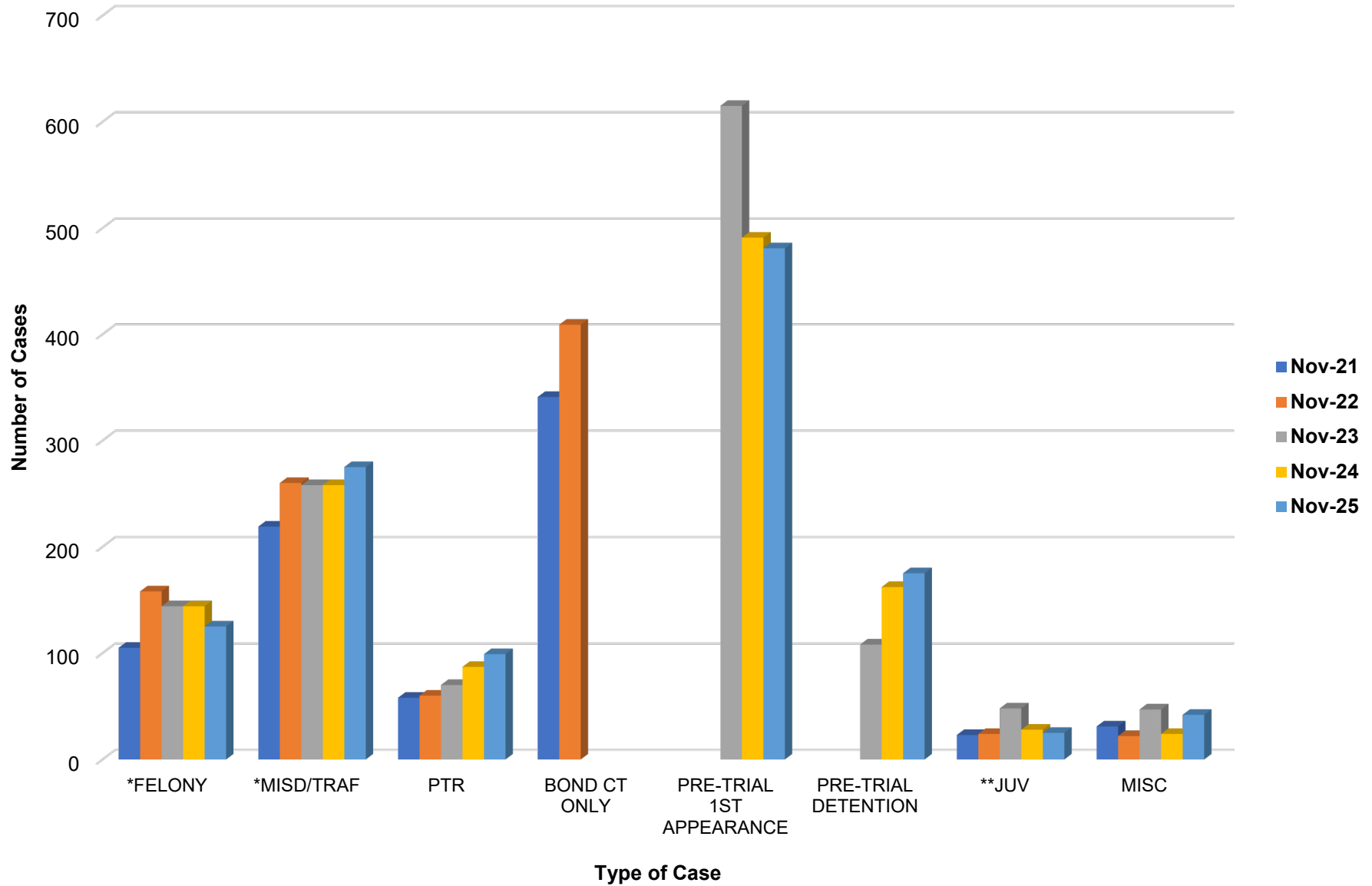
Public Defender's Office - New Appointments - By Category Stacked November 2024 - November 2025



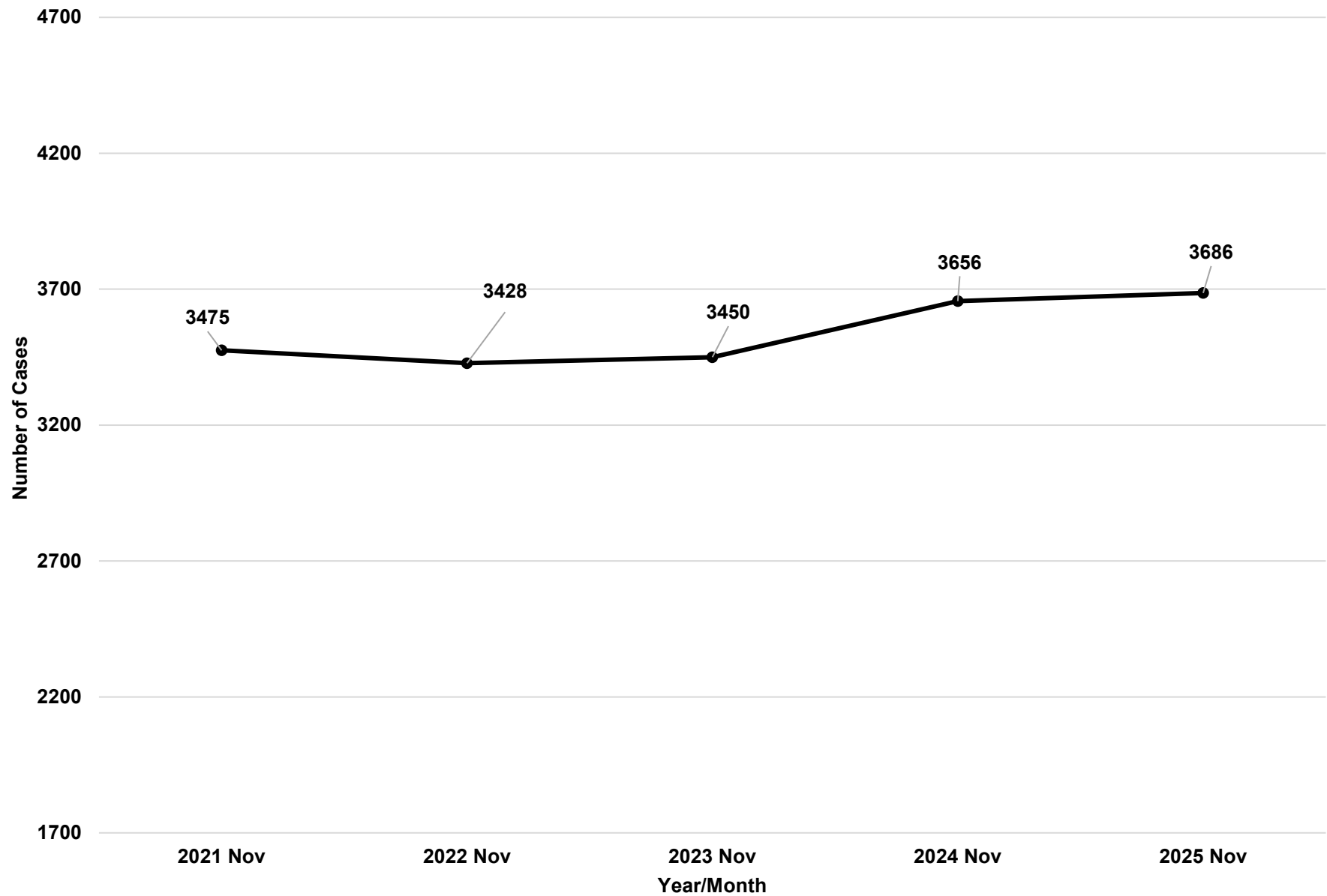
Public Defender's Office - New Case Appointments November 2024 - November 2025



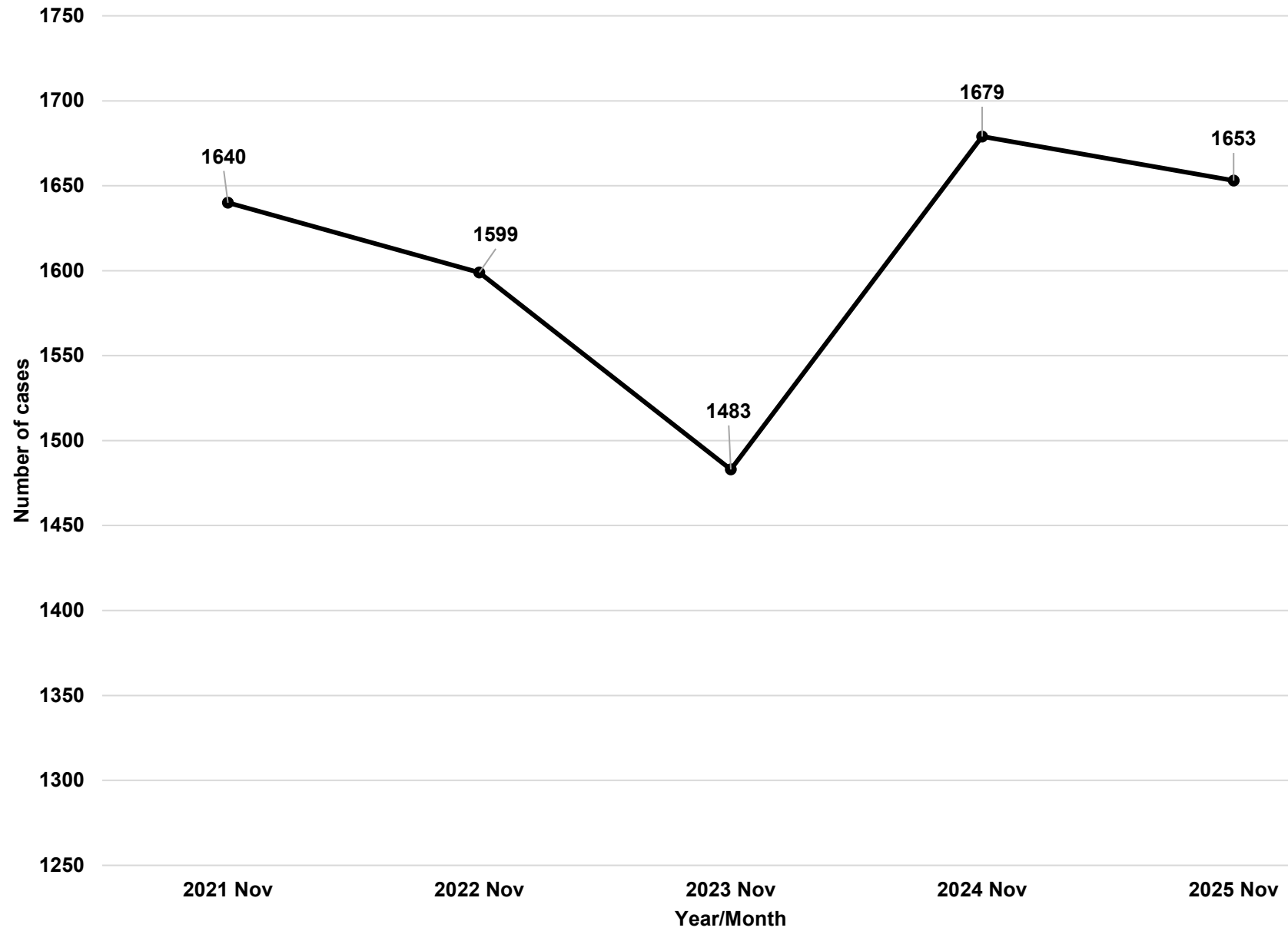
Public Defender's Office - New Case Appointment by Type November 2021 - November 2025



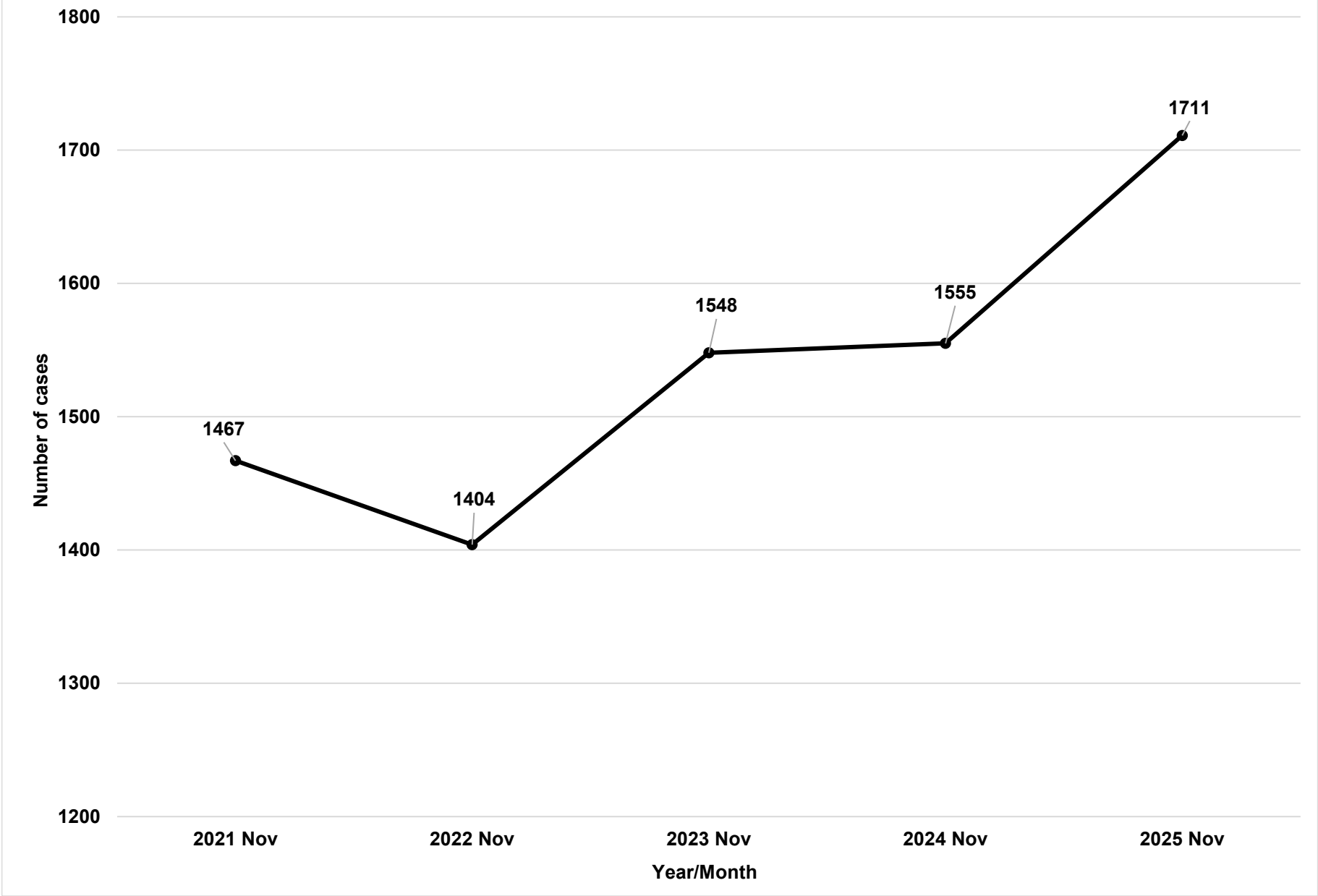
Public Defender - Attorney Active Files - November 2021 - November 2025



Public Defender - Felony Active Files - November 2021 - November 2025



Public Defender - Misdemeanor Active Files - November 2021 - November 2025



Public Defender's Office - November 2025 Open Cases by Category

