



# DU PAGE COUNTY

## Human Services

### Final Summary

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

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**Tuesday, November 19, 2024**

**9:30 AM**

**Room 3500A**

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**1. CALL TO ORDER**

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

**2. ROLL CALL**

Chair Schwarze appointed County Board Member Patty Gustin to the committee for quorum purposes.

Staff in attendance: Tim Harbaugh (Deputy Director of Facilities), Evan Shields (Public Information Officer), Nick Alfonso (Assistant State's Attorney), Valerie Calvente, Donna Weidman, Brian Rovik (Procurement), DeAndre Redd (Finance), Natasha Belli, Gina Strafford-Ahmed (Community Services Administrators), Mary Keating (Director of Community Services), and Janelle Chadwick (Administrator of the DuPage Care Center).

<b>PRESENT</b>	Childress, Garcia, Schwarze, and Gustin
<b>ABSENT</b>	DeSart, Galassi, and LaPlante

**3. PUBLIC COMMENT**

No public comments were offered.

**4. CHAIR REMARKS - CHAIR SCHWARZE**

No remarks were offered.

**5. APPROVAL OF MINUTES**

5.A. [24-3086](#)

Human Services Committee - Regular Meeting - Tuesday, November 5, 2024

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Michael Childress
<b>SECONDER:</b>	Patty Gustin

**6. LENGTH OF SERVICE AWARD**

6.A. Length of Service Award - Christine Kliebhan - 30 years - DuPage Care Center

**7. COMMUNITY SERVICES - MARY KEATING****7.A. [HS-P-0053-24](#)**

Awarding resolution issued to WellSky Corporation, for renewal of the Annual Homeless Management Information System Software and Cloud services contract, renewal of licenses, training, support, and custom programming, for the period of November 1, 2024 through October 31, 2025, for a contract total not to exceed \$52,948.90. (Community Services)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Michael Childress
<b>SECONDER:</b>	Patty Gustin

**7.B. [FI-R-0216-24](#)**

Revision to Personnel Budget. (Community Services)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Patty Gustin

**7.C. [FI-R-0220-24](#)**

Acceptance and appropriation of the Illinois Association of Community Action Agencies (IACAA) Employment Barrier Reduction Pilot Program PY25 Agreement No. FCSDG05509, Company 5000 - Accounting Unit 1675, in the amount of \$46,000. (Community Services)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Patty Gustin
<b>SECONDER:</b>	Paula Garcia

**8. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING****8.A. [FI-R-0223-24](#)**

Acceptance of an Extension of Time for the Community Project Funding Environmental Review Records Program PY24, Company 5000 - Accounting Unit 1560, from November 30, 2024 to November 30, 2025. (Community Services)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Patty Gustin
<b>SECONDER:</b>	Paula Garcia

8.B. [FI-R-0224-24](#)

Acceptance and appropriation of the Community Project Funding Environmental Review Records Program PY25, Company 5000 - Accounting Unit 1560, \$19,000. (Community Services)

**RESULT:** APPROVED AND SENT TO FINANCE

**MOVER:** Patty Gustin

**SECONDER:** Michael Childress

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

## 9.A. Presentation: DuPage County Care Center Building Renovation Update

Janelle Chadwick and Tim Harbaugh gave a presentation regarding the project scope and ARPA allocations. The project was funded with ARPA dollars, CDBG, and the Kenneth Moy fund. The north building, the lobby, and the exterior entrance are complete.

Tim Harbaugh stated they will decrease the scope of the project. Unforeseen costs included asbestos abatement, the addition of designated exam rooms required by the Illinois Department of Public Health, bringing the fire dampers up to current standards, HVAC issues, replacing the nurse call devices, which were old and antiquated, and the replacement of all sprinkler heads, which must be the same model type. Six rooms that were not in the original scope will be added as it makes sense to renovate them since work is already being completed in the same areas. These rooms consist of the occupational therapy room used by both short- and long-term residents, recreation room, resident dining room, conference rooms, and the laundry room.

To offset the above costs, the east renovation has been put on hold. The east renovation will go out to bid in two weeks with their QVS Quality Construction for an estimated \$15M, to be funded by Care Center reserves. They hope to be able to bring this to the County Board for approval by March or April so the east remodel can begin as the current project finishes in the summer or 2026. The east wing is for short stay and consists of approximately 50 to 60 beds, covering two floors. They will hire an architect and a construction manager, both under one contract.

9.B. [HS-CO-0004-24](#)

Amendment to Resolution HHS-P-0306-22, issued to Wight Construction Services, Inc., to provide Construction Manager at Risk/Guaranteed Maximum Price method of delivery, for the modernization and upgrades of the Kenneth Moy DuPage Care Center Facility, to eliminate the East wing from scope and various changes in scope and to decrease the funding in the amount of \$530,327, resulting in a final County cost of \$29,163,373, a decrease of 1.79%. (PARTIAL ARPA ITEM)

**RESULT:** APPROVED AND SENT TO FINANCE

**MOVER:** Patty Gustin

**SECONDER:** Paula Garcia

9.C. [HS-CO-0005-24](#)

Amendment to Resolution HHS-P-0305-22, issued to WSP USA Design, Inc., for Professional Architectural and Engineering Design Services for the modernization and upgrade of the Kenneth Moy DuPage Care Center Facility, to remove the East wing from scope and decrease the funding in the amount of \$269,673, resulting in a final County cost of \$1,536,627, a decrease of 14.93%. (PARTIAL ARPA ITEM)

**RESULT:** APPROVED AND SENT TO FINANCE

**MOVER:** Patty Gustin

**SECONDER:** Paula Garcia

**10. CONSENT ITEMS**10.A. [24-3087](#)

RCM Healthcare Services, Contract 7019-0001 SERV, this Purchase Order is decreasing encumbrance in the amount of \$85,000, due to the vendor recently decreasing the amount of staff being provided.

**RESULT:** APPROVED

**MOVER:** Paula Garcia

**SECONDER:** Patty Gustin

Member Childress left the meeting at 9:53 AM.



**11. INFORMATIONAL**

Due to Member Childress having to leave the meeting and creating an absence of a quorum, the Assistant State's Attorney in attendance stated that items 11.A. through 11.D. were informational and did not need a vote, only to be read at the meeting.

**11.A. [24-3088](#)**

GPN 042-24 DHS Employment Barrier Reduction Program PY25, Illinois Association of Community Action Agencies (IACAA), US Department of Health and Human Services - \$46,000 (Community Services)

<b>RESULT:</b> APPROVED AND SENT TO FINANCE
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**11.B. [24-3089](#)**

GPN 043-24 DuPage Care Center Foundation - Recreation Therapy Grant PY25, \$29,435.00 (DuPage Care Center)

<b>RESULT:</b> APPROVED AND SENT TO FINANCE
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**11.C. [24-3090](#)**

GPN 044-24 DuPage Care Center Foundation Music Therapy Grant PY25, \$ 60,462.00. (DuPage Care Center)

<b>RESULT:</b> APPROVED AND SENT TO FINANCE
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**11.D. [24-3091](#)**

GPN 045-24 DuPage Care Center Foundation Coordinator Grant PY25, \$31,192.00 (DuPage Care Center)

<b>RESULT:</b> APPROVED AND SENT TO FINANCE
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**12. RESIDENCY WAIVERS - JANELLE CHADWICK**

No residency waivers were offered.

**13. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK****14. COMMUNITY SERVICES UPDATE - MARY KEATING**

Mary Keating referred to Item 7.B., the Revision to the Personnel Budget, explaining the revision is specifically for someone to work on the HOME ARP Project. As part of the American Recovery Plan, Congress created a new Affordable Housing Program, not attached to other programs, and with a whole new set of rules. Community services will need to add a staff person specifically for that project.

The Community Project Funding items, items, 8.A. and 8. B., which used to be called earmarks, are congressionally directed funding towards specific projects. Congress is using the Community Development Block Grant (CDBG) platform to get the funds out, which will include the CDBG regulations. This requires an environmental review, which is an extensive list of regulations that must be checked upon for every site that has a project. There are specific agencies called

‘responsible entities’ that are the only agencies for a jurisdiction that can sign off on an environmental review, which happens to be our Community Development staff. These projects have really expanded the workload of the staff, so we have entered into MOU’s with seven agencies that have received this funding to extend the agreements.

The telephone calls into the Information & Referral unit are mounting and the unit is short staffed. Although the positions are posted, we are not having success in recruiting. We have offered overtime, bumped postings on Indeed, reach out to our memberships, and have asked staff that have moved into other positions to assist. We are asking for peoples’ patience. Ms. Keating noted that due to the complexity of the training, it takes at least one month before an employee can assist clients and it also makes it not feasible to bring in staff from other departments. Ms. Keating answered questions from the committee.

The State of Illinois notified us that we will receive \$57,000 towards the 211 system. This funding will be allocated to expenses occurred in the state’s current fiscal year. We will be able to recoup some funding for the database management.

**15. OLD BUSINESS**

No old business was discussed.

**16. NEW BUSINESS**

No new business was discussed.

**17. ADJOURNMENT**

With no further business, Chair Schwarze adjourned the meeting at 10:15 AM.



## Minutes

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**File #:** 24-3086

**Agenda Date:** 11/19/2024

**Agenda #:** 5.A.

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# DU PAGE COUNTY

## Human Services

### Final Summary

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**Tuesday, November 5, 2024**

**9:30 AM**

**Room 3500A**

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**1. CALL TO ORDER**

9:30 AM meeting was called to order by Chair Greg Schwarze at 9:32 AM.

**2. ROLL CALL**

Staff in Attendance: Nick Kottmeyer (Chief Administrative Office) at 9:40 a.m., Paul Bruckner (State's Attorney Office), Valerie Calvente (Procurement Officer), Janelle Chadwick (DuPage Care Center Administrator), Mary Keating (Community Services Director)

<b>PRESENT</b>	Childress, DeSart, Galassi, Garcia, and Schwarze
<b>ABSENT</b>	LaPlante

**3. PUBLIC COMMENT**

No public comments were offered.

**4. CHAIR REMARKS - CHAIR SCHWARZE**

Chair Schwarze wished everyone a Happy Election Day.

**5. APPROVAL OF MINUTES**

5.A. [24-2951](#)

Human Services Committee - Regular Meeting - Tuesday, October 15, 2024

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

**6. COMMUNITY SERVICES - MARY KEATING****6.A. [FI-R-0205-24](#)**

Acceptance and appropriation of the Section 5310 Regional Transportation Authority (RTA) Grant PY24, Agreement No. S5310-2024-04, Company 5000 - Accounting Unit 1710, in the amount of \$607,086. (Community Services)

Mary Keating, Director of Community Services, referred to her statement from the previous Human Services Committee meeting that there was a difference of opinion on whether to resolve contract disputes in Cook County or DuPage County courts, the RTA insisting any disputes be adjudicated in Cook County. Although we are not prohibited in signing this agreement, Ms. Keating noted our State's Attorney preferred a different outcome.

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

**6.B. [FI-R-0207-24](#)**

Acceptance and appropriation of additional funding for the Low Income Home Energy Assistance Program (LIHEAP), HHS Grant PY24 Inter-Governmental Agreement No 24-224028, Company 5000 - Accounting Unit 1420, from \$2,948,471 to \$3,298,471 (an increase of \$350,000), for the period of October 1, 2023 through August 31, 2025. (Community Services)

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

**6.C. [HS-R-0020-24](#)**

Approval of issuance of payments by DuPage County to energy assistance providers through the Low-Income Home Energy Assistance Program (LIHEAP) HHS Grant PY24 Inter-Governmental Agreement No. 24-224028 in the amount of \$301,000 for the period of October 1, 2023 through August 31, 2025. (Community Services)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Kari Galassi

6.D. [HS-P-0046-24](#)

Awarding resolution issued to Chicago United Industries, LTD., to furnish, deliver and install Energy Star Appliances, for the Weatherization Program, for Community Services, for the period of October 29, 2024 through June 30, 2025, for a contract total of \$67,367, per bid #22-065-CS, second of three optional renewals.

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

6.E. [HS-P-0047-24](#)

Awarding Resolution issued to Optimum Management Resources, Inc., to provide technical assistance and consultation services to the DuPage County Homeless Continuum of Care (CoC), for Community Services, for the period of January 1, 2025 through December 31, 2025, for a contract total amount not to exceed \$30,660.

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Kari Galassi

6.F. [HS-CO-0003-24](#)

Amendment to Purchase Order 6640-0001 SERV, issued to Benevate, Inc. D/B/A Neighborly Software, for grants management software, to increase the contract in the amount of \$99,000, resulting in an amended contract total of \$241,000. (Community Services)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Dawn DeSart
<b>SECONDER:</b>	Kari Galassi

**7. DUPAGE CARE CENTER - JANELLE CHADWICK****7.A. [HS-P-0048-24](#)**

Recommendation for the approval of a contract purchase order issued to Symbria Rehab, Inc., for Community Wellness Partner for the Wellness Center staffing and management for Outpatient Center at the DuPage Care Center, for the period December 1, 2024 through November 30, 2025, for a contract total not to exceed \$66,000; per renewal under RFP #21-073-CARE, third and final optional renewal.

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Dawn DeSart
<b>SECONDER:</b>	Kari Galassi

**7.B. [HS-P-0049-24](#)**

Recommendation for the approval of a contract purchase order issued to Symbria Rehab, Inc., for Physical, Occupational, Speech and Respiratory Therapy and Consulting Services at the DuPage Care Center, for the period December 1, 2024 through November 30, 2025, for a contract total not to exceed \$700,000; per renewal under RFP #21-057-CARE, third and final optional renewal.

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Kari Galassi

**7.C. [HS-P-0050-24](#)**

Recommendation for the approval of a contract purchase order issued to Sysco Chicago, Inc., for primary food, supplies and chemicals, for the DuPage Care Center, for the period December 1, 2024 through November 30, 2025, for a total contract amount not to exceed \$1,297,000; under bid renewal #22-082-DCC, second of three one-year optional renewals.

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Kari Galassi

7.D. [HS-P-0051-24](#)

Recommendation for the approval of a contract purchase order issued to Professional Medical & Surgical, to provide examination gloves, for the DuPage Care Center, for the Period January 1, 2025 through December 31, 2025, for a total contract amount not to exceed \$95,000; under bid renewal #23-102-DCC, first of three one-year optional renewals.

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

7.E. [HS-P-0052-24](#)

Recommendation for the approval of a contract purchase order issued to National Auto Fleet Group, for a 2024 Ford Super Duty F-550 XL Bus (6 passenger & 7 wheelchairs), for the DuPage Care Center, for the period of November 13, 2024 through November 30, 2025, for a contract not to exceed \$202,044.27. Contract pursuant to the Intergovernmental Cooperation Act - Sourcewell Cooperative Contract #091521-NAF.

Dawn DeSart asked if the vehicle purchase was in the budget for this year and if the vehicle was a replacement or brand new. Janelle Chadwick, Administrator of the DuPage Care Center, replied that the purchase of the vehicle is a replacement and the current vehicle is beyond useful life. The miles are low, but parts are becoming obsolete. The funding is in the 2025 budget. The one-year contract is due to not knowing the length of time to get the vehicle built.

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Kari Galassi



**8. BUDGET TRANSFERS****8.A. [24-2952](#)**

Transfer of funds from account no. 1200-2035-52000 (furniture/machinery/equipment small value) to 1200-2035-54110 (equipment and machinery) in the amount of \$3,800, to allow for the purchase of Advanced Sanitation Verification System for the DuPage Care Center.

Janelle Chadwick stated the Advanced Sanitation Verification System audits the infection control effectiveness of the staff. This process is not mandated by the Illinois Department of Public Health (IDPH) but new guidance from IDPH is pushing a robust infection control program. The Care Center had an Infection Control Assessment and Response Survey (ICAR), completed by a person representing the Health Department and IDPH specifically for infection control. They are always very pleased with the Care Center's serious and conservative approach.

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Michael Childress
<b>SECONDER:</b>	Dawn DeSart

**8.B. [24-2953](#)**

Transfer of funds from account no. 5000-1495-53807 (Subscription IT arrangements) to account no. 5000-1495-54107 (Software) in the amount of \$1,500, to comply with the Generally Accepted Accounting Principles (GAAP). Total contract with renewal will be greater than \$30,000 and longer than one year, necessitating all budget related to Carahsoft Survey software and implementation to be recorded to Capital Outlays in 54107, for the Low Income Home Energy Assistance Program (LIHEAP). (Community Services)

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

8.C. [24-2954](#)

Transfer of funds from account no. 5000-1555-53807 (Subscription IT Arrangements) and from account no. 5000-1555-53090 (Other Professional Services) to account no. 5000-1555-54107 (Software) in the amount of \$9,341, to comply with the Generally Accepted Accounting Principles (GAAP). Total contract with renewal will be greater than \$30,000 and longer than one year, necessitating all budget related to Carahsoft Survey software and implementation to be recorded to Capital Outlays in 54107, for the Income Eligible Retrofits Program Grant. (Community Services)

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

8.D. [24-2955](#)

Transfer of funds from account no. 5000-1720-53807 (Subscription IT Arrangements) to account no. 5000-1720-54107 (Software) in the amount of \$6,317, to comply with the Generally Accepted Accounting Principles (GAAP). Total contract with renewal will be greater than \$30,000 and longer than one year necessitating all budget related to Carahsoft Survey software and implementation to be recorded to Capital Outlays in 54107, for the Aging Case Coordinator Unit Grant. (Community Services)

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

8.E. [24-2956](#)

Transfer of funds from account no. 5000-1650-53807 (Subscription IT Arrangements) to account no. 5000-1650-54107 (Software) in the amount of \$7,000, to comply with the Generally Accepted Accounting Principles (GAAP). Total contract with renewal will be greater than \$30,000 and longer than one year necessitating all budget related to Carahsoft Survey software and implementation to be recorded to Capital Outlays in 54107, for the Community Services Block Grant (CSBG). (Community Services)

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

8.F. [24-2957](#)

Transfer of funds from account no. 5000-1420-53090 (Other Professional Services) to account no. 5000-1420-54107 (Software) in the amount of \$1,500, to comply with the Generally Accepted Accounting Principles (GAAP). Total Contract with renewal will be greater than \$30,000 and longer than one year, necessitating all budget related to Carahsoft Survey software and implementation to be recorded to Capital Outlays in 54107, for the Low Income Home Energy Assistance Program (LIHEAP). (Community Services)

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

## 9. TRAVEL

9.A. [24-2958](#)

Community Services Administrator to attend the 2025 National Community Action Partnership Management and Leadership Training Conference in New Orleans, Louisiana, travel from January 27, 2025 through January 31, 2025. Expenses to include registration, transportation, lodging, and per diems, for approximate total of \$3,199. Grant funded.

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Michael Childress
<b>SECONDER:</b>	Paula Garcia
<b>AYES:</b>	Childress, DeSart, Galassi, Garcia, and Schwarze
<b>ABSENT:</b>	LaPlante

9.B. [24-2959](#)

Community Services Director to attend the NACCED and NACo Legislative conferences in Washington D.C. from February 27, 2025 through March 4, 2025. Expenses to include registration, transportation, lodging, and per diems for approximate total of \$3,635. Grant funded.

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Dawn DeSart
<b>SECONDER:</b>	Kari Galassi
<b>AYES:</b>	Childress, DeSart, Galassi, Garcia, and Schwarze
<b>ABSENT:</b>	LaPlante

**10. CONSENT ITEMS**

## Motion to Combine Items

Member Childress moved and Member Garcia seconded a motion to combine items 10.A. through 10.E. The motion was approved on voice vote, all "ayes".

10.A. [24-2960](#)

Direct Supply, Inc., Contract 6576-0001 SERV - this purchase order is decreasing in the amount of \$16,710.05 and closing due to purchase order has expired.

10.B. [24-2961](#)

Medline Industries, Contract 6518-0001 SERV - this purchase order is decreasing in the amount of \$22,012.94 and closing due to purchase order has expired.

10.C. [24-2962](#)

Prescription Supply, Contract 6481-0001 SERV - this purchase order is decreasing in the amount of \$23,796.93 and closing due to purchase order has expired.

10.D. [24-2963](#)

Professional Medical & Surgical Supply, Inc., Contract 6530-0001 SERV - this purchase order is decreasing in the amount of \$27,057.57 and closing due to the purchase order has expired.

10.E. [24-2964](#)

The Standard Companies, Contract 6484-0001 SERV - this purchase order is decreasing in the amount of \$32,555.50 and closing due to purchase order has expired.

<b>RESULT:</b>	APPROVED THE CONSENT AGENDA
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Dawn DeSart
<b>AYES:</b>	Childress, DeSart, Galassi, Garcia, and Schwarze
<b>ABSENT:</b>	LaPlante

**11. RESIDENCY WAIVERS - JANELLE CHADWICK**

No residency waivers were offered.

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

Although there are no units under quarantine, the IDPH requirements are keeping them in outbreak status.

The construction of the front entry way is complete. It was wonderful to see the flatbed of plants arrive. The completed entryway was included in some pictures Ms. Chadwick sent the members and on the website. They are currently installing Acrovyn in the lobby, a very durable material that will go along the lower edge of the walls to guard against wheelchairs and other markings on the walls. The renovation created so much space in the lobby, which will prevent overcrowding when multiple residents are waiting for transport.

The construction in 3N and 3C are doing well.

The Care Center will hold a flag raising ceremony with their three new flagpoles on November 12 at 2:00 PM in the front circle. They are including the Veterans Service Association (VETSO). Ms. Chadwick invited the members to attend.

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

Mary Keating explained all the similar budget transfers are to replace Survey Monkey, which was a cost effective and simple survey tool but did not give the department the ability to survey in depth. Carahsoft will be the new platform for surveys. Members can contact Gina Strafford-Ahmed for a tutorial, if interested. Carahsoft will be used for many different programs, thus the multiple budget transfers to spread the cost over the various grants.

Happy Election Day and best of luck to anyone on the ballot.

**14. OLD BUSINESS**

No old business was discussed.

**15. NEW BUSINESS**

No new business was discussed.

**16. ADJOURNMENT**

With no further business, the meeting was adjourned at 9:50 AM.



## HS Requisition \$30,000 and Over

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

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**File #:** HS-P-0053-24

**Agenda Date:** 11/19/2024

**Agenda #:** 16.A.

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AWARDING RESOLUTION TO WELLSKY CORPORATION FOR RENEWAL OF ANNUAL  
HOMELESS MANAGEMENT INFORMATION SYSTEM SOFTWARE AND CLOUD SERVICES  
CONTRACT, RENEWAL OF LICENSES, TRAINING, SUPPORT, AND CUSTOM  
PROGRAMMING  
(CONTRACT TOTAL \$52,948.90)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a Contract to WellSky Corporation for the annual renewal of the Homeless Management Information System software and cloud services contract and licenses, and for WellSky Corporation to provide software, support, API, and 255 licenses for the period November 1, 2024 through October 31, 2025, for Community Services.

NOW, THEREFORE BE IT RESOLVED, that County Requisition, covering said, for the annual renewal of the Homeless Management Information System software and cloud services contract and licenses, and for WellSky Corporation to provide software, support, API, and 255 licenses, for the period November 1, 2024 through October 31, 2025, for Community Services, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to WellSky Corporation, 11300 Switzer Road, Overland Park, KS 66210, for a total contract amount of \$52,948.90, per 55 ILCS 5/5-1022 "Competitive Bids" (c) not suitable for competitive bids-Sole Source.

Enacted and approved this 26<sup>th</sup> day of November, 2024 at Wheaton, Illinois.

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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#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$52,948.90
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 11/19/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$52,948.90
	CURRENT TERM TOTAL COST: \$52,948.90	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: WellSky Corporation	VENDOR #: 30141	DEPT: Community Services	DEPT CONTACT NAME: Julie Burdick
VENDOR CONTACT: Marsha Blankenship	VENDOR CONTACT PHONE: (318) 524-7611	DEPT CONTACT PHONE #: 630-407-6462	DEPT CONTACT EMAIL: julie.burdick@dupagecounty.gov
VENDOR CONTACT EMAIL: Marsha.Blankenship@WellSky.com	VENDOR WEBSITE: https://wellsky.com	DEPT REQ #:	
<b>Overview</b>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Renewal of Homeless Management Information System (HMIS) software , support, 180 HMIS user licenses, and 75 2-1-1 user licenses totaling \$49,898.90. Sole Source.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Continue shared use of a regional Homeless Management Information System (HMIS) to meet the data and reporting requirements of the US Dept. of Housing and Urban Development, Veterans Administration, and Health and Human Services, and to address regional reporting and resource coordination. This software also hosts 211 DuPage program and resource data.			

### SECTION 2: DECISION MEMO REQUIREMENTS

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

### SECTION 3: DECISION MEMO

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

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION	
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement. SOFTWARE MANUFACTURER AND SOLE MAINTENANCE/UPDATE PROVIDER
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. WellSky provides a HMIS and 211 compliant software, mandated reports, and report writing capabilities that we share with another Continuum of Care (CoC). This software is used by multiple CoC's in our region and statewide, which allows for improved service and system management collaboration. It also hosts our resource database, 211dupage.gov, and is used to track and report on the 211 DuPage call and need data.
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. We continue to monitor for HMIS software vendors who meet all of the minimum Federal requirements and are also 211 compliant. At this time, WellSky is the only vendor offering both solutions.
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. We participate in national, statewide, and regional collaborations, which gives us an opportunity to speak with HMIS and 211 customers and vendors in formal and informal settings to better assess what options are available to meet our needs. We have yet to find another vendor who offers software that is compliant with both HMIS and 211.

SECTION 5: Purchase Requisition Information			
Send Purchase Order To:		Send Invoices To:	
Vendor: WellSky Corporation	Vendor#: 30141	Dept: Community Services	Division: Intake and Referral
Attn: Marsha Blankenship	Email: Marsha.Blankenship@WellSky.com	Attn: Julie Burdick	Email: julie.burdick@dupagecounty.gov
Address: 11300 Switzer Rd.	City: Overland Park	Address: 421 N County Farm Rd.	City: Wheaton
State: KS	Zip: 66210	State: IL	Zip: 60187
Phone: (318) 524-7611	Fax:	Phone: 630-407-6462	Fax:
Send Payments To:		Ship to:	
Vendor: WellSky Corporation	Vendor#: 30141	Dept: Community Services	Division: Intake and Referral
Attn:	Email:	Attn: Julie Burdick	Email: julie.burdick@dupagecounty.gov
Address: PO Box 204176	City: Dallas	Address: 421 N County Farm Rd.	City: Wheaton
State: TX	Zip: 75320-4176	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-6462	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Nov 1, 2024	Contract End Date (PO25): Oct 31, 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		Software, Support, API, 255 user licenses - IL0306L5T142316		5000	1480	53807	IL0306L5T1 42316	30,919.97	30,919.97
2	1	EA		Software, Support, API, 255 user licenses - ESG24HMI S24		5000	1470	53807	ESG24HMI S24	8,000.00	8,000.00
3	1	EA		Software, Support, API, 255 user licenses	FY24	1000	1750	53807		3,522.56	3,522.56
4	1	EA		Software, Support, API, 255 user licenses - COVID-19_ CS		1100	1215	53807	COVID-19_ CS	9,398.93	9,398.93
5	1	EA		Professional Services - Provider API - COVID-19_CS		1100	1215	53090	COVID-19_ CS	630.00	630.00
6	1	EA		Professional Services - 7 yr Purge	FY24	1000	1750	53090		477.44	477.44
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 52,948.90

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. Very important that the activity code is shown in the Description. Please copy Julie Burdick & David Barnes upon processing.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Julie Burdick x6462, David Barnes (Finance) x6191.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

**WELLSKY CORPORATION  
ORDER FORM**

This Order Form ("**Order**") is effective as of the date of last signature below ("**Effective Date**") between **Alliance to End Homelessness in Suburban Cook County** ("**Client**"), with offices at 4415 W. Harrison St., Suite 228, Hillside, IL 60162 and **WellSky Corporation**, with offices at 11300 Switzer Road, Overland Park, KS 66210 ("**WellSky**") for the products and services set forth herein. This Order is subject to and hereby incorporates the terms and conditions of the Master License and Services Agreement entered into between the parties, dated November 1, 2014 ("**Agreement**"), except to the extent explicitly identified in this Order.

This Order consists of the following Attachments:

- Attachment 1 – Term and Payment Terms
- Attachment 2 – Pricing
- Attachment 3 – Additional Terms
- Attachment 4 – Professional Services

Any questions or changes to this Order, please contact Marsha Blankenship at [marsha.blankenship@wellsky.com](mailto:marsha.blankenship@wellsky.com).

**Ordering Procedure:**

Scan or fax this signed Order to WellSky's Corporate Contracts Department as follows:

[Marsha.Blankenship@wellsky.com](mailto:Marsha.Blankenship@wellsky.com)  
and/or [LegalContracts@wellsky.com](mailto:LegalContracts@wellsky.com)  
Fax: (913) 871-9571 or [9138719571@fax2mail.com](mailto:9138719571@fax2mail.com)

<b>ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY:</b>		<b>WELLSKY CORPORATION:</b>
Signature:		Signature:
Name:		Name: Stephen Greenberg
Title:		Title: SVP Human and Social Services
Date:		Date:

**ORDER FORM  
ATTACHMENT 1  
TERM AND PAYMENT TERMS**

1. Scope of Use - Quantity: The Cloud Services, Third Party Software, and recurring Professional Services are subject to the scope of use limits - quantity set forth on Attachment 2. Client may purchase additional scope for Licensed Software or Cloud Services through the license admin page. Client agrees to be responsible for such additional purchases and shall pay such additional fees within 30 days.

2. Term:

Cloud Services, Third Party Software, and Recurring Professional Services Term: The Cloud Services, Third Party Software, and recurring Professional Services are provided for an initial one-year term, beginning on November 1, 2024 (the “**Renewal Term**”) and will continue through October 31, 2025. CLOUD SERVICES, THIRD PARTY SOFTWARE, AND RECURRING PROFESSIONAL SERVICES AUTOMATICALLY RENEW FOR SUCCESSIVE ONE-YEAR TERMS (EACH A “**RENEWAL TERM**” AND COLLECTIVELY WITH THE INITIAL TERM THE “**TERM**”), UNLESS TERMINATED BY EITHER PARTY UPON WRITTEN NOTICE TO THE OTHER 90 DAYS PRIOR TO THE END OF THE THEN CURRENT TERM.

3. Payment Terms. All fees due under this Order shall be paid as follows:

- a. One-Time Fee: DuPage County Community Services (GP# ILB15354) shall pay 100% of the one-time fees of \$3,050.00, on November 1, 2024, as specified in the price grid in Attachment 2.

- b. Cloud Services, Third Party Software, and Recurring Professional Services Fees:

Alliance to End Homelessness in Suburban Cook County (GP# ILB15340) shall pay the Cloud Services, Third Party Software, and Recurring Professional Services fees of \$92,566.10 as addressed in Attachment 2, annually beginning on November 1, 2024, and on each anniversary of such date every year thereafter.

DuPage County Community Services (GP# ILB15354) shall pay the Cloud Services, Third Party Software, and Recurring Professional Services fees of \$49,898.90, as addressed in Attachment 2, annually beginning on November 1, 2024, and on each anniversary of such date every year thereafter.

- c. Increases: All annual fees may be increased by WellSky once annually commencing one (1) year following the Effective Date of the Order at a rate not to exceed 6%.

Please provide your accounts payable or billing contact information.

<b>Name: Alliance to End Homelessness in Suburban Cook County - GP# ILB15340</b>	<b>Name: DuPage County Community Services - GP# ILB15354</b>
<b>Contact and Title: Sharon King, Office Manager/Bookkeeper</b>	<b>Contact and Title: Julie Burdick, HMIS Manager</b>
<b>E-mail: <a href="mailto:Sharon@suburbancook.org">Sharon@suburbancook.org</a></b>	<b>E-mail: <a href="mailto:Julie.Burdick@dupageco.org">Julie.Burdick@dupageco.org</a></b>
<b>Phone: 708-236-3261</b>	<b>Phone: 630-407-6462</b>
<b>Billing Address: 4415 Harrison Street, Suite 228, Hillside, Illinois 60162</b>	<b>Billing Address: 421 North County Farm Road, Wheaton, Illinois 60187</b>

**ORDER FORM  
ATTACHMENT 1  
TERM AND PAYMENT TERMS**

**ORDER FORM  
ATTACHMENT 2  
PRICING**

**GP# ILB15340 / ILB15354  
Term: November 1, 2024 – October 31, 2025**

One-Time Fees					
DuPage (ILB15354) Qty	Sub-Cook (ILB15340) Qty	Description	Unit Price	DuPage - ILB15354 Annual	Sub-Cook - ILB15340 Annual
25	0	Community Services - User License	\$122.00	\$3,050.00	N/A

<b>Total One-Time Fees - DuPage (ILB15354):</b>	<b>\$3,050.00</b>
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Cloud Services, Third Party Software, and Recurring Professional Services Annual Fees					
DuPage (ILB15354) Qty	Sub-Cook (ILB15340) Qty	Description	Unit Price	DuPage - ILB15354 Annual	Sub-Cook - ILB15340 Annual
<b>HMIS Site</b>					
150	390	Community Services - Per User Fee - Tier III - Annual	\$199.00	\$29,850.00	\$77,610.00
5	10	Community Services - Per User Fee - Tier III - Annual	\$203.00	\$1,015.00	\$2,030.00
25	0	Community Services - Per User Fee - Tier III - Annual (Add On to Renewal)	\$203.00	\$5,075.00	\$0.00
150	388	* Community Services - Report User - Basic w/Bandwidth (Included in Per User Fee)	\$0.00	\$0.00	\$0.00
25	0	* Community Services - Report User - Basic w/Bandwidth (Included in Per User Fee) (Add On to Renewal)	\$0.00	\$0.00	\$0.00
3	8	* Community Services - Report User - Premium w/Bandwidth (Included in Per User Fee)	\$0.00	\$0.00	\$0.00
2	5	* Community Services - Report User - Premium (Over Allotment) w/Bandwidth	\$95.00	\$190.00	\$475.00
36.17%	63.83%	Community Services - 211 LA County's Taxonomy of Human Services – Non-Profit (HMIS Site)	\$450.00	\$162.77	\$287.24
36.17%	63.83%	Community Services - SSL Certificate	\$420.00	\$151.91	\$268.09

---Cont'd on next page---

**ORDER FORM  
ATTACHMENT 2  
PRICING**

Cloud Services, Third Party Software, and Recurring Professional Services Annual Fees (Cont'd)					
DuPage (ILB15354) Qty	Sub-Cook (ILB15340) Qty	Description	Unit Price	DuPage - ILB15354 Annual	Sub-Cook - ILB15340 Annual
<b>HMIS Site - 211/I&amp;R Module &amp; Licenses</b>					
36.17%	63.83%	Community Services - HMIS 211/I&R Module & License PKG	\$5,250.00	\$1,898.93	\$3,351.08
1	0	Community Services - HMIS 211/I&R Expansion - 25 License PKG	\$2,500.00	\$2,500.00	\$0.00
2	0	* Community Services - Report User - Premium w/Bandwidth (Included in HMIS 211/I&R Module/License PKG)	\$0.00	\$0.00	\$0.00
98	0	* Community Services - Report User - Basic w/Bandwidth (Included in HMIS 211/I&R Module/License PKG)	\$0.00	\$0.00	\$0.00
1	0	Community Services - Module - Contact Center (Included in HMIS 211/I&R Module & License Above)	\$0.00	\$0.00	\$0.00
<b>Training Site and Misc.</b>					
36.17%	63.83%	Community Services - Training Site	\$3,150.00	\$1,139.36	\$2,010.65
2	0	Community Services - Provider API - Annual Fee (2 sites)	\$2,500.00	\$5,000.00	\$0.00
1	0	Professional Services - Provider API - Annual Fee	\$630.00	\$630.00	\$0.00
36.17%	63.83%	Professional Services - 7 Year Purge - Standard - 1x/yr - Annual Fee	\$1,320.00	\$477.44	\$842.56
<b>COMP Site</b>					
36.17%	63.83%	Community Services - Single Program Site - Tier I (Includes the following)	\$5,000.00	\$1,808.50	\$3,191.50
0	1	Community Services - Single Program Site - 25 License Pkg	\$2,500.00	\$0.00	\$2,500.00
0	1	Community Services - 211 LA County's Taxonomy of Human Services – Non-Profit (Included in Single Program Site)	\$0.00	\$0.00	\$0.00
0	1	Community Services - SSL Certificate (Included in Single Program Site)	\$0.00	\$0.00	\$0.00
0	2	* Community Services - Report User - Premium w/Bandwidth (Included in Single Program Site)	\$0.00	\$0.00	\$0.00
0	53	* Community Services - Report User - Basic w/Bandwidth (Included in Single Program Site)	\$0.00	\$0.00	\$0.00

\* Includes Third-Party Software – SAP Business Objects, which is governed by the EULA (<https://wellsky.com/sap-eula/>)

<b>Sub-Total Annual Fees - DuPage (ILB15354):</b>	<b>\$49,898.90</b>
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<b>Sub-Total Annual Fees - Sub-Cook (ILB15340):</b>	<b>\$92,566.10</b>
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<b>Total Annual Fees:</b>	<b>\$142,465.00</b>
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**ORDER FORM  
ATTACHMENT 2  
PRICING**

**TOTAL FEE SUMMARY**

**GP# ILB15354 – DuPage County**

One-Time Fee: \$3,050.00

Annual Fee: \$49,898.90

**TOTAL DUPAGE ONE-TIME AND ANNUAL FEES: \$52,948.90**

**GP# ILB15340 – Suburban Cook**

Annual Fee: \$92,566.10

**TOTAL SUB COOK ANNUAL FEES: \$92,566.10**

**TOTAL ONE-TIME AND ANNUAL CONTRACT FEES – 2024 RENEWAL  
\$145,515.00**

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Unlimited additional user licenses may be added to the system. A Basic Report License is included with each Community Services License but must be ordered separately. For additional licenses, the following fees apply:

**Add On License Fees – Standard Fees**

**One-time Fees: (New)**

Community Services - User License: \$122/license

**Annual Recurring Cloud Service Fees:**

\* Community Services - Per User Fee - Tier III - Annual: \$203/license/year

**Annual Recurring Third Party Software Fees:**

\* Community Services - Report User - Basic w/Bandwidth: Included in Per User Fee above

\* Community Services - Report User - Premium (Over Allotment) w/Bandwidth: \$95/license/year

– 2 Premium licenses included with 50 Community Services license.

**HMIS 211/I&R Module/License PKG Add On**

**Annual Recurring Cloud Service Fees:**

Community Services - HMIS 211/I&R Expansion - 25 License PKG: \$2,500/yr.

**Annual Recurring Third Party Software Fees:**

\* Community Services - Report User - Basic w/Bandwidth (25 included with above).

**Community Services - Single Program Site - Tier I**

Community Services - Single Program Site - 25 License Pkg: \$2,500/yr

**Annual Recurring Third Party Software Fees:**

\* Community Services - Report User - Basic w/Bandwidth (25 included with above)

**ORDER FORM  
ATTACHMENT 3  
ADDITIONAL TERMS**

This is notification of your system's annual renewal amount. If applicable, please provide a purchase order number or request for contract modification NLT 30 days prior to the end of the current renewal term. Request for Termination must be received NLT 90 days prior to the end of the current renewal term. Renewal is based on the current number of licenses or services purchased through 9/30/2024. Contracted amounts will be affected by any purchases of additional licenses or services.

Renewal reflects removal of the Resource Directory – Annual Fee – Initial Site - \$5,000/yr. and

Addition of the following:

Qty. 25 – Community Services – User Licenses - \$3,050/one-time fee

Qty. 25 – Community Services – Per User Fee – Tier III – Annual - \$5,075/yr.

Qty. 25 – Community Services – Report User – Basic w/Bandwidth – Included in per User Fee



**ORDER FORM  
ATTACHMENT 4  
PROFESSIONAL SERVICES**

**Services:** Continuation of:

Professional Services - Provider API - Annual Fee

Professional Services - 7 Year Purge - Standard - 1x/yr - Annual Fee



## **Memorandum of Understanding ("MOU")**

between and amongst the

Cook County Continuum of Care ("Cook CoC"), the DuPage County Continuum of Care ("DuPage CoC," and together with Cook CoC, the "CoC's"), DuPage County ("DuPage") and the Alliance to End Homelessness in Suburban Cook County ("ALLIANCE")

### **Section 1: Purpose**

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The Homeless Management Information System ("HMIS") is a database platform designed to capture uniform client information over time. The HMIS is essential to efforts to streamline client services and inform public policy. Through HMIS, clients benefit from improved coordination in and between participating agencies within their respective Continuum of Care ("CoC"), informed advocacy efforts, and policies that result in targeted services. Analysis of information and data gathered by HMIS is critical to accurately calculate the size, characteristics, and needs of homeless and at-risk populations, to serve clients appropriately and to conduct systems planning and advocacy.

Each CoC participating in this MOU has an established HMIS project within its own CoC. The CoC's through this MOU will join together to share a single HMIS (also referred to herein as the "shared HMIS," "system," "shared system," "database platform," or "shared implementation"). The sharing of one database platform will allow the CoC's to share software support costs and leverage each other's work—such as custom reporting or implementation of new programs—and to have the option of sharing costs with other CoC's to license and access add-on modules to HMIS. The shared HMIS will allow each CoC to operate and share client data within its own CoC.

ALLIANCE has been designated to manage the technical aspects of the project in this MOU.

The identifying name designated for this shared HMIS project will be "Northeast Illinois HMIS".

### **Section 2: Agreement**

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1. ALLIANCE will use commercially reasonable efforts to contract with Bowman Systems LLC ("Bowman Systems"), on behalf of the CoC's, for a single, shared implementation of the Bowman ServicePoint software application, which shall include the Business Objects Enterprise Premium XI / Web Intelligence XI software (such contract or contracts and related arrangements, the "Bowman Agreement"). Such software application, together with all updates, modifications or improvements made thereto and all documentation, materials, and other intellectual property related thereto, is also referred to herein as the "software" or "application software."

2. ALLIANCE will manage the ongoing relationship with Bowman Systems, as well as provide the central application administration tasks necessary for the deployment and ongoing operations of a shared system.
3. The CoC's agree, as a group, to coexist on a shared implementation of the application system, and to share responsibility for oversight of operations within the database platform.
4. Each CoC's responsibility for the expense of software licenses and annual software support for those licenses will be the actual cost incurred based on the number of software user licenses allocated to such CoC.
5. Each CoC's responsibility for the expense of any additional software support fees from Bowman Systems will be a percentage allocation to each CoC based on the number of software user licenses allocated to such CoC as of October 1, 2014 and each subsequent contract year start date.
6. Each CoC's responsibility for the expense of future equipment for the database platform will be a percentage allocation to each CoC based on the number of software user licenses allocated to such CoC at such time of purchase.
7. The CoC's agree to provide the continuum-specific application administration tasks necessary for ongoing operations of the system, and as allowed by the application software.
8. The CoC's retain responsibility for their own strategic HMIS planning. They are ultimately responsible for the deployment of the HMIS within their respective community.
9. Each CoC and its agencies hold in trust any and all data entered into the HMIS on behalf of the clients served with their CoC. Each CoC shall be responsible to ensure that appropriate policies and procedures are in place governing the access, use, security, and dissemination of data stored in the system. No party will use, disclose, or release any Confidential Information (as defined below) of any other party to a third party, except under direction of the CoC responsible for the data in its trust or as otherwise permitted under this MOU.
10. Initial allocation of software user licenses as of October 1, 2014 will be as follows: Cook CoC: 240; DuPage CoC: 160.
11. DuPage shall pay to ALLIANCE the ALLIANCE's and Cook CoC's start-up costs for the period of time beginning June 1, 2014 through September 30, 2014, as reasonably determined by ALLIANCE (the "Start-Up Costs"), which costs shall include: (i) technical work by Bowman Systems to prepare ALLIANCE'S and Cook CoC's HMIS for the shared implementation; (ii) ALLIANCE's HMIS staff salary; and (iii) any other expenses related to leading or coordinating the shared implementation and correctly allocated to DuPage CoC. Startup costs may not exceed \$25,000.
12. DuPage shall pay to ALLIANCE the ALLIANCE's and Cook CoC's ongoing costs for (i) the period of time beginning October 1, 2014 through September 30, 2015, and (ii) each annual period thereafter, in each case as reasonably determined by ALLIANCE (collectively, the "Ongoing Costs"), which ongoing costs shall include ALLIANCE's HMIS staff salary and any other expenses related to leading or coordinating the shared implementation and correctly allocated to DuPage CoC. Ongoing Costs for each individual period specified in (i) and (ii) above may not exceed

\$35,000. For the avoidance of doubt, such limit is not an aggregate limit for all of the Ongoing Costs.

13. ALLIANCE may invoice DuPage for Start-Up Costs and Ongoing Costs any time following the Effective Date. DuPage shall pay to ALLIANCE all Start-Up Costs and Ongoing Costs in accordance with the Local Government Prompt Payment Act (50 ILCS 505/1, et. seq.). Invoices will be accompanied by documentation reasonably acceptable to DuPage to demonstrate that the costs are eligible, attributable to work done under this MOU and correctly allocated to DuPage, in each case in accordance with this MOU.
14. Each party agrees and acknowledges that Bowman Systems will directly bill DuPage for DuPage's and the DuPage CoC's respective shares of any expenses or costs with respect to the software (including those expenses or costs related to software licenses, annual software support for those licenses, and any additional software support, as set forth in Sections 2(4) - 2(5)) or DuPage's or DuPage CoC's access to or use thereof. DuPage shall pay to Bowman Systems all such expenses and costs in accordance with the Bowman Agreement. Neither Cook CoC nor the ALLIANCE shall be responsible for any such costs or expenses and DuPage shall reimburse Cook CoC and ALLIANCE for any payment by either of them to Bowman Systems with respect to any such costs or expenses. DuPage agrees to execute agreements with Bowman Systems reasonably requested by AEH to ensure that DuPage has the ability to pay Bowman Systems directly in accordance with this Section 2(14).
15. Notwithstanding anything to the contrary contained herein, nothing in this MOU shall require ALLIANCE or Cook CoC to breach or default on any provision of the Bowman Agreement.
16. DuPage and DuPage CoC shall maintain current lists of their respective end users, system administrators and agency personnel by name, employer or agency, work address, work telephone number, email, and username, and shall provide the same to ALLIANCE upon ALLIANCE's reasonable request.

### Section 3: Roles and Responsibilities

---

1. Certain Roles and responsibilities of each of the parties in this MOU are attached as Appendix A.

DuPage and DuPage CoC shall at all times comply with: (i) the terms and conditions of the Bowman Agreement (including any End User License Agreements ("EULA") and riders related thereto), *mutatis mutandis*; (ii) all applicable laws, rules and regulations in connection with the use or provision of the software database platform and otherwise in connection with this MOU; and (iii) all ALLIANCE policies and procedures, in each case as amended from time to time. DuPage acknowledges and agrees that it is responsible for all acts and omissions of the DuPage CoC. DuPage shall be solely responsible for its, DuPage CoC's, and their respective end-users' use of and access to the software and database platform and all content of any of DuPage's, DuPage CoC's, ALLIANCE's, or Cook CoC's intranet or world wide web based site or portal related to the software ("Web Sites").

2. Each of the parties agrees that from time to time, at the request of any other party and without further consideration, it shall execute and deliver such other documents and take such other actions as such other party may reasonably request to effectuate the transactions contemplated by this MOU, including reasonable cooperation and assistance in connection with this MOU.

3. Each party, as a receiving party, shall limit access to the Confidential Information of the other parties to only those of its affiliates, employees, agents, consultants and contractors with a "need-to-know" in order, as applicable (i) to perform any of its, his or her duties under this MOU, (ii) to exercise its, his or her rights under this MOU or (iii) to use or access the software and database platform. Each party shall ensure that all of its affiliates, employees, agents, consultants and contractors who may be exposed to the Confidential Information of another party shall comply with this Section 3(3). No party shall use a disclosing party's Confidential Information for its own benefit or the benefit of any entity or person besides such disclosing party without that party's prior consent, except to eliminate duplicate HMIS entries. The confidentiality and non-use obligations in this Section 3 shall survive the expiration or termination of this MOU for any reason. The term "**Confidential Information**" shall mean, with respect to a party: (i) any and all data entered into the HMIS on behalf of the clients served by such party; (ii) the terms of this MOU; and (iii) information or data that is furnished by such party to another party (whether before, on or after the Effective Date) or that a reasonable person would know or reasonably ought to know to be proprietary or confidential. The terms of the Bowman Agreement shall be deemed to be the Confidential Information of the ALLIANCE.

#### **Section 4: Management and Oversight**

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As collaborators in the shared HMIS, the CoC Coordinators agree to participate or assign an HMIS lead to participate in a regional HMIS governing forum, facilitated by the ALLIANCE, which will meet on a periodic basis to review program status and provide guidance around strategic issues that may arise with the system.

On behalf of the CoC's in this MOU, the ALLIANCE will manage upgrades to the software and will determine how, if any, additional interested CoC's within the northeast Illinois region would be accommodated in the system in the future.

#### **Section 5: Assumptions and Amendments**

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All parties commit to this MOU with the understanding that these CoC's wish to partake in a shared regional HMIS. This MOU constitutes the entire understanding of the parties hereto as of the Effective Date with respect to the subject matter hereof. Amendments must be made in a written instrument executed by all parties to this MOU. Notwithstanding the foregoing, each party acknowledges and agrees that ALLIANCE may, in its sole discretion, agree to share the implementation of the software with other CoC's.

#### **Section 6: Term and Termination**

---

The term of this MOU will commence on the Effective Date and will continue until terminated in accordance with this Section 6.

In the event that one or more CoC's wish to terminate this MOU, such CoC shall provide 90 days prior written notice to the other parties. Within the first 30 days after the date of such notice, said CoC must negotiate with the remaining partner CoC's and ALLIANCE on the implications of termination.

This MOU will automatically and immediately terminate, with no liability to ALLIANCE or Cook CoC, in

Revised September 19, 2014

the event that: (i) ALLIANCE is not able to negotiate or consummate the Bowman Agreement, as set forth in Section 2(1), within 120 days after the Effective Date; or (ii) the Bowman Agreement expires or is terminated.

Each of Cook CoC and ALLIANCE, on the one hand, and DuPage CoC and DuPage, on the other hand, may terminate this MOU in the event of a material breach of this MOU by the other party that is not cured within thirty (30) days of such other party's receipt of notice of such breach. ALLIANCE may terminate this MOU immediately upon notice to DuPage in the event of a breach of Section 3.

Each of the parties acknowledges and agrees that in the event of a termination of this MOU, no refund of any Start-Up Costs or Ongoing Costs that have already been invoiced and paid will be provided by ALLIANCE. Each of the parties fully understands that it is liable for its respective portion of the Start-Up Costs or Ongoing Costs, regardless of any such termination. Additionally, in the event of a termination of this MOU, DuPage and DuPage CoC shall: (i) immediately discontinue all use of the software and database platform; and (ii) promptly provide to ALLIANCE a list of all of their respective end users of the software and database platform.

In the event a CoC terminates this MOU and wishes to export a copy of its data to another platform, said CoC is responsible for all costs associated with the data export.

## **Section 7: Reserved**

## **Section 8: Warranty Disclaimer and Limitation of Liability**

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ALLIANCE AND COOK COC EACH DISCLAIM ALL WARRANTIES, WHETHER EXPRESS, STATUTORY OR IMPLIED, INCLUDING IMPLIED WARRANTIES OF MERCHANTABILITY, INFRINGEMENT, AND FITNESS FOR A PARTICULAR PURPOSE. NEITHER ALLIANCE NOR COOK COC SHALL BE RESPONSIBLE FOR: (I) THE PERFORMANCE (OR DELAY IN PERFORMANCE OR NON-PERFORMANCE) OF THE SOFTWARE OR DATABASE PLATFORM; (II) THE QUALITY, ACCURACY OR COMPLETENESS OF ANY DATA CONTAINED THEREIN; OR (III) PROGRAMMING ERRORS.

IN NO EVENT SHALL ALLIANCE OR COOK COC BE LIABLE FOR INCIDENTAL, INDIRECT, PUNITIVE, EXEMPLARY, CONSEQUENTIAL, OR SPECIAL DAMAGES (INCLUDING ANY LOSS OF USE, LOSS OF DATA, LOSS OF GOODWILL, LOST SAVINGS, DELAYS, NON-DELIVERIES, MIS-DELIVERIES, SERVICE INTERRUPTIONS, OR OTHER INTERRUPTIONS) CONNECTED WITH, OR ARISING OR RESULTING FROM, THIS MOU (INCLUDING ANY PERFORMANCE OR LACK OF PERFORMANCE HEREUNDER), EVEN IF SUCH DAMAGES WERE FORESEEABLE OR ALLIANCE OR COOK COC WERE ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, AND REGARDLESS OF WHETHER A CLAIM IS BASED ON CONTRACT, WARRANTY, TORT (INCLUDING NEGLIGENCE OR STRICT LIABILITY), OR ANY OTHER LEGAL OR EQUITABLE PRINCIPLE. NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS MOU, IN NO EVENT SHALL ALLIANCE'S OR COOK COC'S AGGREGATE LIABILITY UNDER THIS MOU EXCEED THE LESSER OF \$10,000 OR THE TOTAL AMOUNT PAID BY DUPAGE TO ALLIANCE PURSUANT TO THIS MOU DURING THE ONE (1) YEAR PERIOD IMMEDIATELY PRECEDING THE DATE THE APPLICABLE CLAIM AROSE.

## **Section 9: MISCELLANEOUS**

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Neither DuPage CoC nor DuPage may assign or delegate this MOU or any of its rights or obligations hereunder without the prior written consent of ALLIANCE, which consent may be withheld in its sole and unfettered discretion. ALLIANCE and Cook CoC may each freely assign or delegate this MOU, or any of their respective rights or obligations hereunder.

If any provision of this MOU is determined to be invalid or unenforceable, the remaining provisions of this MOU shall not be affected thereby and shall be binding upon all parties and shall be enforceable, and such provision shall be reformed to the extent necessary to render such provision valid and enforceable and to reflect the intent of the parties to the maximum extent possible under applicable laws.

The failure by any party to insist upon strict performance of any of the provisions contained in this MOU shall not constitute a waiver of its rights, at law, in equity, or otherwise, or a waiver of any other provisions or subsequent default by any other party in the performance of or compliance with any of the terms and conditions set forth in this MOU. No waiver of any of the provisions of this MOU shall be effective unless it is expressly stated to be a waiver and communicated to the other parties in writing by the waiving party.

Each party shall perform under this MOU as an independent contractor. Nothing in this MOU shall be construed to create: (i) a partnership, joint venture or other joint business arrangement between or among any of the parties; (ii) any fiduciary duty owed by one party to another party; or (iii) a relationship of employer and employee between or among any of the parties. The parties are not joint employers, a single employer, associated employers or related employers for any purpose under this MOU. No party shall have the authority to commit any other party contractually or otherwise to any obligations to third parties.

The internal laws of the State of Illinois (excluding its conflicts of law principles) shall govern this MOU.

The words "include," "includes" and "including" shall be deemed to be followed by the phrase "without limitation." The word "will" shall be construed to have the same meaning and effect as the word "shall," and vice versa.

## Section 10: Signatures

The undersigned CoC's and HMIS Lead agency representatives, on behalf of their respective CoC, agree to form and participate in a shared regional HMIS, managed by the ALLIANCE on behalf of each of the individual CoC's.

This MOU will have an effective date of June 1, 2014 (the "Effective Date").

Signature on File

Signature on File

9.24.14

Date

Name

**Cook County CoC – Alliance Board of Directors**

Signature on File

Signature

11/3/14

Date

Name

**DuPage County Community Services (HMIS Lead for DuPage County CoC)**

Signature on File

Signature

11/3/14

Date

Name

**DuPage County CoC Leadership Committee**

Signature on File

Signature

9/23/14

Date

**Jennifer Hill**

**Executive Director**

**Alliance to End Homelessness in Suburban Cook County (HMIS Lead for Cook County CoC and Northeast Illinois HMIS Technical Lead Agency)**



## Appendix A: Roles and Responsibilities

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The implementation of a shared, regional HMIS requires the active coordination of regional and Continuum level resources. The following outlines the roles and responsibilities of each of these main levels of administration, which are needed for the successful management of a regional system.

In describing roles and responsibilities, this document does not attempt to spell out a specific headcount requirement on required staffing needed to perform a role. This amount would vary based on the size, complexity, and requirements of the organizations involved. Instead this document focuses on the responsibility of a "team" which, depending on the situation, could be comprised of one or more individuals.

### REGIONAL Level

#### **Regional HMIS Governing Forum:**

**Facilitate collaborative and consensus driven decision making on implementation-wide governance areas**

Membership comprised of representatives from:

- *Northeast Illinois HMIS Technical Lead Agency (ALLIANCE)*
- Each partner CoC (ALLIANCE Board & DuPage CoC Leadership)
- HMIS Lead Organization staff members (ALLIANCE & DuPage)

#### Responsibilities:

1. Regional HMIS Planning and Strategic Activities
  - Proactively plan for future system growth and expansion
  - Plan for utilization of HMIS data in the public sphere
  - Incorporate new members of the Northeast Illinois HMIS
2. Governance Structure
  - Review, update, modify and approve governance documents
  - Enforce regional agreements
  - Maintain organization chart of Governance Structure and general responsibilities
3. Oversight plan--which outlines the minimum standard policies and procedures for Technical Lead Agency, CoC's, HMIS Lead Organizations, Participating Agencies and End Users
  - Minimum standards of security, data quality and privacy
  - HUD regulatory requirements
  - Federal/local legal requirements
4. Regional forum to inform CoC's and HMIS Lead Organizations on the changes to the HMIS
5. Regional Decisions
  - Vendor Changes
  - Standard application configuration and usage

## **Northeast Illinois HMIS Technical Lead Agency: The Alliance to End Homelessness in Suburban Cook County (ALLIANCE)**

### **Manage the technical aspects of the Northeast Illinois HMIS**

The Northeast Illinois HMIS Technical Lead Agency team is responsible for the overall coordination, implementation and execution of the HMIS on behalf of the partner CoC's.

#### Responsibilities-ALLIANCE shall:

1. Negotiate and sign contract with Bowman Systems on behalf of partner CoC's for a single shared implementation
2. Manage ongoing relationship with Bowman Systems
  - o IT/Software case tracking and reporting of errors
  - o Updates to system
3. Coordinate funding from the multiple CoC's and manage budget and cash flow in order to ensure the necessary financial resources to cover regional expenses
4. Provide technical assistance to HMIS Lead Organizations; facilitate problem resolution and when necessary, forward issues to Bowman Systems
5. Manage central application administration
  - o Overall user license management and allocation
  - o System Administrator I and II user licenses (Given only to users as appropriate for system administration and reporting purposes)
  - o Overall system provider tree structure and provider naming conventions
  - o Maintenance of HUD-dictated picklists
  - o Maintenance of HUD-dictated client assessments
  - o Creation and posting of system-wide news bulletins
  - o Maintenance of other HUD-dictated workflow and system-wide preferences
6. Monitor system usage over time in order to ensure that appropriate capacity planning is in place to proactively plan for future system growth and expansion
7. Ensure system compliance with "Oversight Plan"
8. Ensure technical compliance with federal and local laws and regulations
9. Work with HMIS Lead Organizations to plan and implement the system
10. Work with HMIS Lead Organizations to identify system administration 'specialists' in the following areas including but not limited to: privacy, security, training, ART reporting, program evaluation
11. Develop system-wide reporting; best practices training

## CONTINUUM Level

### **Continua of Care: ALLIANCE Board & DuPage CoC Leadership Committee Oversees HMIS Lead and is primarily responsible for all local HMIS activity**

#### Responsibilities- Each CoC shall:

1. Ensure active representation on Regional Governing Forum
2. Designate and direct HMIS Lead Organization
3. Ensure that appropriate policies and procedures are in place to meet Regional Governing Forum "Oversight Plan" as well as local and federal laws and regulations
4. Facilitate continuum-wide HMIS strategic planning
  - o Serve as applicant to HUD for grants to be used for HMIS activities
  - o Ensure adequate funding for HMIS Lead Organization, software, hosting and equipment costs. This could include payment to the HMIS Technical Lead Agency for costs associated with their responsibilities on behalf of each CoC, provided such costs are eligible under and documented in accordance with Federal cost principles as established by the Federal Office of Management and Budget.
  - o Report outputs
  - o Review performance benchmarks

### **HMIS Lead Organizations: ALLIANCE & DuPage**

#### **Guide the local operation of the HMIS implementation within a Continuum of Care**

#### Responsibilities-Each HMIS Lead Organization shall:

1. Implement the system within its CoC following all policies and procedures set forth by the CoC and the Regional Governing Forum
2. Execute HMIS participation agreement with each HMIS participating agency
3. Provide technical assistance within its Continuum
  - o Ensure all HMIS users are properly trained including initial training and ongoing outreach and support
  - o Facilitate problem resolution when agencies experience difficulties with the software or system
  - o Resolve issues locally, whenever possible, and escalate problems to ALLIANCE when necessary
  - o Act as a single point of contact between provider agencies within its CoC and ALLIANCE
4. Complete data extraction for all local HUD reports (AHAR, PIT, HIC, APR, CAPER, NOFA, etc.)
5. Pay for actual costs incurred for software, hosting, custom programming and equipment based on the percentage of user licenses plus the actual number of ART licenses
6. Share expertise in developing 'specialists' in reporting and security with other HMIS Lead Organizations within collaborative
7. Perform Continuum-specific application administration tasks
  - o Perform initial agency setup and configuration
  - o Manage user accounts, logins and passwords for local agency administrators.
  - o Audit usage across its CoC and ensure that standard policies and procedures are followed



## 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: 11/7/2024

Bid/Contract/PO #:

Company Name: WellSky Corporation	Company Contact: Marsha Blankenship
Contact Phone: 318-524-7611	Contact Email: marsha.blankenship@wellsky.com

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

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

- 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 **Signature on File**

Printed Name Stephen Greenberg

Title SVP Human & Social Services

Date 10/23/2024 | 3:54 PM CDT

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



## Finance Resolution

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

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**File #:** FI-R-0216-24

**Agenda Date:** 11/19/2024

**Agenda #:** 10.C.

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### REVISION TO PERSONNEL BUDGET COMMUNITY SERVICES DEPARTMENT

WHEREAS, the DuPage County Board has approved personnel budgets for all County departments;  
and

WHEREAS, there are times when it is necessary to revise those budgets to insure efficient and effective County operations.

NOW, THEREFORE, BE IT RESOLVED that the Personnel Budget for the Community Services Department be revised to reflect the addition of:

#### Full-Time

5000-1450-HMARPADMIN  
(1) Housing & Community Development Planner  
Process Level CB002  
Grade 311  
Salary Range \$51,706.37 - \$86,178.04

BE IT FURTHER RESOLVED that the County Clerk be directed to transmit copies of this resolution to the County Board and the Human Resources Department.

Enacted and approved this 26<sup>th</sup> day of November, 2024 at Wheaton, Illinois.

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DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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



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**File #:** FI-R-0220-24

**Agenda Date:** 11/19/2024

**Agenda #:** 10.D.

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ACCEPTANCE AND APPROPRIATION OF THE  
IACAA EMPLOYMENT BARRIER REDUCTION PILOT PROGRAM PY25  
AGREEMENT NO. FCSDG05509  
COMPANY 5000 - ACCOUNTING UNIT 1675  
\$46,000

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage has been notified by the Illinois Association of Community Action Agencies (IACAA) that grant funds in the amount of \$46,000 (FORTY-SIX THOUSAND AND NO/DOLLARS) are available to be used to fund services that are designed to reduce barriers to gaining employment and assisting customers in securing and maintaining employment; and

WHEREAS, to receive said grant funds, the County of DuPage must enter into Agreement No. FCSDG05509 with the IACAA, a copy of which is attached to and incorporated as part of this resolution by reference (ATTACHMENT II); 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 County of DuPage finds that the need to appropriate said additional 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 Agreement No. FCSDG05509 (ATTACHMENT II) between DuPage County and the IACAA 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 \$46,000 (FORTY-SIX THOUSAND AND NO/DOLLARS) be made to establish the IACAA Employment Barrier Reduction Pilot Program PY25, Company 5000 - Accounting Unit 1675, for the period December 1, 2024, through June 30, 2025; 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 related head count; and

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

Enacted and approved this 26<sup>th</sup> day of November, 2024 at Wheaton, Illinois.

\_\_\_\_\_  
DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH THE  
IACAA EMPLOYMENT BARRIER REDUCTION PILOT PROGRAM - PY25  
AGREEMENT NO. FCSDG05509  
COMPANY 5000 – ACCOUNTING UNIT 1675  
\$46,000

REVENUE

41000-0002 - Federal Operating Grant - HHS \$ 46,000

TOTAL ANTICIPATED REVENUE \$ 46,000

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries \$ 4,400  
51010-0000 - Employer Share I.M.R.F. 392  
51030-0000 - Employer Share Social Security 337  
51040-0000 - Employee Med & Hosp Insurance 871

TOTAL PERSONNEL \$ 6,000

CONTRACTUAL

53824-0000 - Housing Assistance \$ 40,000

TOTAL CONTRACTUAL \$ 40,000

TOTAL ADDITIONAL APPROPRIATION \$ 46,000





### **PY2025 Employment Barrier Reduction Pilot Agreement**

This Agreement is entered into by and between the Illinois Association of Community Action Agencies, a not-for-profit corporation of Illinois, (IACAA) and DuPage County Community Services, a department of an Illinois unit of government, hereinafter known as “Subrecipient.” IACAA and Subrecipient hereby agree as follows:

IACAA and Subrecipient hereby enter into this agreement for the purpose of performing the 2025 DHS Employment Barrier Reduction Pilot Program, hereinafter known as the “Program.” The Program provides funding for supportive services expenses, including but not limited to expenses for homelessness prevention, utilities, transportation/gas, uniforms, tools/equipment, and similarly purposed expenses as designated by IACAA, to SNAP, TANF, and Medicaid recipients and applicants for DHS services who are either identified by the Subrecipient or referred by the local Family and Community Resource Center (FCRC). These services are designed to reduce barriers to gaining employment and to assist customers in securing and maintaining employment. In addition, the Program provides access to resources that allow families to eliminate the need for TANF cash assistance or SNAP assistance and the opportunity to improve their overall financial well-being through employment. IACAA has been selected to be the Administrative Organization for the State of Illinois utilizing the Illinois Community Action Agency network to administer the Program, which is a pilot program.

Amount of Subaward	\$46,000.00
Direct Client Funds	\$40,000.00
Admin/Operating Funds	15.0% of Direct Client Services paid not to exceed \$6,000.00
Source of Funding	Federal Funds; CFDA: 93.558 TANF
Grant Agreement	FCSDG05509
Term of Agreement	Signature date through June 30, 2025

**Term:**

The term of this Agreement shall commence on the date the agreement is signed by both parties and shall terminate on June 30, 2025.

**Purpose:**

The Program focuses on individuals and families receiving SNAP, TANF, or Medicaid benefits who experience a barrier or multiple barriers to gaining or retaining employment or who are at risk of housing instability or another emergency situation that would create a further barrier to gaining or retaining employment. This fund would be available to anyone on SNAP, TANF, or Medicaid who would benefit from barrier reduction support.

These funds are intended to provide benefits to clients that complement other benefits received from other sources or for which the client is unable to obtain from other sources.

**Obligations of IACAA:**

IACAA agrees to the following:

1. IACAA will implement a plan which includes the following components:
  - a. Identification of Subrecipients and methodology of fund allocation,
  - b. Accept and process applications for supportive services by SNAP, TANF, and Medicaid participants through Subrecipients,
  - c. Approve applications for services described and supported by application and verify client eligibility,
  - d. Distribute funds to Subrecipients on a bi-monthly basis based on payment documentation received for the two-week prior in accordance with #5 below,
  - e. Receive payment documentation and supporting documentation from Subrecipients for disbursing of funds,
  - f. Invoice IDHS on a monthly basis with documentation to support disbursements and a reconciliation of funds spent toward funds received of the total grant award,
  - g. Provide documentation, analysis and reporting to DHS in the form of monthly reports on the number and types of applications, approvals, distributions, the geography of where funds were distributed, and through which subrecipient,
  - h. Maintain a master list of all program direct client services provided by Subrecipients.
2. This plan will be a collaborative effort utilizing the plans and input of the subrecipients.
3. IACAA will collect monthly program data based on the requirements of the DHS Workforce office.
4. IACAA will distribute administrative/program funds on a monthly basis based on 15.0% of the payment documentation verified in the month prior in accordance with #5 below.

5. IACAA will receive funds and disburse funds, in accordance with and in amounts not to exceed the requirements or guidelines of the Program, to each participating subrecipient as funds are received from DHS.
6. IACAA will collect monthly expenditure reports to reimburse subrecipients of costs incurred for the program.
7. IACAA will ensure that subrecipients follow GATA rules for reporting.
8. IACAA will conduct virtual meetings with subrecipients on an as-needed basis as deemed effective or desirable by IACAA, in order to provide updates from the workforce office and for subrecipients to share best practices.
9. IACAA will make reasonable efforts to ensure that the subrecipients have the training and technical assistance they need to be effective.
10. IACAA will work with subrecipients to establish approvals of the purchase of gift cards, if applicable.
11. IACAA will provide client benefit tracking and data collection software for subrecipients to enter the required client data and upload payment documentation and other backup documentation.
12. IACAA will perform regular program monitoring to assure program goals are on track with all subrecipients and reconcile agency reports to Master List in collaboration with Subrecipient,
13. IACAA will monitor the Subrecipients through participation in desk audits.

### **Obligations of Subrecipient:**

Subrecipient agrees as follows:

1. Ensure that staff involved in the Program fully understand requirements of the program as outlined in the Program Manual and the grant agreement.
2. Ensure all staff involved in the Program have successfully passed a background check and understand the importance of client confidentiality.
3. Provide a budget, work plan and internal controls for the Program, aligned with the funding award, as Appendix A & B (Page 7 and 8) at the end of this document.
4. Develop community outreach plan to promote the program which includes a detailed description of the program, hours of operation, and eligibility requirements within 1 month of services. All publications/materials must be approved by DHS.
5. Develop a linkage agreement or MOU with other community services agencies, IDHS FCRSs, and other outreach entities available for inspection by IDHS.
6. Develop a referral process that assists program participants with enrollment into other public benefit programs such as TANF, Supplemental Nutrition Assistance Program (SNAP), medical and disability assistance, as well as other resources that address the needs of the population targeted for service.
7. Identify eligible recipients of funding based on the following criteria:

- a. Currently receiving SNAP, TANF or Medicaid benefits or part of an active SNAP household,
  - b. Eligible to receive SNAP, TANF, or Medicaid benefits and application is pending, or
8. Process payments to service providers for expenses related to services indicated within the Employment Barrier Reduction Program Manual and within the maximum allotments assigned therein not to exceed the approved amount of the approved application.
9. Have safeguards in place to ensure that duplicative services are not provided to the same person through different funding sources and that the household has not received more than the allowed \$2,000 benefit amount per program year through utilization of the State of Illinois STARS tracking system.
10. Enter Direct Client Services in the State of Illinois STARS tracking system and provide reports to IACAA on a monthly basis no later than the 5<sup>th</sup> of the month following.
11. Have safeguards in place to ensure that duplicative household expenses are not paid to different individuals of the same household unless prior approval is obtained.
12. Split household expenses in a pro rata amount between all SNAP, TANF, and Medicaid eligible adults residing within the household or automobile expenses between SNAP, TANF and Medicaid eligible adults who share the automobile.
13. Have safeguards in place to ensure the protection of client personal identifying information (PII).
14. Gift cards may be purchased for Fuel Cards where a check to vendor is not applicable. In those cases:
  - a. Include the request for gift card use within the application.
  - b. After approval, utilize funds to purchase gift card.
  - c. Follow Internal Controls in regards to Gift card storage and client issue.
15. Provide the following required documentation in support of client expenditures: within 2 days of the payment made to client/vendor
  - a. Provide supporting documentation making the case for that expense is directly related to employment or homelessness;
  - b. Itemized receipts, invoices or other forms of expense documentation for all expenses and copy of check or credit card payment;
  - c. Complete "Gift Card Pick-up/ Payment Documentation Form" in its entirety, gift card details, check numbers and payment delivery information.
  - d. Signatures are required for processing.
16. Maintain a record of payments authorized for customer expenses for audit purposes. The record will include, at minimum, an application Form, the applicant(s) name, type of employment expense(s) issued by Subrecipient, stated need and proof of need, the amount(s) of payment issued, entity payment was issued to (including address for which payment is intended if for household expense), and the date issued.

17. Provide requested information needed for fiscal and programmatic monitoring on a monthly basis to IACAA no later than the 10<sup>th</sup> day of the following month.
18. Otherwise cooperate with IACAA's actions and guidance to effectively perform the obligations of the Program.
19. Provide all service request applications by June 15<sup>st</sup>, 2025 to ensure enough time for payment documentation to be submitted by June 30, 2025 end of Program year.

### **Reallocation of Funds:**

If Subrecipient is unable or unwilling to meet the requirements of this Agreement, IACAA reserves the right to terminate or amend the Agreement immediately and reallocate funds to another subrecipient. Should the DHS Workforce Office revise the funding and requirements of the program to IACAA, this Agreement with Subrecipient will be modified to reflect the proportional changes based on ratio of direct client funding spent or encumbered at the time.

### **Amendment to Agreement:**

In the event that Subrecipient identifies an increased or decreased need within the program, the amount of award under this Agreement may be amended by a signature of both parties to increase (subject to available funding) or decrease the award amount to reflect the local need. In order to increase the contract amount, Subrecipient must have spent or encumbered 85% of their current contract amount. Any change in direct client amount will increase or decrease the amount of the administrative/operational funds proportionately.

### **Termination:**

Either party may terminate this Agreement without cause upon thirty (30) days prior written notice. IACAA may also terminate this Agreement for cause immediately, if Subrecipient fails to correct failures described by IACAA in a Written Notice to Correct within 10 calendar days of giving Subrecipient such notice (mail, fax or electronic delivery shall constitute written notice). Upon such termination, IACAA will pay Subrecipient a pro-rata amount of the award amount set forth above to compensate Subrecipient for time and approved expenses incurred prior to termination. In the event of early termination, IACAA will have all rights to any materials developed for the Program through the date of termination and Subrecipient shall provide to IACAA all materials as requested by IACAA. In the event that IACAA exercises any form of termination, Subrecipient shall have no further remedy of any type whatsoever against IACAA except pro-rata payment of approved expenses as described in this provision.

### **Debarment and Suspension (Executive Orders 12549 and 12689):**

—A contract award (see 2 CFR 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

**Governing Law and Jurisdiction:**

This Agreement is subject to the laws of the State of Illinois, and the parties hereto agree that only the courts of Sangamon County, Illinois shall have jurisdiction to hear and address any disputes that arise heretofore.

**Additional Agreements:**

In addition to the items above, attached to this agreement is the Grant Agreement No. FCSDG05509 PY2025, the Employment Barrier Reduction Program Manual and the Billing Instructions the contents of which are a part of this agreement.

**Liability:**

No party shall have liability to the other for actions or efforts made in good faith and consistent with this Agreement. If a party to this Agreement acts in contradiction to this Agreement, the contradicting party shall be liable to the non-contradicting party for all the non-contradicting party's court cost and reasonable attorney fees incurred enforcing or defending this Agreement. This agreement shall be in full force and effect beginning with the date of signatures of both parties through June 30, 2025.

**Illinois Association of Community Action Agencies**

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

Roger Pavey

Its: President and CEO

Date: [Click or tap to enter a date.](#)

**Subrecipient: DuPage County Community Services**

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

Mary Keating

Its: Executive Director

Date: [Click or tap to enter a date.](#)

APPENDIX A (*attach Work Plan  
from STARS and Budget Plan*)

APPENDIX B

*(Attach Internal Controls)*





## Finance Resolution

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

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**File #:** FI-R-0223-24

**Agenda Date:** 11/19/2024

**Agenda #:** 10.F.

---

ACCEPTANCE OF AN EXTENSION OF TIME FOR THE  
COMMUNITY PROJECT FUNDING  
ENVIRONMENTAL REVIEW RECORDS PROGRAM PY24  
COMPANY 5000 - ACCOUNTING UNIT 1560

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage previously entered into Memorandums of Understanding (MOUs) to act as the Responsible Entity and pursuant to 24 CFR Part 58, complete the Environmental Review for Community Project Funding (CPF) grant, with the Village of Addison, City of Wheaton, and Wood Dale Park District, to be reimbursed for the wages and associated fringe benefits required to complete an Environmental Review Record (ERR) for each entity, under Resolutions #HS-R-0066-23, #HS-R-0067-23, and #HS-R-0068-23; and

WHEREAS, the County appropriated anticipated funding to establish the Community Project Funding - Environmental Review Record Program PY24, Company 5000 - Accounting Unit 1560, pursuant to Resolution FI-R-0027-24 for the period of November 14, 2023, through November 30, 2024; and

WHEREAS, the County of DuPage has identified that additional time is needed to complete the requested ERRs for said entities and shall extend the period of performance to November 30, 2025.

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the expiration date of Community Project Funding - Environmental Review Record Program PY24, Company 5000 - Accounting Unit 1560, be extended until November 30, 2025.

Enacted and approved this 26<sup>th</sup> day of November, 2024 at Wheaton, Illinois.

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DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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



## Finance Resolution

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

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**File #:** FI-R-0224-24

**Agenda Date:** 11/19/2024

**Agenda #:** 10.G.

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ACCEPTANCE AND APPROPRIATION OF THE  
COMMUNITY PROJECT FUNDING  
ENVIRONMENTAL REVIEW RECORDS PROGRAM PY25  
COMPANY 5000 - ACCOUNTING UNIT 1560  
\$19,000

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage has been requested by the United States Department of Housing and Urban Development (HUD) to act as the Responsible Entity and pursuant to 24 CFR Part 58, complete the Environmental Review for Community Project Funding (CPF) grants awarded to local governments and/or non-profits for PY25; and

WHEREAS, prior to providing Environmental Review services, the County of DuPage will enter into Memorandums of Understanding (MOUs) with entities awarded CPF funding, to be reimbursed for the wages and associated fringe benefits required to complete an Environmental Review Record (ERR) for said entities; and

WHEREAS, the period of performance is December 1, 2024, through November 30, 2025; 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 DuPage County Board finds that the need to appropriate funding to cover expenses relating to payroll and fringe benefits prior to reimbursement, 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 \$19,000 (NINETEEN THOUSAND AND NO/100 DOLLARS) be made to establish the Community Project Funding - Environmental Review Record Program PY25, Company 5000 - Accounting Unit 1560, for the period December 1, 2024, through November 30, 2025; 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 program, the Human Services Committee shall review the need for continuing the specified program and related head count; and

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

Enacted and approved this 26<sup>th</sup> day of November, 2024 at Wheaton, Illinois.

\_\_\_\_\_  
DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH  
COMMUNITY PROJECT FUNDING  
ENVIRONMENTAL REVIEW RECORDS PROGRAM PY25  
COMPANY 5000 – ACCOUNTING UNIT 1560  
\$19,000

REVENUE

41710-0000 - Other Governmental Services Reimb      \$ 19,000

TOTAL ANTICIPATED REVENUE      \$ 19,000

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries      \$ 10,500  
50010-0000 - Overtime      4,000  
51010-0000 - Employer Share I.M.R.F.      1,400  
51030-0000 - Employer Share Social Security      1,300  
51040-0000 - Employee Med & Hosp Insurance      1,800

TOTAL PERSONNEL      \$ 19,000

TOTAL ADDITIONAL APPROPRIATION      \$ 19,000



## Care Center Change Order with Resolution

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

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**File #:** HS-CO-0004-24

**Agenda Date:** 11/19/2024

**Agenda #:** 16.B.

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FIRST AMENDMENT TO RESOLUTION HHS-P-0306-22  
ISSUED TO WIGHT CONSTRUCTION SERVICES, INC.  
FOR PROFESSIONAL CONSTRUCTION MANAGER SERVICES  
AT THE KENNETH MOY DUPAGE CARE CENTER  
(DECREASE CONTRACT \$530,327)

WHEREAS, the County of DuPage ("COUNTY") and Wight Construction Services, Inc. ("CONSULTANT") entered into an Agreement to provide professional construction management services for improvements at the Kenneth Moy Care Center located on the DuPage County Campus under Resolution HHS-P-0306-22 ("AGREEMENT"), adopted and approved by the County Board on November 8, 2022; and

WHEREAS, Section 6.3 of the AGREEMENT provides that the AGREEMENT may be amended by written agreement approved by both parties; and

WHEREAS, the COUNTY has identified contractual scope changes which include additional work that would be beneficial to undertake at this time, along with eliminating the East Building improvements; and

WHEREAS, the COUNTY has identified the following construction projects within the spaces listed below which can be completed most efficiently under this contract by adding these projects to the scope of work: (i) Occupational Therapy; (ii) Resident Dining Room (RDR); (iii) Recreation; (iv) Rehab and Hydro Therapy; (v) Conference Rooms A, B, and C; and (vi) Laundry; and

WHEREAS, additional improvements outside the original scope of work have been or are proposed to be completed with the work approved on November 8, 2022 in the north building, south and center building, exterior improvements, fire alarm, technology, and furniture tasks, including asbestos abatement and Illinois Department of Public Health (IDPH) required work; and

WHEREAS, The East Building renovations are being removed from the scope of work to fund these additional improvements; and

WHEREAS, this work can be completed within the approved construction schedule and will not extend said schedule, and further, the AGREEMENT will be reduced by \$530,327 as a net result of these scope changes; and

WHEREAS, the COUNTY and CONSULTANT have agreed to amend the AGREEMENT to modify the Scope of Work as outlined above and further defined in the revised Exhibit B of said AGREEMENT attached to this Resolution; and

WHEREAS, the COUNTY and CONSULTANT have agreed to decrease the AGREEMENT'S contract amount by \$530,327, reducing the original contract amount of \$29,693,700, to a new amended contract amount not to exceed \$29,163,373; and

WHEREAS, it is in the COUNTY'S best interest to amend the AGREEMENT with the CONSULTANT as stated above and, further, that said change is authorized by law; and

WHEREAS, all other provisions of the AGREEMENT not expressly changed by the Amendment shall remain the same in their entirety.

NOW, THEREFORE BE IT RESOLVED, that the County Board hereby adopts and approves the Change Order Notice, dated November 26, 2024, to County Contract [Purchase Order] #6147-0001 SERV, issued to Wight Construction Services, Inc., to provide professional construction manager services, for additional improvements to the following spaces : (i) Occupational Therapy; (ii) Resident Dining Room (RDR); (iii) Recreation; (iv) Rehab and Hydro Therapy (v) Conference Rooms A, B, and C; and (vi) Laundry. The County Board approves additional improvements in the north building, south and center building, exterior improvements fire alarm, technology, and furniture, including asbestos abatement and Illinois Department of Public Health (IDPH) required work, as defined in Exhibit B. The County Board further approves removal of the East Building renovations from the Agreement's scope of work to fund these additional improvements, decreasing the contract amount by \$530,327, and reducing the original total contract amount from \$29,693,700, to a new amended amount not to exceed \$29,163,373, a total decrease of 1.79%.

Enacted and approved this 26<sup>th</sup> day of November, 2024 at Wheaton, Illinois.

\_\_\_\_\_  
DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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



PW 11/19  
FI+OB 11/26



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Nov 5, 2024

MinuteTraq (IQM2) ID #:

Purchase Order #: 6147-0001 SERV	Original Purchase Order Date: Nov 11, 2022	Change Order #: 5	Department: Facilities Management
Vendor Name: Wight Construction Services, Inc.		Vendor #: 26311	Dept Contact: Tim Harbaugh
Background and/or Reason for Change Order Request:	Amendment to Resolution HHS-P-0306-22 issued to Wight Construction Services, Inc., to provide Construction Manager at Risk/Guaranteed Maximum Price method of delivery, for the modernization and upgrades of the Kenneth Moy DuPage Care Center Facility, to eliminate the East wing from scope and various changes in scope and to decrease the funding in the amount of \$530,327.00, resulting in a final County cost of \$29,163,373.00, a decrease of 1.79%. PARTIAL ARPA ITEM Increase line 9 \$269,673.00 for new line amount of \$6,075,639.32 Decrease line 14 \$800,000 for new line amount of \$1,200,000.00		
<b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>			

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

INCREASE/DECREASE		
A	Starting contract value	\$29,693,700.00
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$29,693,700.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$530,327.00)
E	New contract amount (C + D)	\$29,163,373.00
F	Percent of current contract value this Change Order represents (D / C)	-1.79%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-1.79%
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 checked="" type="checkbox"/> OTHER - explain below:	
Eliminating the East wing from the scope and changing other various scope and reducing the contract amount by \$530,327.00.	

cf	x5665	Nov 5, 2024	x JC	11/6/24
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: Nov 26, 2024

File ID #:

Purchase Order #: 6147-0001 SERV

Requesting Department: Facilities Management	Department Contact: Tim Harbaugh
Contact Email: tim.harbaugh@dupagecounty.gov	Contact Phone: x5670
Vendor Name: Wight Construction Services, Inc.	Vendor #: 26311

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

Amendment to Resolution HHS-P-0306-22 issued to Wight Construction Services, Inc., to provide Construction Manager at Risk/ Guaranteed Maximum Price method of delivery, for the modernization and upgrades of the Kenneth Moy DuPage Care Center Facility, to eliminate the East wing from scope and various changes scope and decrease the funding in the amount of \$530,327.00, resulting in a final County cost of \$29,163,373.00, a decrease of 1.79%. PARTIAL ARPA ITEM

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

The County has identified contractual scope changes which include additional work that would be beneficial to undertake at this time, along with eliminating the East Building improvements.

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

A request for a Statement of Interest was issued for a Professional Construction Manager At Risk (G-MAX) services for the Kenneth Moy DuPage Care Center Building Improvements; four firms responded and three firms were interviewed, Wight Construction Services, Inc. was determined to possess the qualified staff to provide these Professional Construction Manager Services.

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

- 1) Staff recommends approval to make contractual scope changes and reduce the contract in the amount of \$530,327.00.00 since the East Building improvements are being eliminated from this project.
- 2) No other options.

**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.

This will reduce the expenditure for the Kenneth Moy Care Center Improvement project by \$530,327.00 in fiscal year 2025.





AIA®

## Document G701® – 2017

**Change Order****PROJECT:** *(Name and address)*

Kenneth Moy DuPage County  
Care Center – ARPA Facility  
Improvements  
400 N. County Farm Rd.  
Wheaton, IL 60187  
DuPage County, Illinois

**CONTRACT INFORMATION:**

Contract For: Construction Management  
Date: 11/09/2022

**CHANGE ORDER INFORMATION:**

Change Order Number: 001  
Date: 11/04/24

**OWNER:** *(Name and address)*

County of DuPage, Illinois  
421 N. County Farm Road  
Wheaton, Illinois 60187

**ARCHITECT:** *(Name and address)*

WSP USA Design, Inc.  
221 North LaSalle Street, Suite 300  
Chicago, Illinois 60601

**CONTRACTOR:** *(Name and address)*

Wight Construction Services, Inc.  
2500 North Frontage Road  
Darien, Illinois 60561

**THE CONTRACT IS CHANGED AS FOLLOWS:**

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

The Scope of Work under the Contract shall be changed to include:

1. Reallocation of the "East Building Renovations" budget currently included as part of agreement, HHS-P-0306-22, dated November 8, 2022. It is the intention to utilize this budget to fund the items noted in this document, and as shown on the revised Exhibit B, attached.
2. Use of reallocated funds for Additional Unforeseen Renovation Scope, including but not limited to Asbestos Abatement, IDPH Requirements and various Unforeseen Conditions.
3. The balance of reallocated funds will be used towards multiple Additional Renovation Scope items, including renovation of the Occupational Therapy and Rehab Therapy rooms and the design fee associated.

The total value of this amended scope results in a contract deduction amount of (\$530,327.00).

The original Contract Sum was	\$ 29,693,700.00
The net change by previously authorized Change Orders	\$ 0.00
The Contract Sum prior to this Change Order was	\$ 29,693,700.00
The Contract Sum will be decreased by this Change Order in the amount of	\$ (530,327.00)
The new Contract Sum including this Change Order will be	\$ 29,163,373.00

The Contract Time will be increased by Zero (0) days.

The new date of Substantial Completion will be Summer 2026

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

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

Wight Construction Services, Inc.

**CONTRACTOR** *(Firm name)*

**SIGNATURE**

**PRINTED NAME AND TITLE**

**DATE**

County of DuPage, Illinois

**OWNER** *(Firm name)*

**SIGNATURE**

Deborah A. Conroy, Chair DuPage County Board

**PRINTED NAME AND TITLE**

**DATE**

# DuPage County Care Center

GMP Budget - Amendment #1

Breakdown by Area

November 4, 2024

## EXHIBIT B



Hard Construction Costs		Budget	Comments
North Building Renovations		\$ 9,718,118	
<del>East Building Renovations</del>		\$ 4,773,492	removed by contract modification (see below)
South and Center Building Renovations		\$ 2,445,889	
Exterior Improvements		\$ 1,962,742	
Laundry Equipment		\$ 550,000	
Fire Alarm		\$ 1,200,000	
Technology Upgrades		\$ 400,000	
Furniture		\$ 2,200,000	
General Conditions & General Requirements	9.6%	\$ 2,462,217	
<b>Subtotal Construction Cost</b>		<b>\$ 25,712,458</b>	
Fees and Contingencies			
Contingency	7.5%	\$ 1,933,911	
CM Fee	3.25%	\$ 906,864	includes \$90,000 preconstruction fee
General Liability Insurance	1%	\$ 288,104	
Performance & Payment Bond	0.75%	\$ 218,238	
Other Permit Fees			not included
City Permits & Other Fees		\$ 257,125	Allowance.
Commissioning			in HVAC Budget
Project Preconstruction Services		\$ 127,000	
Owner Contingencies		\$ 250,000	
<b>Subtotal - CM Fees, Bonds, Contingencies, Permits</b>		<b>\$ 3,981,242</b>	
<b>Guaranteed Maximum Price (Original)</b>		<b>\$ 29,693,700</b>	
Contract Modifications			
Deduct East Wing Renovations Scope		\$ (4,773,492)	
Deduction from Contingency		\$ (410,863)	
Additional Unforeseen Renovation Scope		\$ 2,621,639	asbestos abatement, IDPH requirements, unforeseen conditions
Additional Renovation Scope		\$ 1,881,842	Occupational Therapy and Rehab Therapy scope
Design Fee for Additional Scope		\$ 150,547	
<b>Subtotal - CM Fees, Bonds, Contingencies, Permits</b>		<b>\$ (530,327)</b>	
<b>Guaranteed Maximum Price (Revised)</b>		<b>\$ 29,163,373</b>	

### Project Funding

Original GMP Funding	\$ 29,693,700
less Removed CDBG Funds	\$ (800,000)
added funds shifted from WSP Contract	\$ 269,673
<b>Current GMP Funding</b>	<b>\$ 29,163,373</b>



## Care Center Change Order with Resolution

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

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**File #:** HS-CO-0005-24

**Agenda Date:** 11/19/2024

**Agenda #:** 16.C.

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FIRST AMENDMENT TO RESOLUTION HHS-P-0305-22  
ISSUED TO WSP USA DESIGN, INC.  
FOR PROFESSIONAL ARCHITECTURAL AND ENGINEERING SERVICES  
FOR KENNETH MOY DUPAGE CARE CENTER BUILDING IMPROVEMENTS (DECREASE  
CONTRACT \$269,673)

WHEREAS, the County of DuPage (“COUNTY”) and WSP USA Inc, (“CONSULTANT”) entered into an Agreement to provide professional architectural and engineering services for improvements at the Kenneth Moy Care Center located on the DuPage County Campus under Resolution HHS-P-0305-22 (“AGREEMENT”), adopted and approved by the County Board on November 8, 2022; and

WHEREAS, the COUNTY has determined that, to best complete the construction defined in the AGREEMENT, it is necessary to amend the AGREEMENT to enact a contractual scope change; and

WHEREAS additional improvements outside the original scope of work have been or are proposed to be completed with the work approved on November 8, 2022, in the north building, south and center building, exterior improvements, fire alarm, technology, and furniture tasks, including asbestos abatement and Illinois Department of Public Health (IDPH) required work, and further, that the East Building is proposed to be eliminated from the Scope of Work, for a net contractual reduction of \$269,673, with said East Wing work expected be completed at a future date as a new, standalone project; and

WHEREAS, the COUNTY and CONSULTANT have agreed to amend the AGREEMENT to modify the Scope of Work as outlined above, and have agreed to decrease the AGREEMENT’s contract amount by \$269,673, reducing the original contract amount of \$1,806,300 to a new amended contract amount not to exceed \$1,536,627; and

WHEREAS, it is in the COUNTY’S best interest to amend the AGREEMENT as stated above and, further, that said change is authorized by law; and

WHEREAS, all other provisions of the AGREEMENT not expressly changed by the Amendment shall remain the same in their entirety.

NOW, THEREFORE BE IT RESOLVED, that the County Board hereby adopts and approves the Change Order Notice, dated November 26, 2024, to County Contract [Purchase Order] PO# 6416-0001 SERV , issued to WSP USA Design, Inc., Inc., to provide professional architectural and engineering services. The County Board approves additional improvements outside the original scope of work in the north building, south and center building, exterior improvements, fire alarm, technology, and furniture tasks, including asbestos abatement and Illinois Department of Public Health (IDPH). The County Board further approves removal of the East Building scope of work from the AGREEMENT, decreasing the contract amount by \$269,673 and reducing the original total contract amount from \$1,806,300 to a new amended amount not to exceed \$1,536,627, a total decrease of 14.93%.

Enacted and approved this 26<sup>th</sup> day of November, 2024 at Wheaton, Illinois.

\_\_\_\_\_  
DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

PW 11/19  
FI + CB 11/26



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Nov 26, 2024

MinuteTraq (IQM2) ID #:

<b>Purchase Order #:</b> 6416-0001 SERV	<b>Original Purchase Order Date:</b> Nov 9, 2022	<b>Change Order #:</b> 4	<b>Department:</b> Facilities Management
<b>Vendor Name:</b> WSP USA Design, Inc.		<b>Vendor #:</b> 41790	<b>Dept Contact:</b> Tim Harbaugh
<b>Background and/or Reason for Change Order Request:</b>	Amendment to Resolution HHS-P-0305-22 issued to WSP USA Design, Inc. for Professional Architectural and Engineering Design Services for the modernization and upgrade of the Kenneth Moy DuPage Care Center Facility to remove the East wing from scope and decrease the funding in the amount of \$269,673.00, resulting in a final County cost of \$1,536,627.00, a decrease of 14.93%. PARTIAL ARPA ITEM		
Reduce line 5 \$269,673.00 for new line amount of \$302,131.94.			
<b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>			

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

INCREASE/DECREASE		
A	Starting contract value	\$1,806,300.00
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$1,806,300.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$269,673.00)
E	New contract amount (C + D)	\$1,536,627.00
F	Percent of current contract value this Change Order represents (D / C)	-14.93%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-14.93%
<b>DECISION MEMO NOT REQUIRED</b>		

- ☐ 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 checked="" type="checkbox"/> OTHER - explain below:	
Removing the East wing from the scope and reducing the contract amount by \$269,673.00.	

cf	5665	Nov 5, 2024	<i>[Signature]</i>	11/6/24
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Date
REVIEWED BY (Initials Only)				
Buyer	Date	Procurement Officer	<i>[Signature]</i>	11/12/2024
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: Nov 26, 2024

File ID #:

Purchase Order #: 6416-0001 SERV

Requesting Department: Facilities Management	Department Contact: Tim Harbaugh
Contact Email: tim.harbaugh@dupagecounty.gov	Contact Phone: x5670
Vendor Name: WSP USA Design, Inc.	Vendor #: 41790

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

Amendment to Resolution HHS-P-0305-22 issued to WSP USA Design, Inc. for Professional Architectural and Engineering Design Services for the modernization and upgrade of the Kenneth Moy DuPage Care Center Facility to remove the East wing from scope and decrease the funding in the amount of \$269,673.00, resulting in a final County cost of \$1,536,627.00, a decrease of 14.93%. PARTIAL ARPA ITEM

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

WSP USA Design, Inc. will not be doing the professional architectural and engineering design for the East wing at the Care Center. Therefore, we are removing the scope for this work and reducing the contract in the amount of \$269,673.00.

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

A request for Statement of Interest for Architectural and Engineering Services was issued, six firms responded. Staff reviewed the qualifications of those firms and narrowed the selection to three firms to perform this consulting on behalf of the County and it was determined that WSP USA Design, Inc. possessed the qualified architectural and engineering staff to provide professional architectural and engineering consulting services on behalf of the County.

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

- 1) Staff recommends approval to reduce scope and reduce the contract in the amount of \$269,673.00 since WSP USA Design, Inc. will not be providing the professional architectural and engineering design for the East wing at the Care Center.
- 2) No other options.

**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.

This will reduce the expenditure for the Kenneth Moy Care Center Improvement project by \$269,673.00 in fiscal year 2025.



## Consent Item

421 N. COUNTY FARM  
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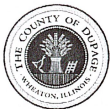
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**File #:** 24-3087

**Agenda Date:** 11/19/2024

**Agenda #:** 10.A.

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# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Consent  
HS 11/19  
CB 11/26

Date:

Nov 6, 2024

MinuteTraq (IQM2) ID #:

24-3036

<b>Purchase Order #:</b> 7019-0001	<b>Original Purchase Order Date:</b> Apr 13, 2024	<b>Change Order #:</b> 1	<b>Department:</b> DuPage Care Center
<b>Vendor Name:</b> RCM Health Care Services		<b>Vendor #:</b> 43749	<b>Dept Contact:</b> Annabel Leonida
<b>Background and/or Reason for Change Order Request:</b>	This contract purchase order is to provide supplemental Nursing staffing services for the DuPage Care Center, for the period 04/13/24 through 04/12/25. #1 Decrease line 1, 1200-2050-53090 in the amount of \$85,000.00 NOTE: The Nursing Department has analyzed this contract and determined recently, that the Vendor is only supplying a few supplemental staff to the Care Center upon request.		
<b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>			

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

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

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

INCREASE/DECREASE		
A	Starting contract value	\$200,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$200,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$85,000.00)
E	New contract amount (C + D)	\$115,000.00
F	Percent of current contract value this Change Order represents (D / C)	-42.50%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-42.50%
<b>DECISION MEMO NOT REQUIRED</b>		

☐ 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 $\geq$ \$2,500.00, or $\geq$ 10%, of current contract amount <input type="checkbox"/> Funding Source _____	
<input type="checkbox"/> OTHER - explain below:	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

CDK	4208	Nov 6, 2024	JC	4202	Nov 6, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
<b>REVIEWED BY (Initials Only)</b>					
Buyer		Date	Procurement Officer		Date
Chief Financial Officer (Decision Memos Over \$25,000)		Date	Chairman's Office (Decision Memos Over \$25,000)		Date





## Grant Proposal Notifications

421 N. COUNTY FARM  
ROAD  
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**File #:** 24-3088

**Agenda Date:** 11/19/2024

**Agenda #:** 9.D.1.

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## Grant Proposal Notification

GPN Number: 042-24 Date of Notification: 11/04/2024  
(Completed by Finance Department) (MM/DD/YYYY)

Parent Committee Agenda Date: 11/16/2024 Grant Application Due Date: 11/01/2024  
(Completed by Finance Department) (MM/DD/YYYY) (MM/DD/YYYY)

Name of Grant: DHS Employment Barrier Reduction Program PY25

Name of Grantor: Illinois Association of Community Action Agencies (IACAA)

Originating Entity: US Department of Health and Human Services  
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Joan Fox, Administrator Housing Supports & Self Sufficiency, x6426  
(Name, Title, and Extension)

Parent Committee: HHS

Grant Amount Requested: \$ 46,000.00

Type of Grant: Continuation  
(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: 93.558 If State, provide CSFA: \_\_\_\_\_



## Grant Proposal Notification

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

To reduce barriers in securing and maintaining employment, the DHS Employment Barrier Reduction Program provides funding for supportive services expenses, including but not limited to expenses for homelessness prevention, utilities, transportation/gas, uniforms, and similarly purposed expenses as designated by IACAA, to SNAP, TANF, and Medicaid recipients and applicants for DHS services who are either identified by the Sub recipient or referred by the local Family and Community Resource Center (FCRC).

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

Quality of Life - Keep people safe and maintain the social service safety net. DHS housing funds are offered to assist persons recover permanent housing if experiencing literal homelessness homelessness. Customer Service - Improve access to County resources. Applicant households are screened for mainstream services.

3. What is the period covered by the grant?

12/01/2024 to: 06/30/2025  
(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 \$107,283.00 Percentage covered by grant 4.15%

6.1.2. Total fringe benefits \$36,941.00 Percentage covered by grant 4.19%

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?

5000-1650 CSBG Grt

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

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6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or 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) yes

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project \$6,000.00

7.1.2. Percentage of direct administrative costs covered by grant 100%

7.1.3. What percentage of the grant total is the portion covered by the grant 13%

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 87%

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? 0%

9.1.2. What is the dollar amount of the County's match? \$0.00



## Grant Proposal Notification

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9.1.3. What Company-Accounting Unit(s) will provide the matching requirement?	<u>N/A</u>
10. What amount of funding is already allocated for the project?	<u>\$0.00</u>
10.1. If allocated, in what Company-Accounting Unit are the funds located?	<u></u>
10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No):	<u></u>
11. What is the total project cost (Grant Award + Match + Other Allocated Funding)?	<u>\$46,000.00</u>



## Grant Proposal Notifications

421 N. COUNTY FARM  
ROAD  
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**File #:** 24-3089

**Agenda Date:** 11/19/2024

**Agenda #:** 9.D.2.

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## Grant Proposal Notification

GPN Number: 043-24 Date of Notification: 10/24/2024  
(Completed by Finance Department) (MM/DD/YYYY)

Parent Committee Agenda Date: 11/19/2024 Grant Application Due Date: 10/24/2024  
(Completed by Finance Department) (MM/DD/YYYY) (MM/DD/YYYY)

Name of Grant: DuPage Care Center Foundation - Recreation Therapy Grant PY25

Name of Grantor: DuPage Care Center Foundation

Originating Entity: \_\_\_\_\_  
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: DuPage Care Center

Department Contact: Shauna Berman, Assistant Administrator, x4261  
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 29,435.00

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: \_\_\_\_\_ If State, provide CSFA: \_\_\_\_\_





## Grant Proposal Notification

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

Grant allows the facility to extend recreational and quality of life programs for the residents. It allows for additional opportunities to take residents out into the community and enhances weekend and evening activities for the residents.

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

Community Well-Being - supports operational strategy to improve the quality of life for short stay and long term care resident that live at the facility.

3. What is the period covered by the grant?

12/01/2024 to 11/30/2025  
(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 \$27,343.24 Percentage covered by grant 100%

6.1.2. Total fringe benefits \$2,091.76 Percentage covered by grant 100%

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?

1200-2065

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

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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)? \$29,435.00



## Grant Proposal Notifications

421 N. COUNTY FARM  
ROAD  
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**File #:** 24-3090

**Agenda Date:** 11/19/2024

**Agenda #:** 9.D.3.

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## Grant Proposal Notification

GPN Number: 044-24  
(Completed by Finance Department)

Date of Notification: 10/24/2024  
(MM/DD/YYYY)

Parent Committee Agenda Date: 11/19/2024  
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 10/24/2024  
(MM/DD/YYYY)

Name of Grant: DuPage Care Center Foundation - Music Therapy Grant PY25

Name of Grantor: DuPage Care Center Foundation

Originating Entity: \_\_\_\_\_  
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: DuPage Care Center

Department Contact: Shauna Berman, Assistant Administrator,x4261  
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 60,462.00

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: \_\_\_\_\_ If State, provide CSFA: \_\_\_\_\_



## Grant Proposal Notification

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

Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication and promote physical rehabilitation. Having a music therapy program enables the Center to enhance services to the residents through the gift of music.

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

Community Well-Being - Improving quality of life for DuPage Care Center residents.

3. What is the period covered by the grant?

01/12/2025 to 12/31/2025  
(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) \_\_\_\_\_

- 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

<p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p>	<p>NA</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1. If yes, please answer the following:</p>	
<p>6.3.1.1. How many years beyond the grant term?</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1.2. What Company-Accounting Unit(s) will be used?</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1.3. Total annual salary</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1.4. Total annual fringe benefits</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>7. Does the grant allow for direct administrative costs? (Yes or No)</p>	<p>No</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>7.1. If yes, please answer the following:</p>	
<p>7.1.1. Total estimated direct administrative costs for project</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>7.1.2. Percentage of direct administrative costs covered by grant</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>7.1.3. What percentage of the grant total is the portion covered by the grant</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p>	<p>100%</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>9. Are matching funds required? (Yes or No):</p>	<p>No</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>9.1. If yes, please answer the following:</p>	
<p>9.1.1. What percentage of match funding is required by granting entity?</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>9.1.2. What is the dollar amount of the County's match?</p>	<hr style="border: 0; border-top: 1px solid black;"/>



## Grant Proposal Notification

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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): No

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$60,462.00



## Grant Proposal Notifications

421 N. COUNTY FARM  
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WHEATON, IL 60187  
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**File #:** 24-3091

**Agenda Date:** 11/19/2024

**Agenda #:** 9.D.4.

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## Grant Proposal Notification

GPN Number: 045-24 Date of Notification: 10/24/2024  
(Completed by Finance Department) (MM/DD/YYYY)

Parent Committee Agenda Date: 11/19/2024 Grant Application Due Date: 10/24/2024  
(Completed by Finance Department) (MM/DD/YYYY) (MM/DD/YYYY)

Name of Grant: DuPage Care Center Foundation - Foundation Coordinator Grant PY25

Name of Grantor: DuPage Care Center Foundation

Originating Entity: \_\_\_\_\_  
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: DuPage Care Center

Department Contact: Shauna Berman, Assistant Administrator, x4261  
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 31,192.00

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: \_\_\_\_\_ If State, provide CSFA: \_\_\_\_\_



## Grant Proposal Notification

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

Grant allows the facility the needed internal and external outreach needed to support and raise funds for the DuPage Care Center Foundation. This allows a direct impact on quality care and services provided to the residents and impacts resident quality of life.

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

Community Well-Being - supports the operational strategy to provide the best possible living environment for the residents that reside at the DuPage Care Center.

3. What is the period covered by the grant?

12/01/2024 to 11/30/2025  
(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 \$60,635.33 Percentage covered by grant 39.26%

6.1.2. Total fringe benefits \$18,874.17 Percentage covered by grant 39.14%

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?

1200-2080

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

<p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p>	<p>No</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1. If yes, please answer the following:</p>	
<p>6.3.1.1. How many years beyond the grant term?</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1.2. What Company-Accounting Unit(s) will be used?</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1.3. Total annual salary</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1.4. Total annual fringe benefits</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>7. Does the grant allow for direct administrative costs? (Yes or No)</p>	<p>No</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>7.1. If yes, please answer the following:</p>	
<p>7.1.1. Total estimated direct administrative costs for project</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>7.1.2. Percentage of direct administrative costs covered by grant</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>7.1.3. What percentage of the grant total is the portion covered by the grant</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p>	<p>0%</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>9. Are matching funds required? (Yes or No):</p>	<p>No</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>9.1. If yes, please answer the following:</p>	
<p>9.1.1. What percentage of match funding is required by granting entity?</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>9.1.2. What is the dollar amount of the County's match?</p>	<hr style="border: 0; border-top: 1px solid black;"/>



## Grant Proposal Notification

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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)? \$31,192.00