



DU PAGE COUNTY

Human Services

Final Regular Meeting Agenda

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

Tuesday, October 1, 2024

9:30 AM

Room 3500A

1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIR REMARKS - CHAIR SCHWARZE

5. APPROVAL OF MINUTES

5.A. [24-2627](#)

Human Services Committee - Regular Meeting - Tuesday, September 17, 2024

6. COMMUNITY SERVICES - MARY KEATING

6.A. [FI-R-0173-24](#)

Acceptance and appropriation of the DuPage Housing Authority Family Self-Sufficiency Program PY24, Agreement No. FSS24IL, Company 5000 - Accounting Unit 1740, in the amount of \$127,812. (Community Services)

6.B. [HS-CO-0002-24](#)

Amendment to County contract 7187-0001 SERV, issued to Carahsoft Technology Corporation, to increase encumbrance in the amount of \$2,630.90, for the addition of five user licenses, resulting in an amended contract total not to exceed \$29,050.90, an increase of 9.96%. (Community Services)

6.C. [24-2628](#)

Recommendation for the approval of a contract to DuPage Federation on Human Services Reform (LARC), to provide face-to-face and telephonic interpreter services, and translation services, to assist clients in Community Services, primarily for the Senior Services unit, and to provide American Sign Language services, both for the Finance Department and Community Services, for the period of October 11, 2024 through November 30, 2025, for a contract total amount of \$29,999, per RFP #23-072-CS, first of three optional one-year renewals.

7. DUPAGE CARE CENTER - JANELLE CHADWICK**7.A. [HS-P-0034-24](#)**

Recommendation for the approval of a contract purchase order issued to Pulmonary Exchange, Ltd., for rental of respiratory care equipment for the DuPage Care Center, for the period of November 20, 2024 through November 19, 2025, for a total contract not to exceed \$40,000; per bid renewal #21-072-CARE, third and final option to renew.

8. BUDGET TRANSFERS**8.A. [24-2629](#)**

Transfer of funds from account no. 1200-2075-52000 (furniture, machinery, equipment small value) to account no. 1200-2035-54110 (equipment and machinery) in the amount of \$9,000 to cover the purchase of a floor scrubber that will assist in the cleaning of the new Animal Control Building (DPCC cleans that building daily). (DuPage Care Center)

9. CONSENT ITEMS**9.A. [24-2630](#)**

Airdo Werwas, Contract 6280-0001 SERV - This purchase order is decreasing in the amount of \$12,128.26 and closing due to the purchase order has expired.

9.B. [24-2631](#)

Joerns Healthcare, Contract 6611-0001 SERV - This Purchase order is decreasing in the amount of \$26,292.92 and closing due to purchase order has expired.

10. INFORMATIONAL**10.A. [24-2632](#)**

GPN 038-24 Family Self-Sufficiency Program PY24, DuPage Housing Authority, U.S. Department of Housing and Urban Development - \$127,812. (Community Services)

10.B. [FM-P-0037-24](#)

Recommendation for the approval of a contract purchase order to Nicor Gas, for natural gas utility and distribution services for County facilities, for Facilities Management, for the four-year period of October 1, 2024 through September 30, 2028, for a total contract amount not to exceed \$1,400,046. Per 55 ILCS 5/5-1022(c) not suitable for competitive bids – Public Utility. (Facilities Management portion is \$1,147,656, the DuPage Care Center's portion is \$188,079 and the Health Department's portion is \$64,311)

11. RESIDENCY WAIVERS - JANELLE CHADWICK**12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK****13. COMMUNITY SERVICES UPDATE - MARY KEATING****14. OLD BUSINESS****15. NEW BUSINESS**

16. ADJOURNMENT



Minutes

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

File #: 24-2627

Agenda Date: 10/1/2024

Agenda #: 5.A.



DU PAGE COUNTY

Human Services

Final Summary

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

Tuesday, September 17, 2024

9:30 AM

Room 3500A

1. CALL TO ORDER

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

2. ROLL CALL

Other Board members present: Member Patty Gustin and Member Yeena Yoo

Staff in attendance: Nick Kottmeyer (Chief Administrative Officer), Renee Zerante (Assistant State's Attorney), Evan Shields (Public Information Officer), MaryCatherine Wells, Keith Jorstad, and Tabassum Haleem (Finance), Gina Strafford-Ahmed, Joan Fox, and Lisa Snipes (Community Services), and Janelle Chadwick (DuPage Care Center, remote).

PRESENT	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze
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3. PUBLIC COMMENT

An online submission for public comment from the September 17, 2024, DuPage County regular meeting of the Human Services Committee is included for the record in its entirety. It is found in the minutes packet and at the link below.

[24-2556](#)

Online Public Comment

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze, Vice Chair Garcia, Nick Kottmeyer, Mary Keating and the senior Finance staff held a very good 90-minute discussion regarding all aspects of the original small human services grant program. They discussed how to improve the program, including improvements on the application process for both the applicants and the finance staff who evaluate the applications. Staff will be working on changes as discussed in the meeting and are also waiting for feedback from the State's Attorney's office on some issues. When edits are complete, they will meet again to finalize the process and then bring the application process to the Human Services Committee for review, and then to the County Board for approval.

It was determined that the kickoff for this program will not be until January 2025. First, it will take some time to make the changes, and secondly, finance staff will be occupied with the funding related to the ARPA deadlines through the end of this year.

Answering questions from committee, Chair Schwarze outlined the dates, stating the application portal will open in mid-January with a 60-day timeline to apply. The goal for the payouts should take about 30 days after the application process closes to distribute the funds.

5. APPROVAL OF MINUTES**5.A. [24-2506](#)**

Human Services Committee - Regular Meeting - Tuesday, September 3, 2024

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Kari Galassi

6. COMMUNITY SERVICES - MARY KEATING**6.A. [FI-R-0162-24](#)**

Acceptance and appropriation of the Aging Case Coordination Unit Fund PY25, in the amount of \$7,713,844, Company 5000 - Accounting Units 1660 and 1720. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Paula Garcia
SECONDER:	Dawn DeSart

6.B. [FI-R-0164-24](#)

Acceptance and appropriation of the Illinois Home Weatherization Assistance Program DOE Grant PY25 Inter-Governmental Agreement No. 22-403028, Company 5000 - Accounting Unit 1400, in the amount of \$734,681. (Community Services)

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

6.C. [24-2507](#)

Recommendation for the approval of a contract purchase order to Meghan Butcher, to enter into an Independent Contractor Agreement to provide case management assistance to Senior Services, for the period of September 1, 2024 through August 31, 2025, for a contract total amount not to exceed \$22,000. Other Professional Services not subject to competitive bidding per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b). (Senior Services Grant Funded)

RESULT:	APPROVED
MOVER:	Michael Childress
SECONDER:	Paula Garcia
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

7. **DUPAGE CARE CENTER - JANELLE CHADWICK**7.A. [HS-P-0031-24](#)

Recommendation for the approval of a contract purchase order issued to Prairie Farms Dairy, Inc., for fluid dairy, for the DuPage Care Center residents, cafeteria and cafes located on County Campus, for the period September 25, 2024 through September 24, 2025, for a contract not to exceed \$53,000; per bid #24-100-DCC.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Paula Garcia
SECONDER:	Michael Childress

7.B. [HS-P-0032-24](#)

Recommendation for the approval of a contract purchase order issued to McMahon Food Corporation, for fluid dairy, for the DuPage Care Center residents, cafeteria and cafes located on the County Campus, for the period September 25, 2024 through September 24, 2025, for a contract not to exceed \$30,000; per bid #24-100-DCC.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Michael Childress
SECONDER:	Kari Galassi

7.C. [HS-P-0033-24](#)

Recommendation for the approval of a contract to Senior Medical Care, PLLC, to provide Medical Director Services, for the period September 1, 2024 through August 31, 2025, for an 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). (DuPage Care Center)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Paula Garcia
SECONDER:	Kari Galassi

8. **CONSENT ITEMS**8.A. [24-2508](#)

Lakeshore Dairy, Contract 6570-0001 SERV - This purchase order is decreasing in the amount of \$25,451.45 and closing due to purchase order has expired.

RESULT:	APPROVED AT COMMITTEE
MOVER:	Michael Childress
SECONDER:	Kari Galassi

9. **INFORMATIONAL**

Motion to Combine Items

Member DeSart moved and Member Childress seconded a motion to combine items 9.A. through 9.D. The motion was approved on voice vote, all "ayes".

County Board Member Gustin asked about the purpose of the Grant Proposal Notifications (GPNs) and if it was an IT process. Lisa Snipes, Senior Housing and Community Development Planner, stated these are HUD mandated. The GPN's are for databases. This is how information is collected for the individuals experiencing homelessness throughout DuPage County. These GPN's are renewal applications (not new) within the Continuum of Care. This is the first year that HUD has asked for a consolidated appropriations act in 2024 to apply for a two-year application cycle. The grant has less to do with IT infrastructure, as it does with staff, user licenses, training, and related opportunities.

9.A. [24-2509](#)

GPN 032-24 PY26 Continuum of Care Program Competition - Homeless Management Information System (HMIS), U.S. Department of Housing and Urban Development, Community Services \$188,556.

9.B. [24-2510](#)

GPN 033-24 PY26 Continuum of Care Program Competition - Homeless Management Information System (HMIS) Coordinated Entry, U.S. Department of Housing and Urban Development, Community Services, \$80,000.

9.C. [24-2511](#)

GPN 034-24 PY27 Continuum of Care Program Competition - Homeless Management Information System (HMIS), U.S. Department of Housing and Urban Development, Community Services, \$188,556.

9.D. [24-2512](#)

GPN 035-24 PY27 Continuum of Care Program Competition - Homeless Management Information System (HMIS) Coordinated Entry, U.S. Department of Housing and Urban Development, Community Services, \$80,000.

RESULT:	APPROVED THE CONSENT AGENDA
MOVER:	Paula Garcia
SECONDER:	Dawn DeSart
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

10. RESIDENCY WAIVERS - JANELLE CHADWICK

No residency waivers were offered.

11. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick, Administrator of the DuPage Care Center, stated that this has been an extremely busy two weeks at the Care Center. As they were presenting their 2025 budget requests to the committee, the Illinois Department of Public Health (IDPH) arrived to do the annual survey. Ms. Chadwick received word yesterday that everything submitted to the IDPH relating to their Plan of Corrections has been accepted. They are still waiting for some life safety code resolution. All documentation has been submitted but the review takes a while. All-in-all the survey revealed nothing significant, and all corrections were completed with a desk review.

The Care Center is still struggling with covid. A resident tested positive for covid yesterday, quarantining unit 4N. Most of the residents with covid have not had a lot of symptoms. The Care Center is now facing cases of rhinovirus, quarantining unit 1N. Some residents have had significant symptoms resulting in a couple of residents being taken to the hospital. The Care Center is taking their normal conservative approach with staff wearing N95 masks and working closely with the health department.

The Care Center had a covid and influenza vaccine clinic for their staff. The influenza vaccine is underway for residents, with covid vaccines to follow shortly.

12. COMMUNITY SERVICES UPDATE - MARY KEATING

No report was offered.

13. OLD BUSINESS

No old business was discussed.

14. NEW BUSINESS

No new business was discussed.

15. ADJOURNMENT

With no further business, the meeting was adjourned at 9:43 AM.

RESULT:	APPROVED
MOVER:	Michael Childress
SECONDER:	Paula Garcia
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze



Finance Resolution

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

File #: FI-R-0173-24

Agenda Date: 10/1/2024

Agenda #: 6.A.

ACCEPTANCE AND APPROPRIATION OF THE
DUPAGE HOUSING AUTHORITY FAMILY SELF-SUFFICIENCY PROGRAM PY24
AGREEMENT NO. FSS24IL
COMPANY 5000 - ACCOUNTING UNIT 1740
\$127,812

(Under the administrative direction of
the Community Services Department)

WHEREAS, the County of DuPage has been notified by the DuPage Housing Authority that grant funds in the amount of \$127,812 (ONE HUNDRED TWENTY-SEVEN THOUSAND, EIGHT HUNDRED TWELVE AND NO/100 DOLLARS) are available to be used to pay for the staffing of individuals who serve those in the Family Self-Sufficiency Program; and

WHEREAS, to receive said grant funds, the County of DuPage must enter into an Agreement with the DuPage Housing Authority, a copy of which is attached to and incorporated as part of this resolution by reference (ATTACHMENT II); and

WHEREAS, the term of the agreement is from January 1, 2024 through December 31, 2024; and

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

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

WHEREAS, the DuPage 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 Agreement (ATTACHMENT II) between DuPage County and DuPage Housing Authority is hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$127,812 (ONE HUNDRED TWENTY-SEVEN THOUSAND, EIGHT HUNDRED TWELVE AND NO/100 DOLLARS) be made to establish the DuPage Housing Authority Family Self-Sufficiency Program PY24, Company 5000 - Accounting Unit 1740, for the period January 1, 2024, through December 31, 2024; and

BE IT FURTHER RESOLVED by the DuPage County Board that the Director of Community Services is approved as the County's Authorized Representative; and

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

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

Enacted and approved this 8th day of October, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ACCEPTANCE AND APPROPRIATION TO ESTABLISH THE
DUPAGE HOUSING AUTHORITY FAMILY SELF-SUFFICIENCY PROGRAM PY24
COMPANY 5000 – ACCOUNTING UNIT 1740
\$127,812

REVENUE

41000-0001 - Federal Operating Grant - HUD \$ 127,812

TOTAL ANTICIPATED REVENUE \$ 127,812

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries \$ 95,637
51010-0000 - Employer Share I.M.R.F. 7,862
51030-0000 - Employer Share Social Security 7,096
51040-0000 - Employee Med & Hosp Insurance 17,217

TOTAL PERSONNEL \$ 127,812

TOTAL ADDITIONAL APPROPRIATION \$ 127,812

ATTACHMENT II



DuPage Housing Authority
711 E Roosevelt Rd, Wheaton, IL 60187
PH: 630.690.3555 FAX: 630.690.0702
www.dupagehousing.org

Kendall Housing Authority
811 W John St., Yorkville, IL 60560
PH: 630.553.8093 FAX: 331.207.8923
www.kendallhousing.org



Family Self- Sufficiency Program SERVICE CONTRACT Du Page Housing Authority & DuPage County Community Services

Background: The DuPage Housing Authority has been administering the Family Self-Sufficiency program in cooperation and coordination with DuPage County Community Services since 1992. Continued funding for this initiative has been provided by the U.S. Department of Housing and Urban Development (HUD) under the Public and Indian Housing Family Self- Sufficiency (FSS) program. Acceptance of this award requires the DuPage Housing Authority to administer the FSS Program in accordance with HUD regulations and requirements in 24 CFR 984 and to comply with HCV program requirements, notices, and guidebooks.

Purpose: This service agreement between the DuPage Housing Authority (DHA) and the DuPage County Community Services (COUNTY) County Department of Community Services (COUNTY) seeks to define the relative roles and responsibilities of each partner in this program during the contract period.

Contract Period: This agreement shall be effective from January 1, 2024, through December 31, 2024.

Source of funding is HUD Fiscal Year: 2023

Scope of Project: The DuPage Housing Authority administers the Family Self Sufficiency program and in this role is responsible for the maintenance of the waiting list for the program, client eligibility determinations and redeterminations, completion of the Contract of Participation for each client, unit inspections, maintenance of client escrow accounts, program accounting, grant management and other administrative functions. In addition, the DHA will ensure that the Program Coordinating Council convenes at least annually and that the FSS Action Plan is updated as required.

The COUNTY will continue to coordinate the FSS program using rental assistance under the Housing Choice Voucher Programs together with public and private resources to provide supportive services to enable participating families to increase their earned income and financial empowerment, reduce or eliminate the need for welfare assistance, and make progress toward economic independence and self-sufficiency. These services include the development of the client individual Training and Service Plans (also called the Personal Development Plan), case management and supportive service referral activities, service plan updates, planning visits with program participants and other direct services.

The COUNTY will hire, train, and supervise FSS Coordinators. The COUNTY will comply with program requirements of FSS Program Coordinator Role, Staffing Guidelines and other Requirements.

Reporting Requirements: The DHA shall grant to the COUNTY, as payment for all HUD eligible expenses for activities performed by the COUNTY pursuant to the Agreement, compensation not to exceed \$127,812 for salary of program coordinator (s). The COUNTY will invoice DHA monthly. DHA will pay compensation to the COUNTY according to the invoice., except the COUNTY will submit the invoice for the final month of the contract along with the previous month's invoice.



DuPage Housing Authority
711 E Roosevelt Rd, Wheaton, IL 60187
PH: 630.690.3555 FAX: 630.690.0702
www.dupagehousing.org

Kendall Housing Authority
811 W John St., Yorkville, IL 60560
PH: 630.553.8093 FAX: 331.207.8923
www.kendallhousing.org



Term and Termination: Either party can terminate the agreement and its respective responsibilities after notifying the other party, in writing, of its intent to terminate in thirty (30) days. In the event of termination by either party, the sole remedy to each shall be according to quantum meruit for services performed under this agreement.

Retention of Records: The COUNTY shall maintain records to show actual time devoted and cost incurred with respect to services under this agreement. Upon fifteen (15) days' notice from the DHA, all time sheets, billing and other documentation, used in preparation of monthly billings shall be made available for inspection, copying or auditing by the DHA at any time during normal billing hours at 421 N. County Farm Road, Wheaton, Illinois. All records in connection with this project shall be retained by COUNTY for a period of three years following project completion. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the three-year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three- year period, whichever is later.

Audit and Inspection of Records: The COUNTY shall, as often as deemed necessary by the DHA or any of their duly authorized representatives, grant full access and the right to examine any pertinent books, documents, papers and records of this grant for three years from the date of submission or the final expenditure report or until all audit findings have been resolved, whichever is later.

Exchange of Information: The parties of this agreement are committed to strict standards of confidentiality with regard to interagency communication concerning people in need of rental assistance and the Family Self- Sufficiency Program service and will observe both agencies, confidentiality policies as well applicable confidentiality laws. All clients enrolled in the FSS shall sign an authorization to exchange information that identifies all of the organizations and agencies who will be supporting the individual and their need to exchange information.

Legal Status. This Agreement does not create any agency, employment, joint employer, joint venture or partnership between the parties and neither party will have the right, power or authority to act for the other in any manner.

Terms of the agreement accepted and agreed to:

Du Page Housing Authority
711E. Roosevelt Road
Wheaton, Illinois 60187
630.690.3555

By: **Signature on File**

Cheron Corbett

Title: CEO
Date: September 19, 2024

DuPage County Community Services
421 N. County Farm Road
Wheaton, Illinois 60187



DuPage Housing Authority
711 E Roosevelt Rd, Wheaton, IL 60187
PH: 630.690.3555 FAX: 630.690.0702
www.dupagehousing.org

Kendall Housing Authority
811 W John St., Yorkville, IL 60560
PH: 630.553.8093 FAX: 331.207.8923
www.kendallhousing.org



630.407.6500

By:

Title:

Date:



HS Change Order with Resolution

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

File #: HS-CO-0002-24

Agenda Date: 10/1/2024

Agenda #: 7.F.

AMENDMENT TO COUNTY CONTRACT 7187-0001 SERV
ISSUED TO CARAHSOFT TECHNOLOGY CORPORATION
(INCREASE CONTRACT \$2,630.90)

WHEREAS, Contract 7187-0001 SERV was approved and adopted by the County Board on July 9, 2024; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order notice to contract 7187-0001 SERV, issued to Carahsoft Technology Corporation to provide a survey system for Community Services to collect and maintain resident satisfaction results post County services, collect community Needs Assessment data and provide other surveying services; to increase the contract to allow for five user licenses for FY24, in the amount of \$2,630.90, for a contract total not to exceed \$29,050.90, an increase of 9.96%.

NOW, THEREFORE BE IT RESOLVED that County contract 7187-0001 SERV covering said, to add five license users to provide a survey system for Community Services to collect and maintain resident satisfaction results post County services, be increased by \$2,630.90, for a contract total, not to exceed \$29,050.90, an increase of 9.96%.

Enacted and approved this 8th day of October, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

HS 10/1
FI + CB 10/8

Date: Sep 11, 2024

MinuteTraq (IQM2) ID #: 24-2572

Purchase Order #: 7187	Original Purchase Order Date: Jul 1, 2024	Change Order #: 1	Department: Community Services
Vendor Name: CARAHSOFT TECHNOLOGY CORPORATION		Vendor #: 12819	Dept Contact: Gina Strafford
Background and/or Reason for Change Order Request:	<ul style="list-style-type: none">- Decrease line 4 by \$6,710- Increase PO value by \$2,630.90 to allow for 5 user licenses to be acquired for FY24.- Create new line for 5000-1555 Account 53807, Activity RETROFITS24 for \$9,340.90 (\$6,710 + \$2,630.90 increase)		
IN ACCORDANCE WITH 720 ILCS 5/33E-9			

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

INCREASE/DECREASE		
A	Starting contract value	\$26,420.00
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$26,420.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$2,630.90
E	New contract amount (C + D)	\$29,050.90
F	Percent of current contract value this Change Order represents (D / C)	9.96%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	9.96%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

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

NE	6166	Sep 11, 2024	GS		Sep 19, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Buyer		Date	Procurement Officer		Date
Chief Financial Officer (Decision Memos Over \$25,000)		Date	Chairman's Office (Decision Memos Over \$25,000)		Date



Decision Memo

Procurement Services Division

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

Date: Jul 15, 2024

File ID #: _____

Purchase Order #: PO 7187

Requesting Department: Community Services	Department Contact: Gina Strafford-Ahmed
Contact Email: gina.strafford@dupagecounty.gov	Contact Phone: 630-407-6444
Vendor Name: CARAHSOFT TECHNOLOGY CORPORATION	Vendor #: 12819

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

Increase contract to cover 5 user licenses.

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

The costs of user licenses were calculated incorrectly in the original procurement.

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

RFP #24-049-CS

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

1. Approve the procured agreement and implement the contract so Community Services can move forward with their follow up surveys, client satisfaction surveys and outreach activities.
2. Do not implement the procured agreement, and try to find another software survey provider that has language and survey tools necessary for our Federal grants and be able to implement by 10/31/24.

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

Total increase of \$2,630.90



HS Requisition under \$30,000

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

File #: 24-2628

Agenda Date: 10/1/2024

Agenda #: 6.C.



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: RFP 23-072-CS	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$38,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/01/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$152,000.00
	CURRENT TERM TOTAL COST: \$29,999.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: DuPage Federation On Human Services Reform	VENDOR #: 11348	DEPT: Community Services	DEPT CONTACT NAME: Karen Graczyk
VENDOR CONTACT: David Roth	VENDOR CONTACT PHONE: 630-782-4782	DEPT CONTACT PHONE #: 630-407-6543	DEPT CONTACT EMAIL: karen.graczyk@dupageco.org
VENDOR CONTACT EMAIL: droth@dupagefederation.org	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.). To provide face-to-face and telephonic interpreter services, translation services, to assist clients in Community Services, primarily the Senior Services' unit, and American Sign Language, for the Finance Department also, Per RFP #23-072-CS; this is the first of three (3) one (1) year renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Community Services assists clientele that speak many diverse languages. The ability to communicate effectively in order to provide necessary social services as mandated by the State of Illinois requires the assistance of interpreter services.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION 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 Federation on Human Services Reform	Vendor#: 11348	Dept: Community Services	Division:
Attn: David Roth	Email: droth@dupagefederation.org	Attn: Karen Graczyk	Email: karen.graczyk@dupageco.org
Address: 1910 S. Highland Ave., Ste 135	City: Lombard	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-782-4782	Fax:	Phone: 630-407-6543	Fax: 630-407-6501
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: DuPage Federation on Human Services Reform	Vendor#: 11348	Dept: Community Services	Division:
Attn: David Roth	Email: droth@dupagefederation.org	Attn: Karen Graczyk	Email: karen.graczyk@dupageco.org
Address: 1910 S. Highland Ave., Ste 135	City: Lombard	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-782-4782	Fax:	Phone: 630-407-6543	Fax: 630-407-6501
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 11, 2024	Contract End Date (PO25): Nov 30, 2025
Contract Administrator (PO25):			

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Interpreter/Translation Services; Face-to-Face, Telephonic, and/or American Sign Language	FY24	1000	1750	53040		1,200.00	1,200.00
2	1	EA		Interpreter/Translation Services; Face-to-Face, Telephonic, and/or American Sign Language	FY25	1000	1750	53040		25,019.00	25,019.00
3	1	EA		American Sign Language - Finance	FY24	1000	1150	53040		540.00	540.00
4	1	EA		American Sign Language - Finance	FY25	1000	1150	53040		3,240.00	3,240.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 29,999.00

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. HS COMMITTEE 10/1/2024
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

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



AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and DuPage Federation on Human Services Reform located at 1910 S. Highland Avenue, Ste. 135, Lombard, IL 60148, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #23-072-CS which became effective on 10/11/2023 and which will expire 10/10/2024. The contract is subject to a first of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 10/10/2025.

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

CONTRACTOR

Signature on File

SIGNATURE

David J. Roth

PRINTED NAME

Executive Director

PRINTED TITLE

9/5/2024

DATE

THE COUNTY OF DUPAGE

SIGNATURE

Brian Rovik

PRINTED NAME

Buyer I

PRINTED TITLE

DATE

SECTION 8 - BID FORM PRICING

Quantities provided are estimates only. Actual usage shall be on an "as-needed" basis.

NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
Face to Face Core Languages					
1	Standard Rate	Hour	200	\$ Spanish \$45.00, other \$65.00	\$ 2,250.00 + \$9,750.00
2	After Hours Rate	Hour	50	\$ Same as standard	\$ 562.50 + 2,437.50
3	Minimum Charge	Each	1	\$ 1 hour	\$
4	Mileage Charge	Mile	1	\$ Current federal rate	\$ 0.655
5	Cancellation Charge	Each	1	\$ See price proposal	\$
Face to Face Non-Core Languages					
6	Standard Rate	Hour	100	\$ \$65.00	\$ 6,500.00
7	After Hours Rate	Hour	25	\$ Same as standard	\$ 1,625.00
8	Minimum Charge	Each	1	\$ 1 hour	\$
9	Mileage Charge	Mile	1	\$ Current federal rate	\$ 0.655
10	Cancellation Charge	Each	1	\$ See price proposal	\$
Telephonic Interpretation					
11	Standard Rate	Minute	100	\$ \$1.85	\$ 185.00
12	After Hours Rate	Minute	20	\$ Same as standard	\$ 37.00
13	Minimum Charge	Each	1	\$ N/A	\$
14	Mileage Charge	Mile	1	\$ N/A	\$
15	Cancellation Charge	Each	1	\$ N/A	\$
Written Translation					
16	Charges by: WORD	Word	5000	\$ Spanish \$0.22, other \$0.26	\$ 275.00 + \$975.00
17	Charges by: PAGES	Page	500	\$ N/A	\$
18	Charges by: TIME	Hour	100	\$ N/A	\$
American Sign Language					
19	Standard Rate	Hour	100	\$ \$135.00	\$ 13,500.00
20	After Hours Rate	Hour	20	\$ Same as standard	\$ 2,700.0
21	Minimum Charge	Each	1	\$ 2 Hours	\$
22	Mileage Charge	Mile	1	\$ Included in hourly rate, no separate charge	\$
23	Cancellation Charge	Each	1	\$ See price proposal	\$
GRAND TOTAL					\$ 40,797.00
GRAND TOTAL Cost estimates are based on the assumption that Spanish language represents 1/4 of the total face to face appts., thus the calculations were 50 hrs Spanish and 150 hrs other for the "Face to face Core Languages" line and the same ratio was utilized for calculations of the after hours and the translation estimates. (In words) Please see the Price Proposal for possible additional charges. Regarding mileage: LARC utilizes local interpreters; mileage charges might incur, but expected to be minimal.					

The County of DuPage, Illinois – INTERPRETER SERVICES RFP #23-072-CS
DuPage Federation on Human Services Reform, Language Access Resource Center (LARC)

June 22, 2023

PRICE PROPOSAL

Interpretation Services

- In-Person (Face to Face On-Site) and Virtual (Video Remote) by appointment

Spoken languages*	\$65.00 per hour	(1 hour minimum)
Simultaneous, recorded or broadcasted	Additional \$10.00 per hour	
Sign Language (ASL, CDI)**	\$135.00* per hour	(2 hour minimum)
Legal, recorded, tactile or trilingual	Additional \$20 per hour	

*Spoken language cancellation with less than 24 hours' notice would fall under the "Forgiveness Policy" whereas if LARC cancels an already confirmed appointment within 24 hours of the requested start time, the County receives a credit to redeem upon a County cancellation of the same (in less than 24 hours of the appointment). Cancellations initiated by the County with less than 24 hours' notice, when there is no redeemable balance of the reciprocal, will be charged the requested time or the 1 hour minimum (whichever is greater).

**Please note LARC's policies regarding new requests and cancellation of scheduled sign language services:

- Depending on the time sensitivity of the request, such as new sign language interpreter requests placed with fewer than two full business days between submitting the order to LARC and the day of requested service, sign language requests may incur an Emergency Fee of \$70.00.
- Billable Cancel: Requests will be cancelled with charge if there are fewer than two full business days between notifying LARC of the cancellation and the day of scheduled ASL service. The appointment will be charged the requested appointment duration or the 2-hour minimum (whichever is greater).
- Requests and cancellations for sign language services submitted outside of LARC's business hours will be considered "received" on the following business day.

Telephonic Interpretation Services

All languages \$1.85 per minute

Document Translation Services

Spanish	\$0.22 per word
All other languages	\$0.26 per word
Minimum charge	\$55.00
Rush rate	Additional \$0.10 per word

The County of DuPage, Illinois – INTERPRETER SERVICES RFP #23-072-CS
DuPage Federation on Human Services Reform, Language Access Resource Center (LARC)

Travel Reimbursement

- ASL and CDI: no additional charge, included in hourly rate
 - Spoken languages in person appointment: LARC will charge the customer the mileage at the current federal rate after the first 10 miles. This will be calculated roundtrip from the interpreter's residence to the location of the assignment. The interpreter is responsible for mileage up to 10 miles to and from each assignment.
- Parking fees and tolls at the I-PASS rate will be charged to the Client at actual cost.

Mileage Charge	1-10 miles	No charge
	11+ miles	Current federal rate
Parking Fees	Actual cost	
Tolls	Actual cost	I-PASS rate

SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	DuPage Federation on Human Services Reform - Language Access Resource Center
Main Business Address	1910 S. Highland Ave.
	Suite 135
City, State, Zip Code	Lombard, IL 60148
Telephone Number	630 782 4782
Fax Number	630 748 4794
Proposal Contact Person	David Roth
Email Address	droth@dupagefederation.org

The undersigned certifies that he is:

☐ the Owner/Sole Proprietor ☐ a Member 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:

Theresa Forthofer, Easter Seals DuPage & Fox Valley (Chair)

(President or Partner)

Janet Derrick, Loaves & Fishes (Vice-Chair)

(Vice-President or Partner)

Kara Murphy, DuPage Health Coalition (Secretary)

(Secretary or Partner)

David Orr, Old Second National Bank (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 Manager, DuPage Center, 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 therein prescribed.

Further, the undersigned certifies and warrants that he is 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 5/33E-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 he has examined and carefully prepared this proposal and has 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 he has provided 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 he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This 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 Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

Signature on File

X _____ Executive Director
(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this _____ day of _____ AD, 2023

My Commission Expires: _____
(Notary Public)



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
INTERPRETER, TRANSLATOR, TRANSLATION & AMERICAN SIGN LANGUAGE SERVICES 23-072-CS
BID TABULATION

✓ ✓												
Criteria	Available Points	Piedmont /PGLS	DuPage Federation on Human Services Reform	Interpretnet	Globo	Acutrans, Inc.	Homeland Language Services	Cal Interpreting & Translation	Traduce LLC	Linguistica International	Languagers.com	Global Language Services
Firm Qualifications	30	28	29	28	29	24	27	24	17	23	16	16
Key Qualifications	20	19	19	19	19	16	19	17	12	16	10	11
Project Understanding	20	19	19	18	19	16	18	16	12	15	13	10
Price	30	25	20	18	16	26	14	19	30	17	25	10
Total	100	91	85	83	83	81	77	75	71	70	64	46

Fee and Rate Proposal	\$ 33,281.15	\$ 42,498.31	\$ 47,395.98	\$ 52,966.90	\$ 32,737.00	\$ 61,386.07	\$ 45,151.65	\$ 27,863.25	\$ 49,445.00	\$ 33,977.57	\$ 83,100.00
Percentage of points	84%	66%	59%	53%	85%	45%	62%	100%	56%	82%	34%
Points awarded (wtd against lowest price)	25	20	18	16	26	14	19	30	17	25	10

NOTES
1. Day Translations Inc. is deemed non-responsive for not submitting requested pricing.
2. Language Line Services, Inc. is deemed non-responsive for not submitting requested pricing.
3. Transfective Language Services LLC is deemed non-responsive for not submitting requested pricing.
4. Grand Totals were recalculated to account for internal usage estimates for the following bidders: Traduce LLC, Piedmont /PGLS, Acutrans, Inc., DuPage Federation on Human Services Reform, Global Language Services, Globo, Homeland Language Services, Interpretnet, Languagers.com, and Linguista International.

RFP Posted on 06/02/2023	
Bid Opened On 06/27/2023, 2:30 PM CST by	DW, MP
Invitations Sent	24
Total Requesting Documents	4
Total Bid Responses Received	14



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: 9/6/2024

Bid/Contract/PO #: _____

Company Name: DuPage Federation on Human Services Reform	Company Contact: David J. Roth
Contact Phone: 708-782-4782	Contact Email: droth@dupagefederation.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, 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.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

Signature on File

Authorized Signature

Printed Name David J. Roth

Title Executive Director

Date 9/6/2024

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



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0034-24

Agenda Date: 10/1/2024

Agenda #: 7.A.

AWARDING RESOLUTION ISSUED TO
PULMONARY EXCHANGE, LTD.
TO PROVIDE RENTAL OF RESPIRATORY CARE EQUIPMENT
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT \$40,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to Pulmonary Exchange, Ltd., to provide rental of respiratory care equipment, for the period of November 20, 2024 through November 19, 2025, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide rental of respiratory care equipment, for the period of November 20, 2024 through November 19, 2025, for the DuPage Care Center, per bid renewal #21-072-CARE, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Pulmonary Exchange, Ltd., 9480 Southwest Highway, Oaklawn, Illinois 60453, for a contract total amount of \$40,000.00.

Enacted and approved this 8th day of October, 2024 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#: 24-2548	RFP, BID, QUOTE OR RENEWAL #: 21-072-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$35,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/01/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$153,500.00
	CURRENT TERM TOTAL COST: \$40,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL
Vendor Information		Department Information	
VENDOR: Pulmonary Exchange, Ltd.	VENDOR #: 11800	DEPT: DuPage Care Center	DEPT CONTACT NAME: Nursing Department
VENDOR CONTACT: Ray Kalinsky	VENDOR CONTACT PHONE: 708-423-8888	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: rayjr@pelvip.com	VENDOR WEBSITE:	DEPT REQ #: 7471	
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.). Rental of Respiratory Care Equipment for the DuPage Care Center, for the period November 20, 2024 through November 19, 2025, for a total contract not to exceed \$40,000.00, under bid renewal #21-072-CARE, third and final optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished This rental equipment are devices that are prescribed treatments for the residents to maintain good quality of care (Ci-pap & Bi-pap machines, as well as providing Respiratory Therapist services to set up machine & to adjust settings & educate nursing staff as needed.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

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: Pulmonary Exchange, Ltd.	Vendor#: 11800	Dept: DuPage Care Center	Division: Nursing Department
Attn: Ray Kalinsky	Email: rayjr@pelvip.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 9480 Southwest Highway	City: Oaklawn	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60453	State: IL	Zip: 60187
Phone: 708-423-8888	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Pulmonary Exchange, Ltd.	Vendor#: 11800	Dept: DuPage Care Center	Division: Nursing Department
Attn: Ray Kalinsky	Email: rayjr@pelvip.com	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 9480 Southwest Highway	City: Oaklawn	Address: 400 N. County Farm Road	City:
State: IL	Zip: 60453	State: IL	Zip: 60187
Phone: 708-423-8888	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): November 20, 2024	Contract End Date (PO25): November 19, 2025

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		Rental of respiratory care equipment	FY24	1200	2050	53410		900.00	900.00
2	1	EA		Rental of respiratory care equipment	FY25	1200	2050	53410		39,100.00	39,100.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 40,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Rental of Respiratory Care Equipment for the DuPage Care Center, for the period November 20, 2024 through November 19, 2025, for a total contract not to exceed \$40,000.00, under bid renewal #21-072-CARE, third and final optional renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. October 1, 2024 Human Services Committee October 8, 2024 County Board Meeting
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.



AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Pulmonary Exchange, Ltd. located at 9840 Southwest Highway, Oak Lawn, IL 60453 hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #21-072-CARE which became effective on 11/20/2021 and which will expire 11/19/2024. The contract is subject to a third of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 11/19/2025.

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

CONTRACTOR

THE COUNTY OF DUPAGE

Signature on File

SIGNATURE

Raymond Kalinsky

PRINTED NAME

COO

PRINTED TITLE

9/16/2024

DATE

SIGNATURE

Henry Kocker

PRINTED NAME

Buyer I

PRINTED TITLE

DATE



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
RESPIRATORY EQUIPMENT RENTAL 21-072-CARE
BID TABULATION

NO.	ITEM	QTY	Pulmonary Exchange, Ltd		
			DAILY RENTAL RATE	MONTHLY RENTAL RATE	EXTENDED PRICE
1	BASIC B-PAP RENTAL	1	\$ 15.00	\$ 450.00	\$ 450.00
2	BASIC C-PAP	5	\$ 10.00	\$ 300.00	\$ 1,500.00
3	AUTO TITRATE C-PAP RENTAL	1	\$ 10.00	\$ 300.00	\$ 300.00
4	BI-PAP WITH BACK-UP RATE RENTAL (ST BI-PAP)	2	\$ 24.00	\$ 720.00	\$ 1,440.00
5	AVAP MACHINE	1	\$ 24.00	\$ 720.00	\$ 720.00
					\$ 4,410.00

NOTES

Advacare Systems and Integra Healthcare declined to bid due to industry shortages of respiratory equipment.

Bid Opening 10/15/2021 @ 2:30 PM	DW,NE
Invitations Sent	14
Total Vendors Requesting Documents	2
Total Bid Responses	1

SECTION 7 - BID FORM PRICING

ITEM	DESCRIPTION	DAILY COST	MONTHLY COST
1	BASIC B-PAP RENTAL	\$ 15.00	\$ 450.00
2	BASIC C-PAP	\$ 10.00	\$ 300.00
3	AUTO TITRATE C-PAP RENTAL	\$ 10.00	\$ 300.00
4	BI-PAP WITH BACK-UP RATE RENTAL (ST BI-PAP)	\$ 24.00	\$ 720.00
5	AVAP MACHINE (Average volume assured pressure support - adjusts to maintain a target average ventilation over several breaths)	\$ 24.00	\$ 720.00
GRAND TOTAL		\$ 83.00	\$ 2490.00

**SECTION 9 - MANDATORY FORM
RENTAL OF RESPIRATORY CARE EQUIPMENT 21-072-CARE**

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Pulmonary Exchange, Ltd		
Main Business Address	9840 Southwest Highway		
City, State, Zip Code	Oak Lawn, IL 60453		
Telephone Number	708-423-8888	Email Address	rayjr@pelvip.com
Bid Contact Person	Ray Kalinsky		

The undersigned certifies that he is:

☐ the Owner/Sole Proprietor
 ☐ a Member authorized to sign on behalf of the Partnership
 ☒ an Officer of the Corporation
 ☐ a Member of the Joint Venture

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

Signature on File

(President or Partner)

(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Officer, DuPage County, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including

Addenda No. _____ and _____ issued thereto.

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

Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Bidder and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Bidder and is true and accurate.

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

The undersigned certifies that he has examined and carefully prepared this bid and has checked the same in detail before submitting this bid, and that the statements contained herein are true and correct.

If a Corporation, the undersigned, further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed nor modified, and that the same remain in full force and effect. (Bidder may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

Further, the Bidder certifies that he has provided equipment, supplies, or services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the Bidder, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the bidding schedule (subject to unit quantity adjustments based upon actual usage).

CONTRACT ADMINISTRATION INFORMATION:

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME	Pulmonary Exchange, Ltd	NAME	Pulmonary Exchange, Ltd
CONTACT	Ray Kalinsky	CONTACT	
ADDRESS	9840 Southwest Highway	ADDRESS	9840 Southwest Highway
CITY ST ZIP	Oak Lawn, IL 60453	CITY ST ZIP	Oak Lawn, IL 60453
TX	708-423-8888	TX	708-423-8888
FX	708-423-9133	FX	708-423-9133
EMAIL	rayjr@pelvip.com	EMAIL	
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage Care Center - Clementine Nelson 400 North County Farm Road Wheaton, IL 60187 TX: (630) 407-4251 EMAIL: clementine.nelson@dupageco.org		DuPage Care Center - Clementine Nelson 400 North County Farm Road Wheaton, IL 60187 TX: (630) 407-4251 EMAIL: clementine.nelson@dupageco.org	

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

SECTION 8 - BID FORM SIGNATURE PAGE

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

Signature on File

X

(Signature and Title)

CEO

CORPORATE SEAL
(if available)

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

Subscribed and sworn to before me this 11th day of October AD, 2021

Signature on File

(Notary Public)

My Commission Expires: 12/20/22



SEAL



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:

9/6/2024

Bid/Contract/PO #:

Company Name: <u>Pulmonary Exchange Ltd.</u>	Company Contact: <u>Raymond Kalinsky</u>
Contact Phone: <u>708-423-8888</u>	Contact Email: <u>raydr@pelvip.com</u>

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

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

☒ **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.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

Authorized Signature

Signature on File

Printed Name

Raymond Kalinsky

Title

COO

Date

9/6/2024

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



Budget Transfer

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

File #: 24-2629

Agenda Date: 10/1/2024

Agenda #: 8.A.

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1200
Company #

CLINICAL SUPPORT
From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
2075	52000		FURN/MACH/EQUIP SMALL VALUE	\$ 9,000.00	21,092.22	12,092.22	9/18/24	1200-9100
Total				\$ 9,000.00				

To: 1200
Company #

HOUSEKEEPING
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
2035	51110		EQUIPMENT AND MACHINERY	\$ 9,000.00	0	9,000.00	9/18/24	1200-9100
Total				\$ 9,000.00				

Reason for Request:

Transfer monies to allow for the purchase of floor scrubber that will assist in the cleaning of the new Animal Control Building (DPCC cleans that building, daily)

Signature on File

Department Head

Signature on File

Activity

(optional)

Chief Financial Officer

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

Finance Department Use Only			
Fiscal Year <u>24</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 10/1/24
FIN/LB - 10/8/24



Consent Item

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

File #: 24-2630

Agenda Date: 10/1/2024

Agenda #: 9.A.

HS Only 10/1



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Aug 22, 2024

MinuteTraq (IQM2) ID #: 24-2504

Purchase Order #: 6280-0001 SERV	Original Purchase Order Date: Mar 1, 2023	Change Order #: 1	Department: DuPage Care Center
Vendor Name: Airdo Werwas		Vendor #: 29893	Dept Contact: Administration
Background and/or Reason for Change Order Request:	For legal services as needed for the period 03/01/23 through 02/29/24 #1 Decrease and close line 1, 1200-2000-53030 in the amount of \$10,022.88 #2 Decrease and close line 2, 1200-2000-53030 in the amount of \$2,105.38 - CONTRACT EXPIRED		
IN ACCORDANCE WITH 720 ILCS 5/33E-9			

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

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

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

INCREASE/DECREASE		
A	Starting contract value	\$14,500.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$14,500.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$12,128.26)
E	New contract amount (C + D)	\$2,371.74
F	Percent of current contract value this Change Order represents (D / C)	-83.64%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-83.64%
DECISION MEMO NOT REQUIRED		

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

☐ Change budget code from: _____ to: _____

☐ Increase/Decrease quantity from: _____ to: _____

☐ Price shows: _____ should be: _____

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

DECISION MEMO REQUIRED	
<input type="checkbox"/> Increase (greater than 29 days) contract expiration from: _____ to: _____	
<input type="checkbox"/> Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount <input type="checkbox"/> Funding Source _____	
<input type="checkbox"/> OTHER - explain below:	

cdk	4208	Aug 22, 2024	JC	4208	Aug 22, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Buyer	Date	Procurement Officer		Date	
Chief Financial Officer (Decision Memos Over \$25,000)		Date	Chairman's Office (Decision Memos Over \$25,000)		Date



Consent Item

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

File #: 24-2631

Agenda Date: 10/1/2024

Agenda #: 9.B.



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Consent
HS 10/1
CB 1018

Date: Sep 16, 2024

MinuteTraq (IQM2) ID #: 24-2547

Purchase Order #: 6611-0001 SERV	Original Purchase Order Date: Sep 8, 2023	Change Order #: 1	Department: DuPage Care Center
Vendor Name: Joerns Healthcare		Vendor #: 27216	Dept Contact: Nursing Department
Background and/or Reason for Change Order Request:	Rental of fluid immersion simulation mattresses for the DuPage Care Center for the period 09/08/2023 through 09/07/2024. #1 Decrease and close line 1, 1200-2050-53410 in the amount of \$3,595.68 #2 Decrease and close line 2, 1200-2050-53410 in the amount of \$22,697.27 - CONTRACT EXPIRED		
IN ACCORDANCE WITH 720 ILCS 5/33E-9			

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

INCREASE/DECREASE		
A	Starting contract value	\$36,600.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$36,600.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$26,292.92)
E	New contract amount (C + D)	\$10,307.08
F	Percent of current contract value this Change Order represents (D / C)	-71.84%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-71.84%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

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

cdk	4208	Sep 16, 2024	CDK	4208	Sep 16, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Buyer		Date	Procurement Officer		Date
Chief Financial Officer (Decision Memos Over \$25,000)		Date	Chairman's Office (Decision Memos Over \$25,000)		Date



Informational

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

File #: 24-2632

Agenda Date: 10/1/2024

Agenda #: 10.A.



Grant Proposal Notification

GPN Number: 038-24
(Completed by Finance Department)

Date of Notification: 09/23/2024
(MM/DD/YYYY)

Parent Committee Agenda Date: 10/01/2024
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 09/19/2024
(MM/DD/YYYY)

Name of Grant: Family Self-Sufficiency Program PY24

Name of Grantor: DuPage Housing Authority

Originating Entity: U.S Department of Housing and Urban Development
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Joan Fox, Administrator , Ext 6426
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 127,812.00

Type of Grant: Project
(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: 14.896 If State, provide CSFA: _____



Grant Proposal Notification

1. Justify the department's need for this grant.

This grant supports the salaries and training needs of Staff in the Family Self-Sufficiency Program. The Family Self-Sufficiency (FSS) program has been increasing economic opportunity low-income and HUD assisted families in DuPage County since 1992. FSS helps participants increase their earned income and financial literacy, reduce or eliminate the need for welfare assistance, and make progress towards economic independence and self-sufficiency. These funds will cover up to 2 FTE Case Manager positions (Program Coordinators) to assist participating families who hold a Housing Choice Voucher.

2. Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Community Well Being - Implement locally funded initiatives to ensure all County residents are able to access services and programs that lead to independent and healthy lives.

3. What is the period covered by the grant?

01/01/2024 to: 12/31/2024
(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 \$128,212.84 Percentage covered by grant 74.71

6.1.2. Total fringe benefits \$44,129.63 Percentage covered by grant 72.57

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?

1000-1750

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?

0%

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): Yes

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$127,812.00



Facilities Management Requisition Over \$30K

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

File #: FM-P-0037-24

Agenda Date: 10/1/2024

Agenda #: 10.B.

AWARDING RESOLUTION
ISSUED TO NICOR GAS
FOR NATURAL GAS UTILITY AND DISTRIBUTION SERVICES
FOR COUNTY FACILITIES
FOR FACILITIES MANAGEMENT
(CONTRACT TOTAL NOT TO EXCEED: \$1,400,046)

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

WHEREAS, the Public Works Committee recommends County Board approval for the issuance of a contract to Nicor Gas, for natural gas utility and distribution services, for County facilities, for the four-year period October 1, 2024 through September 30, 2028, for Facilities Management.

NOW, THEREFORE BE IT RESOLVED, that County Contract, covering said, for natural gas utility and distribution services, for County facilities, for the four-year period October 1, 2024 through September 30, 2028, for Facilities Management, be, and it is hereby approved for issuance of a contract by the Procurement Division to, Nicor Gas, PO Box 5407, Carol Stream, IL 60197-5407, for a total contract amount not to exceed \$1,400,046. (\$1,147,656 for Facilities Management, \$188,079 for the DuPage Care Center, and \$64,311 for the Health Department).

Enacted and approved this 8th day of October, 2024 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#: 24-2517	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: 4 YRS + 0 TERM PERIOD	INITIAL TERM TOTAL COST: \$1,400,046.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 10/01/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,400,046.00
	CURRENT TERM TOTAL COST: \$1,400,046.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Nicor Gas	VENDOR #: 10057	DEPT: Facilities Mangement	DEPT CONTACT NAME: Cathie Figlewski
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #: X5665	DEPT CONTACT EMAIL: catherine.figlewski@dupagecounty.gov
VENDOR CONTACT EMAIL:	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.). Recommendation for the approval of a contract purchase order to Nicor Gas, for natural gas utility and distribution services for County facilities, for Facilities Management, for the four year period October 1, 2024 through September 30, 2028, for a total contract amount not to exceed \$1,400,046 (Facilities Management portion is \$1,147,656, the DuPage Care Center's portion is \$188,079 and the Health Department's portion is \$64,311).

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
Natural gas utility and natural gas distribution services are required to maintain the operations of the County facilities. The current contract expires September 30, 2025, however there is only enough money remaining on the contract to pay through October 2024; primarily due to rate increases. Nicor invoices are billed the 1st of the month through the 30th/31st of each month so we feel it is in the best interest to start the contract on October 1st to align with how Nicor bills the county. As a utility we have no ability to set or contract this expense.

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.
PUBLIC UTILITY

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: Nicor Gas	Vendor#: 10057	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email: FMAccountsPayable @dupagecounty.gov
Address: PO Box 5407	City: Carol Stream	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60197-5407	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Nicor Gas	Vendor#: 10057	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email:
Address: PO Box 5407	City: Carol Stream	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60197-5407	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 1, 2024	Contract End Date (PO25): Sep 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	LO		FM - Natural Gas Utility Services		1000	1100	53200		1,147,656.00	1,147,656.00
2	1	LO		CC - Natural Gas Utility Services		1200	2045	53200		188,079.00	188,079.00
3	1	LO		Health Dept - Informational Only						64,311.00	64,311.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 1,400,046.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Natural gas utility and distribution services for County facilities
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Cathie Figlewski, Christine Kliebhan, Clara Gomez & Katie Boffa
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. PW: 10/1/24 CB: 10/8/24
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.