



# DU PAGE COUNTY

## Human Services

### Final Regular Meeting Agenda

421 N. COUNTY FARM ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**Tuesday, October 7, 2025**

**9:30 AM**

**Room 3500A**

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**1. CALL TO ORDER**

**2. ROLL CALL**

**3. PUBLIC COMMENT**

**4. CHAIR REMARKS - CHAIR SCHWARZE**

**5. APPROVAL OF MINUTES**

5.A. [25-2391](#)

Human Services Committee - Regular Meeting - September 2, 2025

**6. LENGTH OF SERVICE AWARD**

6.A. Length of Service Award - Sunitha Doma - 10 Years - Community Services

6.B. Length of Service Award - Christy Plasil Tang - 10 Years - Community Services

6.C. Length of Service Award - Karina Vazquez - 10 Years - Community Services

**7. COMMUNITY SERVICES - MARY KEATING**

7.A. [FI-R-0161-25](#)

Acceptance and appropriation of the IACAA Employment Barrier Reduction Pilot Program PY26, Agreement No. FCSEG05509, Company 5000 - Accounting Unit 1675, in the amount of \$40,250. (Community Services)

7.B. [FI-R-0155-25](#)

Acceptance and appropriation of the Aging Case Coordination Unit Fund PY26 for Senior Services, Company 5000 - Accounting Units 1660 and 1720, in the amount of \$8,130,284. (Community Services)

7.C. [FI-R-0157-25](#)

Acceptance of modification of funding allocation for the Illinois Home Weatherization Assistance Program (IHWAP) Income Eligible Retrofits Program Grant PY25, Company 5000 - Accounting Unit 1555, for a total amount not to exceed \$171,394. (Community Services)

7.D. [FI-R-0158-25](#)

Appropriation of additional funding for the Low Income Home Energy Assistance Program HHS Grant PY25 Inter-Governmental Agreement no. 25-224028, Company 5000 - Accounting Unit 1420, from \$3,487,312 to \$4,050,265 (an increase of \$562,953). (Community Services)

7.E. [HS-P-0046-25](#)

Recommendation for the approval of a purchase order issued to WellSky Corporation, for the annual renewal of the Homeless Management Information System Software and Cloud Services Contract, renewal of licenses, training, support, and custom programming, for Community Services, for the period of November 1, 2025 through October 31, 2026, for a contract amount not to exceed \$64,028.90. (Sole Source - Sole maintenance/update provider.) (Community Services)

7.F. [HS-CO-0001-25](#)

Amendment to County Contract 7271-0001-SERV issued to DuPage Federation on Human Services Reform Language Access Resource Center (LARC) for interpretation, translation, and American Sign Language services, an increase of \$8,500, for a contract total not to exceed \$38,499. (Community Services)

7.G. [HS-R-0017-25](#)

Approval of issuance of payments by DuPage County to energy assistance providers through the Low-Income Home Energy Assistance Program (LIHEAP) HHS Grant PY25 Inter-Governmental Agreement no. 25-224028 in the amount of \$484,140. (Community Services)

**8. DUPAGE CARE CENTER - JANELLE CHADWICK**8.A. [HS-P-0047-25](#)

Recommendation for the approval of a contract purchase order issued to Pulmonary Exchange, Ltd., for the rental of respiratory care equipment, for the DuPage Care Center, for the period of November 20, 2025 through November 19, 2026, for a total contract not to exceed \$35,000; per lowest bid #25-099-DCC.

8.B. [HS-P-0048-25](#)

Recommendation for the approval of a contract purchase order to HD Supply, Inc., to provide housekeeping and cleaning chemicals, as needed, for the DuPage Care Center, for the period of November 1, 2025 through October 31, 2028, for a total contract amount not to exceed \$189,000. Contract pursuant to the Intergovernmental Cooperation Act (OMNIA Partners #25-JH-011).

**8.C. [HS-P-0049-25](#)**

Recommendation for the approval of a contract purchase order to PointClickCare Technologies, for software maintenance, for the DuPage Care Center, for the period of December 1, 2025 through November 30, 2026, for a total contract amount not to exceed \$302,734.83. Per 55 ILCS 5/5-1022(c) not suitable for competitive bids. (Sole Source - renewal to sole maintenance/upgrade provider.)

**8.D. [25-2392](#)**

Recommendation for the approval of a contract purchase order to Xtivity Solutions, LLC, to furnish, install, program & test cameras, for the DuPage Care Center, for the period of October 8, 2025 through October 7, 2026, for a contract total amount not to exceed \$26,270.20; per lowest bid #25-091-DCC.

**9. INFORMATIONAL****9.A. [FM-P-0046-25](#)**

Recommendation for the approval of a contract to City of Wheaton, for water utility services for the County campus, for Facilities Management, for the period October 1, 2025 through September 30, 2029, for a total contract amount not to exceed \$3,152,000. Per 55 ILCS 5/5-1022 "Competitive Bids" (c) Not suitable for competitive bids – Public Utility. (Facilities Management - \$2,740,000; DuPage Care Center - \$412,000)

**9.B. [FM-P-0047-25](#)**

Recommendation for the approval of a contract to Wheaton Sanitary District, for sanitary sewer utility services, for the County campus, for Facilities Management, for the period of October 1, 2025 through September 30, 2029, for a total contract amount not to exceed \$1,821,000. Per 55 ILCS 5/5-1022 "Competitive Bids" (c) Not suitable for competitive bids – Public Utility. (Facilities Management - \$1,540,000; DuPage Care Center - \$281,000)

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



## Minutes

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
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**File #:** 25-2391

**Agenda Date:** 10/7/2025

**Agenda #:** 5.A.

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# DU PAGE COUNTY

## Human Services

### Final Summary

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

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**Tuesday, September 2, 2025**

**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 9:30 AM.

**2. ROLL CALL**

Staff in attendance: Nick Kottmeyer (Chief Administrative Officer), Joan Olson (Chief Communications Officer), Keith Jorstad (Finance), Henry Kocker (Procurement), Natasha Belli (Community Services), Mary Keating (Director of Community Services), and Janelle Chadwick, remote (Administrator of the DuPage Care Center).

<b>PRESENT</b> Cronin Cahill, DeSart, Galassi, Garcia, LaPlante, and Schwarze
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**3. PUBLIC COMMENT**

All online submissions for public comment from the September 2, 2025, DuPage County Regular Meeting of the Human Services Committee are included for the record in the entirety. They are found in the minutes packet and at the link below.

Member Galassi asked if the person that submitted the electronic public comment received a response. Chair Schwarze replied he will respond to the individual that Human Services cannot help with this particular concern.

[25-2148](#)

Online Public Comment

**4. CHAIR REMARKS - CHAIR SCHWARZE**

Chair Schwarze stated the West Suburban Philanthropic Network (WSPN) held their annual awards on August 28, 2025. DuPage County, along with the DuPage Foundation, were jointly nominated for the work that they did forming the DuPage Community Transformational Partnership. The Partnership was a five-year grant program that awarded over \$10M in immediate intervention and transformational grants throughout DuPage County. The grants were able to touch thousands of lives in the areas of food insecurity, housing instability, and mental health and addiction, which are still being utilized today. Member Garcia, Mary Keating, and I still sit on the transformational grant board. All grants have been handed out, but we need to make sure the organizations are doing what is needed to complete their grant requirements, which will end next year.

In 2021, the Human Services Chair Julie Renehan, Mary Keating, and I as the Vice Chair met for hours figuring out the best way to use the American Rescue Plan Act (ARPA) funds to create this

program for those that need assistance. With the thousands of charitable organizations out there, Mary Keating was the one that stated we need to focus on food insecurity, mental health and addiction issues, and housing instability. I just wanted to thank Ms. Keating for masterminding the direction and doing all the good work that she does, thank you.

## 5. APPROVAL OF MINUTES

### 5.A. [25-2103](#)

Human Services Committee - Regular Meeting - August 19, 2025

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Cynthia Cronin Cahill
<b>SECONDER:</b>	Paula Garcia

## 6. COMMUNITY SERVICES - MARY KEATING

### 6.A. [25-2104](#)

HS-P-0040B -24 - Amendment to County Contract 7431-0001 SERV, issued to Healthy Air Heating & Air, Inc., to provide mechanical (HVAC) and architectural weatherization labor and materials for the Weatherization Department, to increase encumbrance in the amount of \$40,000, for a new contract total not to exceed \$956,434. Grant funded. (Community Services)

Member DeSart asked if we accept a low bid only to have to increase later. Ms. Keating responded that the Weatherization unit selects multiple contractors for their program. The work is based on catalog pricing; all contractors make the same amount of money for the work they do. As some contractors may have a lot of callbacks, aren't available, or may be late completing their work, the contractor that provides the most satisfactory work will get more of the business.

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

6.B. [25-2105](#)

Recommendation for the approval of a contract purchase order to Meghan Butcher, to enter into an Independent Contractor Agreement to provide case management assistance to Senior Services, for the period of September 1, 2025 through August 31, 2026, for a contract total amount not to exceed \$22,000. Other Professional Services not subject to competitive bidding per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b). Grant Funded. (Senior Services)

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Kari Galassi
<b>AYES:</b>	Cronin Cahill, DeSart, Galassi, Garcia, LaPlante, and Schwarze

6.C. [25-2106](#)

Amendment to County Contract 7751-0001 SERV, issued to Crowley Engineering, LLC, to provide engineering services to multi-family homes for the Weatherization Program, to increase the encumbrance by \$4,086.72, for a new contract total not to exceed \$19,085.72. Grant funded. (Community Services)

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Dawn DeSart
<b>SECONDER:</b>	Paula Garcia
<b>AYES:</b>	Cronin Cahill, DeSart, Galassi, Garcia, LaPlante, and Schwarze

**7. DUPAGE CARE CENTER - JANELLE CHADWICK****7.A. [HS-P-0045-25](#)**

Recommendation for the approval of a contract purchase order to Prescription Supply, Inc., for secondary pharmaceuticals, for the DuPage Care Center Pharmacy, for the period September 10, 2025 through September 9, 2026, for a contract total amount not to exceed \$30,000; per bid #25-103-DCC.

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Cynthia Cronin Cahill
<b>SECONDER:</b>	Dawn DeSart

**7.B. [25-2107](#)**

Recommendation for the approval of a contract purchase order to ARxIUM, Inc., for supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy at the DuPage Care Center, for the period of September 2, 2025 through September 1, 2026, for a contract total not to exceed \$26,000. Per 55 ILCS 5/5-1022(c) not suitable for competitive bids. (Sole Source - supplies compatible with existing equipment.)

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Cynthia Cronin Cahill
<b>SECONDER:</b>	Kari Galassi
<b>AYES:</b>	Cronin Cahill, DeSart, Galassi, Garcia, LaPlante, and Schwarze

**8. BUDGET TRANSFERS****8.A. [25-2108](#)**

Transfer of funds from account no. 5000-1420-54107 (software) to account no. 5000-1420-53807 (subscription IT arrangements) in the amount of \$1,031 to cover payment of invoices for Carahsoft client satisfaction and assessment software for the LIHEAP Program. (Community Services)

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Kari Galassi

**9. RESIDENCY WAIVERS - JANELLE CHADWICK**

Two out of county residency waivers were presented for approval. Janelle Chadwick stated there are five male and nine female beds available. No county residents will be displaced by the approval of the two individuals.

Residency Waiver One

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

Residency Waiver Two

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Lynn LaPlante
<b>SECONDER:</b>	Dawn DeSart

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

Janelle Chadwick, Administrator of the DuPage Care Center, stated the Care Center is experiencing a round of covid in three units and persisting ten days. Fourteen residents and seven staff members have tested positive. When a resident is positive, the roommate is considered a person under investigation, called a PUI. They are also removed off the unit into another location for observation. The strategy of moving residents off the unit into a covid unit has been successfully limiting the spread of covid. The residents' systems consist of sore throats, sinus symptoms or a cough and there have not been any severe cases. Many of the staff are asymptomatic or experiencing mild symptoms. One of the units affected was the dementia unit. One North has had the most impact with cases.

Member Garcia asked if the staff are up to date on vaccines. Ms. Chadwick replied they have not recently had a vaccine offered for the staff. The Care Center does see more staff opting out of vaccines due to the negative news reports. There has not been any official guidance from the Center for Disease Control (CDC) regarding vaccines.

Three to four people from the Department of Justice and a couple of people from Civil Rights visited the Care Center to complete a survey regarding how the Care Center admits residents with intellectual and/or developmental disabilities, how they are coded, and if they are inappropriately placed within the facility. This visit was part of an investigation to facilities in the State of Illinois and not directed at the Care Center specifically. The visit was a scheduled visit, originally requested via the DuPage Care Center general email. Assistant State's Attorney, Renee Zerante, confirmed the validity of the request as the Care Center has not had this type of survey completed before.

Based on comments from the visitors, Ms. Chadwick surmised that some facilities would accept the individual as a generally skilled nursing person and not provide the appropriate level of care

they should have. All the Care Center residents are screened and deemed whether it is appropriate for skilled nursing or not. This has been in place for a long time.

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

Mary Keating, Director of Community Services, commented on the WSPN award, stating the actual award was the philanthropic organization of the year. WSPN is made up of executive directors and development directors from nonprofits across DuPage and western Cook Counties. Ms. Keating was told there were 37 organizations that signed onto that nomination for the County and the DuPage Foundation. She praised Barbara Szczepaniak, the Vice President for Programs, her colleague from the DuPage Foundation, stating they work hand in hand. It is nice to be recognized.

Ms. Keating concluded by stating it is September and Congress will be back in session soon. Most people assume there will be a continuing resolution sometime in September. She will keep the committee informed with any news of federal budget updates.

**12. OLD BUSINESS**

No old business was discussed.

**13. NEW BUSINESS**

No new business was discussed.

**14. ADJOURNMENT**

With no further business, the meeting was adjourned at 9:47 AM.



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**File #:** FI-R-0161-25

**Agenda Date:** 10/7/2025

**Agenda #:** 7.A.

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ACCEPTANCE AND APPROPRIATION OF THE  
IACAA EMPLOYMENT BARRIER REDUCTION PILOT PROGRAM PY26  
AGREEMENT NO. FCSEG05509  
COMPANY 5000 - ACCOUNTING UNIT 1675  
\$40,250

(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 \$40,250 (FORTY THOUSAND TWO HUNDRED FIFTY 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. FCSEG05509 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. FCSEG05509 (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 \$40,250 (FORTY THOUSAND TWO HUNDRED FIFTY AND NO/DOLLARS) be made to establish the IACAA Employment Barrier Reduction Pilot Program PY26, Company 5000 - Accounting Unit 1675, for the period October 14, 2025, through June 30, 2026; 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 14<sup>th</sup> day of October, 2025 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 - PY26  
AGREEMENT NO. FCSEG05509  
COMPANY 5000 – ACCOUNTING UNIT 1675  
\$40,250

REVENUE

41000-0002 - Federal Operating Grant - HHS \$ 40,250

TOTAL ANTICIPATED REVENUE \$ 40,250

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries \$ 3,700  
51010-0000 - Employer Share I.M.R.F. 330  
51030-0000 - Employer Share Social Security 283  
51040-0000 - Employee Med & Hosp Insurance 937

TOTAL PERSONNEL \$ 5,250

CONTRACTUAL

53824-0000 - Housing Assistance \$ 35,000

TOTAL CONTRACTUAL \$ 35,000

TOTAL ADDITIONAL APPROPRIATION \$ 40,250



### PY2026 Employment Barrier Reduction Fund 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 Department of Community Services, a department of an Illinois unit of government, hereinafter known as "Subrecipient." IACAA and Subrecipient hereby agree as follows:

IACAA and the Subrecipient hereby enter into this agreement to perform the 2026 Illinois Department of Human Services (IDHS) Employment Barrier Reduction Fund, hereinafter referred to as the "Program." The Program provides funding for supportive services expenses, including but not limited to assistance with rent, utilities, transportation/gas, uniforms, tools/equipment, and similarly purposed expenses as designated by IACAA, to SNAP, TANF, and Medicaid recipients and applicants for IDHS 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 enable families to eliminate the need for TANF cash assistance or SNAP benefits and offers the opportunity to improve their overall financial well-being through employment. IACAA has been selected to be the Provider for the State of Illinois, utilizing the Illinois Community Action Agency network to administer the Program as the Community Partner.

Amount of Subaward	\$40,250.00
Direct Client Funds	\$35,000.00
Admin/Operating Funds	15.0% of Direct Client Services paid not to exceed \$5,250.00
Source of Funding	Federal Funds; ALN 93.558 TANF
Grant Agreement	FCSEG05509 (attached)
Term of Agreement	Signature date through June 30, 2026 * See comment under TERM section

#### Purpose:

The Program provides supportive service funding for individuals and families receiving SNAP, TANF, or Medicaid benefits who face barriers to gaining or maintaining employment. Services include assistance with rent, utilities, transportation, work-related tools or uniforms, and other eligible employment-supporting services. These services are intended to promote self-sufficiency, reduce dependency on public assistance, and increase long-term employment outcomes.

**Term:**

- The term of this Agreement shall commence on the date the Agreement is signed by both parties and shall terminate on June 30, 2026.
- **CLIENT BENEFIT APPLICATIONS MUST BE SUBMITTED FOR APPROVAL NO LATER THAN MAY 31, 2026.** Auto repair applications must be submitted for approval no later than May 1, 2026.
- All payment documents must be submitted by June 15, 2026.
- Operating expenditures may continue through June 30, 2026.

**Obligations of IACAA:**

IACAA agrees to the following:

1. Implement a comprehensive plan for program delivery, fund allocation, eligibility verification, and client service oversight.
2. Accept, review, determine eligibility, and process applications for eligible clients identified by subrecipients or referred by local FCRCs.
3. Disburse funds to subrecipients bi-monthly upon receipt and approval of payment documentation.
4. Invoice IDHS monthly and maintain reconciliation records for all Program funds.
5. Submit monthly and quarterly IDHS required fiscal and programmatic reports.
6. Collect and report data monthly following IDHS Workforce Office requirements.
7. Provide earned operational reimbursements monthly based on 15% of verified expenditures.
8. Monitor subrecipient compliance with GATA regulations.
9. Offer training, technical assistance, virtual meetings, and program guidance as needed.
10. Monitor program activity through desk audits and reconcile monthly GL reports with the master service list.
11. Monitor Subrecipient spending to assure full utilization of the grant funds.
12. Provide access to a secure document sharing system for subrecipients to upload required documentation and client data.
13. Establish a Memorandum of Understanding (MOU) with the Family and Community Resource Centers (FCRCs) in collaboration with Subrecipient on developing a referral process which allows FCRC offices to send Referral Form 2151.

**Obligations of Subrecipient:**

Subrecipient agrees as follows:

1. Ensure all Program staff understand the Program Manual and grant agreement requirements.
2. Confirm that all staff understand client confidentiality standards.
3. Submit a Program budget, work plan, and internal controls aligned with the award, as Appendix A & B (pages 6 and 7). Additionally, submit most recent audit in Smartvault.
4. The subrecipient will provide a certificate of endorsement from their employee dishonesty insurance carrier, naming the Illinois Association of Community Action Agencies (IACAA) and the Illinois Department of Human Services (IDHS) as joint loss payable with limits of at least \$500,000.
5. Develop and submit an IDHS-approved community outreach plan within one month of service launch, including a program description, hours of operation, and eligibility requirements.

6. Accept and process any FCRC Referral Form 2151 received. Referral information must be included on page 1 of the application and given priority. Referral form must be uploaded with the application.
7. Identify eligible recipients who:
  - a. Are currently receiving SNAP, TANF, or Medicaid, or are part of an active SNAP household, or
  - b. Have pending applications for these benefits.
8. Upon approval of the application, process payments to service providers for allowable expenses per the Program Manual, not exceeding the approved amount on the client's approval form.
9. Implement safeguards to prevent duplicative services and ensure clients do not exceed the \$2,000 benefit cap per household per program year, verified through the Illinois STARS system.
10. Enter all Direct Client Services into STARS and submit quarterly reports to IACAA by the 5th of the following month.
11. Ensure no duplicate household expenses are paid to multiple individuals unless pre-approved.
12. Gift cards may be used for fuel when vendor checks are not applicable. In such cases:
  - a. Include gift card request in the application.
  - b. Purchase the card after approval.
  - c. Follow internal controls for storage and distribution.
  - d. Client must sign form for acceptance of gift card.
13. Submit the following documentation within 2 days of payment to the client/vendor:
  - a. Itemized receipts, invoices, and proof of payment (e.g., check copy).
  - b. Completed Gift Card Pick-up/Payment Documentation Form with gift card or check details and delivery info.
  - c. Required signatures for processing.
14. Any applications with an "Approved" status for more than 30 days for which payment documentation has not been received will be cancelled.
15. Maintain detailed records for all client expense payments, including the application form, applicant name, expense type and justification, payment amount and recipient, and payment date.
16. Fully cooperate with IACAA's programmatic and compliance guidance. Abide by all the terms and conditions of the Program Manual and Master Grant Agreement.
17. Submit all Auto Repair applications by **May 1<sup>st</sup>, 2026**.
18. Submit all other client applications by **May 31<sup>st</sup>, 2026**
19. All payment documentation must be submitted no later than **June 15<sup>th</sup>, 2026**.
20. Final General Ledger trial balance is due **July 10, 2026**, for the entire program year. A detailed GL report for all revenue and expense line items must be submitted by July 10, 2026, to accompany the trial balance.

#### **Reallocation of Funds:**

Should the Illinois Department of Human Services revise the master funding agreement or program requirements to IACAA, the Agreements with the subrecipients will be modified to reflect the proportional changes based on the ratio of direct client funding spent or encumbered at the time.

#### **Direct Client Fund Spending Requirements and Recapture Provisions**

By **January 1, 2026**, subrecipients must have spent at least 50% of their allocated Direct Client funds. "Spent" is defined as payment documents submitted by the subrecipient and accepted by IACAA. If this 50% spending threshold is not met by January 1, 2026, IACAA retains the right to amend the original subrecipient agreement to recapture the difference between the amount spent and 50% of the subrecipient's remaining Direct Client benefit allocation.

By **March 1, 2026**, subrecipients must have spent at least 75% of their allocated Direct Client funds, as defined above. IACAA retains the right to amend the subrecipient agreement to recapture the difference between the amount spent and 75% of the subrecipient's remaining client benefit allocation.

Any applications approved through April 15, 2026, for which corresponding payment documentation has not been submitted by **May 15, 2026**, will be cancelled, regardless of status, and the associated funds will be recaptured.

Any unencumbered Direct Client funds remaining as of **May 31, 2026**, will be subject to recapture. "Unencumbered" is defined as funds with no approved, unpaid applications outstanding.

In the event the subrecipient identifies an increased or decreased need within the program, the award amount under this Agreement may be amended, by signature of both parties, to increase (subject to available funding) or decrease the award amount to reflect the identified local need.

**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 before 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 the Subrecipient shall provide to IACAA all materials as requested by IACAA. If 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. IACAA has the sole discretion to award a subrecipient agreement to serve the terminated area to any other entity, including another Community Action Agency.

**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 shall be governed by and construed in accordance with the laws of the State of Illinois. Jurisdiction for disputes shall lie exclusively in Sangamon County, Illinois.

**Additional Agreements:**

In addition to the items above, attached to this agreement is the Grant Agreement No. FCSEG05509 PY2026, the Employment Barrier Reduction Fund Manual, and the Billing Instructions, the contents of which are a part of this agreement. Subrecipients are subject to all provisions of the grant agreement and associated manuals and instructions unless specifically identified as a sole duty of IACAA.

**Liability:**

No party shall be liable to the other for actions or efforts made in good faith and consistent with this Agreement. A party that acts in contradiction to this Agreement, or that causes damages to the other party through negligence or malicious act, shall be liable to the non-contradicting party for all court costs and reasonable attorney’s fees incurred in enforcing or defending this Agreement.

This agreement shall be in full force and effect from the date of the signatures of both parties through June 30, 2026.

**Illinois Association of Community Action Agencies**

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

Roger Pavey

It's: President and CEO

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

**Subrecipient: DuPage County Department of Community Services**

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

Mary Keating

It's: 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

---

**File #:** FI-R-0155-25

**Agenda Date:** 10/7/2025

**Agenda #:** 7.B.

---

ACCEPTANCE AND APPROPRIATION OF THE AGING CASE  
COORDINATION UNIT FUND PY26  
COMPANY 5000, ACCOUNTING UNITS 1660 AND 1720  
IN THE AMOUNT OF \$8,130,284

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage has been notified by the AgeGuide Northeastern Illinois that grant funds in the amount of \$2,531,707 (TWO MILLION FIVE HUNDRED THIRTY-ONE THOUSAND SEVEN HUNDRED SEVEN AND NO/100 DOLLARS) are available through the Region II Area Agency on Aging to be used to support the Case Coordination Program; and

WHEREAS, the County of DuPage will receive fees for services from the Illinois Department on Aging totaling approximately \$4,998,177 (FOUR MILLION NINE HUNDRED NINETY-EIGHT THOUSAND ONE HUNDRED SEVENTY-SEVEN AND NO/100 DOLLARS); and

WHEREAS, the County of DuPage matching cash contribution regarding the funding of the Case Coordination Program will be \$600,000 (SIX HUNDRED THOUSAND AND NO/100 DOLLARS); and

WHEREAS, the County of DuPage will receive Miscellaneous Revenue and Donations totaling approximately \$400 (FOUR HUNDRED AND NO/100 DOLLARS) to help support the Case Coordination Program; 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 Board finds that the need to appropriate said grant funds creates an emergency within the meaning of the Counties Act, Budget Division (55 ILCS 5/6-1003).

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriations on the attached sheets (Attachments I and II) be made to create the Aging Case Coordination Unit Fund PY26, Company 5000 - Accounting Units 1660 and 1720, for period October 1, 2025 through November 30, 2026; and

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

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

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

Enacted and approved this 14<sup>th</sup> day of October, 2025 at Wheaton, Illinois.

---

DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH  
THE CASE COORDINATION UNIT FUND PY26  
COMPANY 5000 – ACCOUNTING UNIT 1660  
\$869,114

REVENUE

41000-0002 - Federal Operating Grant - HHS \$ 869,114

TOTAL ANTICIPATED REVENUE \$ 869,114

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries \$ 400,247  
51010-0000 - Employer Share I.M.R.F. 38,880  
51030-0000 - Employer Share Social Security 29,089  
51040-0000 - Employee Med & Hosp Insurance 84,042

TOTAL PERSONNEL \$ 552,258

CONTRACTUAL

53500-0000 - Mileage Expense \$ 1,000  
53510-0000 - Travel Expense 1,000  
53610-0000 - Instruction & Schooling 1,922  
53800-0000 - Printing 500  
53803-0000 - Miscellaneous Meeting Expense 900  
53815-0001 - CCU Respite 69,542  
53815-0002 - CCU Gap-Filling 69,542  
53827-0000 - Para Transit Program Expense 172,450

TOTAL CONTRACTUAL \$ 316,856

TOTAL ADDITIONAL APPROPRIATION \$ 869,114

## ATTACHMENT II

ADDITIONAL APPROPRIATION TO ESTABLISH  
THE CASE COORDINATION UNIT FUND PY26  
COMPANY 5000 – ACCOUNTING UNIT 1720  
\$7,261,170

### REVENUE

41400-0000 - State Operating Grant	\$	1,662,593
41400-0007 - State Operating Grant - IDOA		4,998,177
46000-0000 - Miscellaneous Revenue		100
46008-0000 - Donations		300
46031-0000 - Matching Contributions		<u>600,000</u>

TOTAL ANTICIPATED REVENUE \$ 7,261,170

### EXPENDITURES

#### PERSONNEL

50000-0000 - Regular Salaries	\$	4,819,752
50010-0000 - Overtime		94,900
50040-0000 - Part Time Help		28,000
51000-0000 - Benefit Payments		40,000
51010-0000 - Employer Share I.M.R.F.		466,120
51030-0000 - Employer Share Social Security		410,911
51040-0000 - Employee Med & Hosp Insurance		928,959
51070-0000 - Tuition Reimbursement		<u>5,000</u>

TOTAL PERSONNEL \$ 6,793,642

#### COMMODITIES

52000-0000 - Furn/Mach/Equip Small Value	\$	4,000
52100-0000 - I.T. Equipment-Small Value		14,000
52200-0000 - Operating Supplies & Materials		4,000
52210-0000 - Food & Beverages		600
52260-0000 - Fuel & Lubricants		<u>1,000</u>

TOTAL COMMODITIES \$ 23,600

#### CONTRACTUAL

53090-0000 - Other Professional Services	\$	55,848
53140-0000 - Surety Bonds		500
53250-0000 - Wired Communication Services		1,860
53260-0000 - Wireless Communication Services		48,000

## ATTACHMENT II

### ADDITIONAL APPROPRIATION TO ESTABLISH THE CASE COORDINATION UNIT FUND PY26 COMPANY 5000 – ACCOUNTING UNIT 1720 \$7,261,170

53380-0000 - Repair & Maintenance Auto Equipment	500
53500-0000 - Mileage Expense	46,000
53510-0000 - Travel Expense	5,000
53600-0000 - Dues & Memberships	4,000
53610-0000 - Instruction & Schooling	2,078
53800-0000 - Printing	4,500
53800-0001 - Copier Usage	3,000
53803-0000 - Miscellaneous Meeting Expense	8,000
53804-0000 - Postage & Postal Charges	9,200
53807-0000 - Software Maint Agreements	13,700
53815-0000 - Supportive Services	20,647
53815-0001 - CCU Respite	58,609
53815-0002 - CCU Gap-Filling	58,609
53830-0000 - Other Contractual Expenses	1,000
53833-0000 - CCU-Early Intervention Services	10,215
53834-0000 - CCU-Flexible Community Services	40,662
53836-0000 - CCU-Emergency Assistance Services	42,000

TOTAL CONTRACTUAL	\$	433,928
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#### CAPITAL

54100-0700 - It Equipment - Capital Lease	\$ 5,000
54107-0000 - Software	5,000

TOTAL CAPITAL	\$	<u>10,000</u>
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TOTAL ADDITIONAL APPROPRIATION	\$	<u><u>7,261,170</u></u>
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## Finance Resolution

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

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**File #:** FI-R-0157-25

**Agenda Date:** 10/7/2025

**Agenda #:** 7.C.

---

ACCEPTANCE OF MODIFICATION OF FUNDING ALLOCATION FOR  
THE INCOME ELIGIBLE RETROFITS PROGRAM GRANT PY25  
COMPANY 5000 - ACCOUNTING UNIT 1555  
\$171,394

(Under the administrative direction of  
the Community Services Department)

WHEREAS, the County of DuPage heretofore accepted and appropriated the Income Eligible Retrofits Initiative Program Grant PY25, Company 5000 - Accounting Unit 1555, pursuant to Resolution FI-R-0046-25 for the period January 1, 2025, through December 31, 2025; and

WHEREAS, the County of DuPage, through the Department of Community Services, has been notified by Resource Innovations (ATTACHMENT II), that additional incentive funding in the amount of \$171,394 (ONE HUNDRED SEVENTY-ONE THOUSAND THREE HUNDRED NINETY-FOUR AND NO/100 DOLLARS) is available to be used to supplement the Illinois Home Weatherization Assistance Program to increase the availability of energy saving improvements to residents of DuPage County; and

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

WHEREAS, acceptance of this additional funding 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 the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$171,394 (ONE HUNDRED SEVENTY-ONE THOUSAND THREE HUNDRED NINETY-FOUR AND NO/100 DOLLARS) be added to the Income Eligible Retrofits Program Grant PY25, Company 5000 - Accounting Unit 1555, and that the program continue as originally approved in all other respects; and

BE IT FURTHER RESOLVED that should local funding cease for this program, the Human Services Committee shall review the need for continuing the specified program; and

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

Enacted and approved this 14<sup>th</sup> day of October, 2025 at Wheaton, Illinois.

---

DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

APPROPRIATION OF ADDITIONAL FUNDING FOR THE  
THE INCOME ELIGIBLE RETROFITS PROGRAM GRANT PY25  
COMPANY 5000 – ACCOUNTING UNIT 1555  
\$171,394

REVENUE

46009-0000 - Private Grants	\$	<u>171,394</u>	
TOTAL ANTICIPATED REVENUE			\$ <u><u>171,394</u></u>

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries	\$	27,400	
50010-0000 - Overtime		10,600	
51010-0000 - Employer Share I.M.R.F.		2,441	
51030-0000 - Employer Share Social Security		2,907	
51040-0000 - Employee Med & Hosp Insurance		<u>9,945</u>	
TOTAL PERSONNEL			\$ 53,293

CONTRACTUAL

53090-0000 - Other Professional Services		<u>118,101</u>	
TOTAL CONTRACTUAL			\$ <u><u>118,101</u></u>

TOTAL ADDITIONAL APPROPRIATION			\$ <u><u>171,394</u></u>
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## ATTACHMENT II

### 2025 CAA Single Family Braided IHWAP Reallocation Notice

Income Eligible Retrofits Initiative

Funded by ComEd, Nicor Gas, North Shore Gas, and Peoples Gas

Thank you so much for your commitment and hard work this year on the utility-funded weatherization program! The Community Action Agencies are the backbone of this program and we're so appreciative to DuPage County Human Services for being a partner.

Based upon current spend, the latest data you shared with us, and the remaining resources in the program, we would like to move forward with the following targets for your agency:

<b>Original 2025 Single-Family Allocation:</b>	
Material and Labor	\$288,000.00
Total including program support and admin	\$417,960.00
Incentives spent to date (through August 20 <sup>th</sup> batch)	\$332,924.69
Remaining incentives based on last allocation:	\$85,035.31
<b>Revised Single Family (SF) Allocation:</b>	
Material and Labor	\$406,100.95
Total including program support and admin	\$589,354.00
<b>Remaining incentives based on revised allocation:</b>	<b>\$256,429.31</b>

Thank you again for your continuous support of this program.

Sincerely,

The Resource Innovations Team



## Finance Resolution

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

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**File #:** FI-R-0158-25

**Agenda Date:** 10/7/2025

**Agenda #:** 7.D.

---

APPROPRIATION OF ADDITIONAL FUNDING FOR THE  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM HHS GRANT PY25  
INTER-GOVERNMENTAL AGREEMENT NO. 25-224028  
COMPANY 5000 - ACCOUNTING UNIT 1420  
FROM \$3,487,312 TO \$4,050,265  
(AN INCREASE OF \$562,953)

(Under the administrative direction of  
the Community Services Department)

WHEREAS, the County of DuPage heretofore accepted and appropriated the Low Income Home Energy Assistance Program HHS Grant PY25, Company 5000 - Accounting Unit 1420, pursuant to Resolution FI-R-0237-24 for the period October 1, 2024 through August 31, 2026; and

WHEREAS, the County of DuPage has been notified by the Illinois Department of Commerce and Economic Opportunity with Amendment No. 001 to Inter-Governmental Agreement No. 25-224028 (ATTACHMENT II) that additional grant funds in the amount of \$562,953 (FIVE HUNDRED SIXTY-TWO THOUSAND NINE HUNDRED FIFTY-THREE AND NO/100 DOLLARS) are available to be used to assist low-income DuPage County residents by offsetting the rising cost of home energy through direct financial assistance, energy counseling, outreach, and education; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that Amendment No. 001 to Inter-Governmental Agreement No. 25-224028 (ATTACHMENT II) be and is hereby accepted; and

BE IT FURTHER RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$562,953 (FIVE HUNDRED SIXTY-TWO THOUSAND NINE HUNDRED FIFTY-THREE AND NO/100 DOLLARS) be made and added to the Low Income Home Energy Assistance Program HHS Grant PY25, Company 5000 - Accounting Unit 1420, and that the program continue as originally approved in all other respects; and

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

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

Enacted and approved this 14<sup>th</sup> day of October, 2025 at Wheaton, Illinois.

---

DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

APPROPRIATION OF ADDITIONAL FUNDING FOR THE  
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM HHS GRANT PY25  
INTER-GOVERNMENTAL AGREEMENT NO. 25-224028  
COMPANY 5000 – ACCOUNTING UNIT 1420  
\$562,953

REVENUE

41000-0002 - Federal Operating Grant - HHS \$ 562,953

TOTAL ANTICIPATED REVENUE \$ 562,953

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries \$ 6,900  
50010-0000 - Overtime 9,438  
51010-0000 - Employer Share I.M.R.F. 1,456  
51030-0000 - Employer Share Social Security 1,250  
51040-0000 - Employee Med & Hosp Insurance 1,203

TOTAL PERSONNEL \$ 20,247

CONTRACTUAL

53090-0000 - Other Professional Services \$ 58,566  
53821-0000 - Energy Grants 484,140

TOTAL CONTRACTUAL \$ 542,706

TOTAL ADDITIONAL APPROPRIATION \$ 562,953

## AMENDMENT TO THE GRANT AGREEMENT



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

The State of Illinois (State), acting through the undersigned agency (Grantor) and DuPage County (Grantee) (collectively, the "Parties" and individually, a "Party") agree that this Amendment (Amendment) will amend the Grant Agreement (Agreement) referenced herein. All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

The Parties or their duly authorized representatives hereby execute this Amendment.

**ILLINOIS DEPARTMENT OF COMMERCE AND  
ECONOMIC OPPORTUNITY**

**DuPage County**

**Signature on File** Digitally signed by Kristin A.  
Richards by Megan L. Street, Cash  
Desk Manager  
Date: 2025.09.12 09:18:11 -05'00'

By: \_\_\_\_\_  
Signature of Kristin A. Richards, Director

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Designee

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Designee

By: \_\_\_\_\_  
Signature of Second Grantor Approver, if applicable

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Second Grantor Approver

By: Unilateral Amendment – No Signature Required  
Signature of Authorized Representative

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Email: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Second Grantee Approver, if applicable

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Second Grantee Approver  
(optional at Grantee's discretion)

By: \_\_\_\_\_  
Signature of Third Grantor Approver, if applicable

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_  
Third Grantor Approver

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**ARTICLE I**  
**AWARD AND AMENDMENT INFORMATION AND CERTIFICATION**

1.1. Original Agreement. The Agreement, numbered **25-224028**, has an original term from **10/01/2024** to **08/31/2026**.

1.2. Prior Amendments. Below is the list of all prior amendments to the Agreement (mark N/A if none):

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

1.3. Current Agreement Term. The Agreement expires on **08/31/2026**, unless terminated pursuant to the Agreement.

1.4. Item(s) Altered. Identify which of the following Agreement elements are amended herein (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Exhibit A (Project Description)       | <input type="checkbox"/> Award Term                          |
| <input type="checkbox"/> Exhibit B (Deliverables/Milestones)   | <input checked="" type="checkbox"/> Award Amount             |
| <input type="checkbox"/> Exhibit C (Contact Information)       | <input type="checkbox"/> PART TWO (Grantor-Specific Terms)   |
| <input type="checkbox"/> Exhibit D (Performance Measures/Std.) | <input type="checkbox"/> PART THREE (Project-Specific Terms) |
| <input type="checkbox"/> Exhibit E (Specific Conditions)       | <input type="checkbox"/> Budget                              |
|  | <input checked="" type="checkbox"/> Budget (Unilateral)      |
|  | <input type="checkbox"/> Funding Source                      |
|  | <input type="checkbox"/> Other (specify):                    |

1.5. Effective Date. This Amendment shall be effective on \_\_\_\_ N/A \_\_\_\_\_. If an effective date is not identified in this Paragraph, the Amendment shall be effective upon the last dated signature of the Parties.

1.6. Certification. Grantee certifies under oath that (1) all representations made in this Amendment are true and correct and (2) all Grant Funds awarded pursuant to the Agreement shall be used only for the purpose(s) described therein, including all subsequent amendments. Grantee acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions shall be the basis for immediate termination of the Agreement and repayment of all Grant Funds.

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**ARTICLE II  
AMENDMENTS**

**Budget Adjustment --**

2.1 The first sentence of Paragraph 2.2 of the Agreement is amended as follows: Grant Funds shall not exceed \$4,050,265.00, of which \$4,050,265.00 are federal funds.

2.2 The Budget is amended by increasing the Grant Funds as detailed in the attached revised Budget. This unilateral amendment is in accordance with Article XXXVII or paragraph 30.3 of the Agreement.

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STATE OF ILLINOIS		UNIFORM GRANT MODIFICATION BUDGET TEMPLATE		Commerce & Economic Opportunity	
Organization Name:	DuPage, County of	UEI #	W7KRN7E54898	NOFO #	N/A
CSFA Number:	420-70-0090	CSFA Description:	Low Income Home Energy Assistance – HHS	Fiscal Year:	2025
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #	25-224028
Revenues				TOTAL REVENUE	
(a). State of Illinois Modification Amount Requested (Total Modification Allocation)				\$ 562,953.00	
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference: 2 CFR	Current Approved Budget	Modification Amount	New Modified Budget	
PROGRAM SUPPORT					
101 Personnel (Salaries & Wages)	200.430	\$ 215,582.00	\$ 9,438.00	\$ 225,020.00	
102 Fringe Benefits	200.431	\$ 54,751.00	\$ 1,563.00	\$ 56,314.00	
103 Travel	200.474	\$ 499.00	\$ -	\$ 499.00	
104 Equipment (Not PCs and Laptops)	200.439	\$ -	\$ -	\$ -	
105 Supplies	200.94	\$ 552.00	\$ -	\$ 552.00	
106 Contractual Services & Subawards	200.318 & 200.92	\$ -	\$ 34,035.00	\$ 34,035.00	
107 Consultant (Professional Services)	200.459	\$ -	\$ -	\$ -	
109 A Occupancy (Rent)	200.465	\$ -	\$ -	\$ -	
109 B Occupancy (Utilities)	200.452	\$ -	\$ -	\$ -	
Subtotal 109 (Occupancy Rent & Utilities)		\$ -	\$ -	\$ -	
111 Telecommunications		\$ -	\$ -	\$ -	
112 Training & Education	200.472	\$ -	\$ -	\$ -	
114 Miscellaneous Costs		\$ 7,601.00	\$ -	\$ 7,601.00	
SUBTOTAL 100s (Program Support)		\$ 278,985.00	\$ 45,036.00	\$ 324,021.00	
CLIENT BENEFITS					
201 Client Benefits		\$ 2,999,088.00	\$ 484,140.00	\$ 3,483,228.00	
SUBTOTAL 200s (Client Benefits)		\$ 2,999,088.00	\$ 484,140.00	\$ 3,483,228.00	
ADMINISTRATION					
	200.413				
301 Direct Admin--Personnel (Salaries & Wages)	200.413 (c) & 200.430	\$ 152,032.00	\$ 6,900.00	\$ 158,932.00	
302 Direct Admin--Fringe Benefits	200.431	\$ 41,920.00	\$ 2,346.00	\$ 44,266.00	
303 Direct Admin--Travel	200.474	\$ 2,675.00	\$ -	\$ 2,675.00	
304 Direct Admin--Equipment (Not PCs and Laptops)	200.439	\$ -	\$ -	\$ -	
305 Direct Admin--Supplies	200.94	\$ 479.00	\$ -	\$ 479.00	
306 Direct Admin--Contractual Services & Subawards	200.318 & 200.92	\$ 8,841.00	\$ 24,531.00	\$ 33,372.00	
307 Direct Admin--Consultant (Professional Services)	200.459	\$ -	\$ -	\$ -	
309 A Direct Admin--Occupancy (Rent)	200.465	\$ -	\$ -	\$ -	
309 B Direct Admin--Occupancy (Utilities)	200.452	\$ -	\$ -	\$ -	
Subtotal 309 (Occupancy Rent & Utilities)		\$ -	\$ -	\$ -	
311 Direct Admin--Telecommunications		\$ 504.00	\$ -	\$ 504.00	
312 Direct Admin--Training & Education	200.472	\$ 1,142.00	\$ -	\$ 1,142.00	
314 Direct Admin--Miscellaneous Costs		\$ 1,646.00	\$ -	\$ 1,646.00	
Total Direct Admin Costs		\$ 209,239.00	\$ 33,777.00	\$ 243,016.00	
317 Indirect Costs* (see below)	200.414	\$ -	\$ -	\$ -	
Rate %:					
Base Calculation Method:					
SUBTOTAL 300s (Administration)		\$ 209,239.00	\$ 33,777.00	\$ 243,016.00	
SPECIAL -- only with OCA Fiscal Pre-Approval					
406 Special Project Program		\$ -	\$ -	\$ -	
SUBTOTAL 400s (ADDITIONAL Special)		\$ -	\$ -	\$ -	
Total Direct Costs		\$ 3,487,312.00	\$ 562,953.00	\$ 4,050,265.00	
Total Indirect Costs		\$ -	\$ -	\$ -	
Total Costs for State Grant Funds		\$ 3,487,312.00	\$ 562,953.00	\$ 4,050,265.00	

Current Approved Budget	Modification Amount	New Modified Budget
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<b>GRANTEE CERTIFICATION</b>		<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>		<b>AGENCY: Commerce &amp; Economic Opportunity</b>
<b>Organization Name:</b>	DuPage, County of	<b>CSFA Description:</b>	Low Income Home Energy Assistance -- HHS	<b>NOFO #:</b> N/A
<b>CSFA #:</b>	420-70-0090	<b>DUNS #:</b>	W7KRN7E54898	<b>Fiscal Year(s):</b> 2025
<b>Grant #:</b>	<b>25-224028</b>			

(2 CFR 200.415)

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

DuPage County  
Institution/Organization

**Signature on File**

Signature

Jeffrey Martynowicz  
Name of Official

Chief Financial Officer  
Title

Chief Financial Officer (or equivalent)  
6/24/2025

Date of Execution

DuPage County  
Institution/Organization

**Signature on File**

Signature

Gina Strafford-Ahmed  
Name of Official

Administrator of Intake & Referral  
Title

Executive Director (or equivalent)  
6/24/2025

Date of Execution

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

**From:** [Vaughn, Garrett](#)  
**To:** [mary.keating](#); [Martynowicz, Jeffrey](#); [Kinczyk, Geoffrey](#); [gina.strafford](#); [Stuckey, David](#)  
**Cc:** [Moore, Ben](#); [Maletich, Megan E.](#)  
**Subject:** DuPage County Dept. of Human Resources 25-224028 Grant Modification to Increase Funds \*\*Documents to be completed\*\*  
**Date:** Wednesday, June 18, 2025 4:01:00 PM  
**Attachments:** [25-224 MOD Budget Template.xlsx](#)  
[25-224 MTDC Calculator.xlsx](#)  
[25-224 Indirect Calculator for Negotiated Rates.xlsx](#)  
**Importance:** High

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To provide additional funds to serve LIHEAP customers in your service area, we will be processing a grant modification for your 25-224028 grant. The intent of these funds is to address additional need for services identified in your service territory for the 2026 LIHEAP Program Year. The allocation by line item is listed below.

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

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

Please upload the required documents to the OCA Extranet, C/LAA Grant Application and Document Submissions, PY2025 on or before Friday, June 27th, 2025. It is critical that these modifications be in place by the beginning of the next LIHEAP Program Year to provide start up funds for the year in the transition to the new 26-224 grant series. Please keep your grant processor and I notified if you will be unable to meet the initial deadline for submission of this modification.

Agency:

-HHS LIHEAP Supplemental Increase Mod Amount- (25-224)

**Category:**

0100 Program Support	\$	45,036
0200 Client Assistance	\$	484,140
0300 Administration	\$	<u>33,777</u>
HHS Total:	\$	562,953

Garrett Vaughn, MPA  
 Fiscal Grants Coordinator  
 Office of Community Assistance  
 Illinois Department of Commerce & Economic Opportunity  
 Phone: (217) 557-7796  
 Email: [Garrett.Vaughn@illinois.gov](mailto:Garrett.Vaughn@illinois.gov)  
[www.illinois.gov/dceo](http://www.illinois.gov/dceo)





## HS Requisition \$30,000 and Over

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

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**File #:** HS-P-0046-25

**Agenda Date:** 10/7/2025

**Agenda #:** 7.E.

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AWARDING RESOLUTION  
ISSUED 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 \$64,028.90)

WHEREAS, a sole source quotation has been obtained and evaluated in accordance with County Board policy; and

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a Contract to 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, 2025 through October 31, 2026, 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, 2025 through October 31, 2026, 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 \$64,028.90. Sole Source.

Enacted and approved this 14<sup>th</sup> day of October, 2025 at Wheaton, Illinois.

---

DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

JEAN KACZMAREK, COUNTY CLERK



# Procurement Review Comprehensive Checklist

## Procurement Services Division

This form must accompany all Purchase Order Requisitions

### SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$64,028.90
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/07/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$64,028.90
	CURRENT TERM TOTAL COST: \$64,028.90	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: WellSky Corporation	VENDOR #: 30141	DEPT: Community Services	DEPT CONTACT NAME: Julie Burdick
VENDOR CONTACT: Alina Roth	VENDOR CONTACT PHONE: 317-975-2706	DEPT CONTACT PHONE #: 630-407-6462	DEPT CONTACT EMAIL: julie.burdick@dupagecounty.gov
VENDOR CONTACT EMAIL: alina.roth@WellSky.com	VENDOR WEBSITE: https://wellsky.com	DEPT REQ #:	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Renewal of Homeless Management Information System (HMIS) software , support, 180 HMIS user licenses, 75 2-1-1 user licenses, 3 API's, a community resource database, and custom programming for an annual data purge. 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			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: WellSky Corporation	Vendor#: 30141	Dept: Community Services	Division: Intake and Referral
Attn: Alina Roth	Email: Alina.Roth@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:	Fax:	Phone: 630-407-6462	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
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: 317-975-2706	Fax:	Phone: 630-407-6462	Fax:
<i>Shipping</i>		<i>Contract Dates</i>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Nov 1, 2025	Contract End Date (PO25): Oct 31, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Software, Support, 180 user licenses - IL0306L5T142417		5000	1480	53807	IL0306L5T142417	24,869.97	24,869.97
2	1	EA		Software, Support, 180 user licenses - ESG25HMI S24		5000	1470	53807	ESG25HMI S24	5,000.00	5,000.00
3	1	EA		Software, Support, 180 user licenses	FY25	1000	1750	53807		7,022.56	7,022.56
4	1	EA		Software, Support, API, 75 user licenses - COVID-19_CS		1100	1215	53807	COVID-19_INT	22,898.93	22,898.93
5	1	EA		Professional Services - Provider API - COVID-19_INT		1100	1215	53090	COVID-19_INT	1,260.00	1,260.00
6	1	EA		Professional Services - 7 yr Purge	FY25	1000	1750	53090		477.44	477.44
7	1	EA		Software, Support, 180 user licenses		5000	1470	53807	ESG25HMI S25	2,500.00	2,500.00
<b>FY is required, ensure the correct FY is selected.</b>										Requisition Total	\$ 64,028.90

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 & Deependra upon processing.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Julie Burdick x6462, Deependra (Finance) x6164.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



## **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

*Lyndee Schuster*

Name

9.24.14  
Date

Cook County CoC – Alliance Board of Directors

### Signature on File

Signature

*MARY A. KEATINGE*

Name

11/3/14  
Date

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

### Signature on File

Signature

*MARY A. KEATINGE*

Name

11/3/14  
Date

DuPage County CoC Leadership Committee

### Signature on File

Signature

*Jennifer Hill*

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)

9/23/14  
Date

## 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
  - IT/Software case tracking and reporting of errors
  - 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
  - Overall user license management and allocation
  - System Administrator I and II user licenses (Given only to users as appropriate for system administration and reporting purposes)
  - Overall system provider tree structure and provider naming conventions
  - Maintenance of HUD-dictated picklists
  - Maintenance of HUD-dictated client assessments
  - Creation and posting of system-wide news bulletins
  - 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
  - Serve as applicant to HUD for grants to be used for HMIS activities
  - 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.
  - Report outputs
  - 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
  - Ensure all HMIS users are properly trained including initial training and ongoing outreach and support
  - Facilitate problem resolution when agencies experience difficulties with the software or system
  - Resolve issues locally, whenever possible, and escalate problems to ALLIANCE when necessary
  - 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
  - Perform initial agency setup and configuration
  - Manage user accounts, logins and passwords for local agency administrators.
  - Audit usage across its CoC and ensure that standard policies and procedures are followed

**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 Alina Roth at [alina.roth@wellsky.com](mailto:alina.roth@wellsky.com).

**Ordering Procedure:**

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

[alina.roth@wellsky.com](mailto:alina.roth@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, 2025 (the “**Renewal Term**”) and will continue through October 31, 2026. 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. 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 as addressed in Attachment 2, annually beginning on November 1, 2025, 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 as addressed in Attachment 2, annually beginning on November 1, 2025, and on each anniversary of such date every year thereafter.

- b. 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</b>	<b>Contact and Title:</b>
<b>E-mail:</b>	<b>E-mail:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Billing Address:</b>	<b>Billing Address:</b>

**ORDER FORM  
ATTACHMENT 2  
PRICING**

GP# ILB15340

<b>Cloud Services, Third Party Software, and Recurring Professional Services Annual Fees</b>					
<b>DuPage (ILB15354) Qty</b>	<b>Sub-Cook (ILB15340) Qty</b>	<b>Description</b>	<b>Unit Price</b>	<b>DuPage - ILB15354 Annual</b>	<b>Sub-Cook - ILB15340 Annual</b>
<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
120	341	* 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	6	* Community Services - Report User - Premium (Over Allotment) w/Bandwidth	\$95.00	\$190.00	\$570.00
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
<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
75	0	* Community Services - Report User - Basic	\$0.00	\$0.00	\$0.00

**ORDER FORM  
ATTACHMENT 2  
PRICING**

		w/Bandwidth (Included in HMIS 211/I&R Module/License PKG )			
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, Connect 211, and Misc.</b>					
36.17%	63.83%	Community Services - Training Site	\$3,150.00	\$1,139.36	\$2,010.65
3	0	Community Services - Provider API - Annual Fee (2 sites)	\$2,500.00	\$7,500.00	\$0.00
2	0	Professional Services - Provider API - Annual Fee	\$630.00	\$1,260.00	\$0.00
36.17%	63.83%	Professional Services - 7 Year Purge - Standard - 1x/yr - Annual Fee	\$1,320.00	\$477.44	\$842.56
1	0	Third Party Solution - Community Services - Integration w/Connect 211 - Primary Website	\$11,000.00	\$11,000.00	\$0.00
<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>\$64,028.90</b>
<b>Sub-Total Annual Fees - Sub-Cook (ILB15340):</b>	<b>\$92,661.10</b>
<b>Total Annual Fees:</b>	<b>\$156,690.00</b>

**ORDER FORM  
ATTACHMENT 2  
PRICING**

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**

**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**

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)

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

**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 no later than 30 days prior to the end of the current renewal term. Request for Termination must be received no later than 90 days prior to the end of the current renewal term. Renewal is based on the current number of licenses or services purchased through 7/31/2025. Contracted amounts will be affected by any purchases of additional licenses or services.

**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





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

## REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

### Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	WellSky Corporation
CONTACT PERSON:	Alina Roth
CONTACT EMAIL:	alina.roth@wellsky.com

### Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

### **Section III: Violations**

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

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

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

[Ethics | DuPage Co, IL](#)

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

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

### **Section IV: Certification**

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

Printed Name: Steve Greenberg

Signature: \_\_\_\_\_

**Signature on File**

Title: SVP & GM, Human and Social Services

Date: 8/28/2025



## HS Change Order with Resolution

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

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**File #:** HS-CO-0001-25

**Agenda Date:** 10/7/2025

**Agenda #:** 7.F.

---

AMENDMENT TO COUNTY CONTRACT 7271-0001 SERV  
ISSUED TO DUPAGE FEDERATION ON HUMAN SERVICES REFORM  
LANGUAGE ACCESS RESOURCE CENTER (LARC)  
FOR INTERPRETATION/TRANSLATION AND  
AMERICAN SIGN LANGUAGE SERVICES  
(CONTRACT INCREASE OF \$8,500)

(Under the administrative direction of the Community Services Department)

WHEREAS, County Contract 7271-0001 SERV was approved and adopted by the Human Services Committee on October 1, 2024 per County Board policy; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to increase the contract in the amount of \$8,500, to provide face-to-face interpretation, telephone interpretation, translation services, and American Sign Language through November 30, 2025, for Community Services.

NOW, THEREFORE BE IT RESOLVED, that the DuPage County Board adopts the change order to County Contract 7271-0001 SERV, issued to DuPage Federation on Human Services Reform, Language Access Resource Center (LARC), to increase the contract in the amount of \$8,500, resulting in an amended contract total amount not to exceed \$38,499, for Community Services.

Enacted and approved this 14<sup>th</sup> day of October, 2025 at Wheaton, Illinois.

---

DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

JEAN KACZMAREK, COUNTY CLERK





# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

HS 10/7  
FI + CB 10/14

Date: Sep 23, 2025

MinuteTraq (IQM2) ID #:

<b>Purchase Order #:</b> 7271-1-SERV	<b>Original Purchase Order Date:</b> Oct 11, 2024	<b>Change Order #:</b> 5	<b>Department:</b> Community Services
<b>Vendor Name:</b> DuPage Federation on Human Services Reform		<b>Vendor #:</b> 11348	<b>Dept Contact:</b> Karen Graczyk
<b>Background and/or Reason for Change Order Request:</b>	Increase line 2 by \$8500 from 1000-1750-53040.		
<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	\$29,999.00
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$29,999.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$8,500.00
E	New contract amount (C + D)	\$38,499.00
F	Percent of current contract value this Change Order represents (D / C)	28.33%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	28.33%

### DECISION MEMO NOT REQUIRED

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

### DECISION MEMO REQUIRED

- ☐ Increase (greater than 29 days) contract expiration from: \_\_\_\_\_ to: \_\_\_\_\_  
☒ Increase  $\geq$  \$2,500.00, or  $\geq$  10%, of current contract amount ☒ Funding Source 1000-1750-53040  
☐ OTHER - explain below:

KSG	6543	Sep 23, 2025	NAK	6457	9/23/25
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
<b>REVIEWED BY (Initials Only)</b>					
Buyer	Date	Procurement Officer	Date	9/24/2025	
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: Sep 23, 2025

File ID #: \_\_\_\_\_

Purchase Order #: 7271-0001-SERV

Requesting Department: Community Services	Department Contact: Karen Graczyk
Contact Email: karen.graczyk@dupagecounty.gov	Contact Phone: 630-407-6543
Vendor Name: DuPage Federation on Human Reform	Vendor #: 11348

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

Increase contract 7271-0001-SERV \$8,500.00

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

Community Services is mandated by the State of Illinois to provide interpreter services to clients to effectively communicate with the clients to provide services. The current contract does not have enough funding to provide the services through the end of the fiscal year, FY25.

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

RFP #23-072-CS

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

Recommend approval of increase in funds to the P.O. to provide interpreter services as needed and mandated by state law.  
Do not increase funding and not be able to serve the clientele in DuPage County that speak other languages.  
Find vendors outside of the P.O. that do not provide the same level of services as the current provider.

**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.

Budget line for interpreter services for PY25 in general funds is \$52,000. No additional funds will be needed. This transaction will move funds to the P.O. line only from the general funds budget line. 1000-1750-53040



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

## REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

### **Section I: Contact Information**

Please complete the contact information below.

BID NUMBER:	P.O. 7271-0001-SERV
COMPANY NAME:	DuPage Federation on Human Services Reform
CONTACT PERSON:	David Roth
CONTACT EMAIL:	droth@dupagefederation.org

### **Section II: Procurement Ordinance Requirements**

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

Has the Bidder made contributions as described above?

- ☐ Yes  
☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

**Section III: Violations**

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

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

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[Ethics | DuPage Co. IL](#)

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

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

**Section IV: Certification**

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

Printed Name: David Roth

Signature: \_\_\_\_\_

Title: Executive Director

Date: September 17, 2025

Signature on File



## HS Resolution

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

**File #:** HS-R-0017-25

**Agenda Date:** 10/7/2025

**Agenda #:** 7.G.

**APPROVAL OF ISSUANCE OF PAYMENTS BY DUPAGE COUNTY  
TO ENERGY ASSISTANCE PROVIDERS THROUGH THE  
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM HHS GRANT PY25  
INTER-GOVERNMENTAL AGREEMENT NO. 25-224028  
IN THE AMOUNT OF \$484,140**

WHEREAS, the County of DuPage receives grant funds and administers the Low-Income Home Energy Assistance Program (LIHEAP) Energy Assistance HHS Grant PY25 No. 25-224028, Company 5000 - Accounting Unit 1420; and

WHEREAS, the energy assistance budget for the LIHEAP Energy Assistance HHS Grant PY25 No. 25-224028 has been increased by \$484,140 (FOUR HUNDRED EIGHTY-FOUR THOUSAND ONE HUNDRED FORTY AND NO/100 DOLLARS), by way of Amendment No. 001, to a new total of \$3,483,228 (THREE MILLION FOUR HUNDRED EIGHTY-THREE THOUSAND TWO HUNDRED TWENTY-EIGHT AND NO/100 DOLLARS); and

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

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of payments for the LIHEAP Energy Assistance HHS Grant PY25 No. 25-224028, for the period October 1, 2024 through August 31, 2026 for energy assistance, in amounts not to exceed the total grant energy assistance budget.

NOW, THEREFORE, BE IT RESOLVED, that individual payments to provide energy assistance in accordance with the LIHEAP Energy Assistance HHS Grant PY25 No. 25-224028, Company 5000 - Accounting Unit 1420, for the period October 1, 2025 through August 31, 2026, for Community Services/LIHEAP, be and it is hereby approved for issuance to the providers on the approved State of Illinois Registers, in amounts not exceeding the grant total of \$3,483,228 (THREE MILLION FOUR HUNDRED EIGHTY-THREE THOUSAND TWO HUNDRED TWENTY-EIGHT AND NO/100 DOLLARS).

Enacted and approved this 14<sup>th</sup> day of October, 2025 at Wheaton, Illinois.

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

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





## Care Center Requisition \$30,000 and Over

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

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**File #:** HS-P-0047-25

**Agenda Date:** 10/7/2025

**Agenda #:** 8.A.

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AWARDING RESOLUTION ISSUED TO  
PULMONARY EXCHANGE, LTD  
TO PROVIDE RENTAL OF RESPIRATORY CARE EQUIPMENT  
FOR THE DUPAGE CARE CENTER  
(CONTRACT TOTAL AMOUNT \$35,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to Pulmonary Exchange, Ltd, to provide rental of respiratory care equipment, for the period of November 20, 2025 through November 19, 2026, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide rental of respiratory care equipment, for the period of November 20, 2025 through November 19, 2026, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract by the Procurement Division to Pulmonary Exchange, Ltd., 9480 Southwest Highway, Oaklawn, Illinois 60453, for a contract total amount not to exceed \$35,000.00, per lowest responsible bid #25-099-DCC.

Enacted and approved 14th day of October, 2025 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#: 25-2307	RFP, BID, QUOTE OR RENEWAL #: 25-099-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$35,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/07/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$140,000.00
	CURRENT TERM TOTAL COST: \$35,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Pulmonary Exchange, Ltd.	VENDOR #: 11800	DEPT: DuPage Care Center	DEPT CONTACT NAME: Nursing Department
VENDOR CONTACT: Ray Kalinsky	VENDOR CONTACT PHONE: 708-423-8888	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: rayjr@pelvip.com	VENDOR WEBSITE:	DEPT REQ #: 7535	

#### Overview

**DESCRIPTION** Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Rental of Respiratory Care Equipment for the DuPage Care Center, for the period November 20, 2025 through November 19, 2026, for a total contract not to exceed \$35,000.00 per lowest bid #25-099-DCC.

**JUSTIFICATION** Summarize why this procurement is necessary and what objectives will be accomplished  
This rental equipment are devices that are prescribed treatments for the residents to maintain good quality of care (Ci-pap & Bi-pap machines, as well as providing Respiratory Therapist services to set up machine & to adjust settings & educate nursing staff as needed.

### SECTION 2: DECISION MEMO REQUIREMENTS

**DECISION MEMO NOT REQUIRED** Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.  
LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)

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

### SECTION 3: DECISION MEMO

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

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

## SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Pulmonary Exchange, Ltd.	Vendor#: 11800	Dept: DuPage Care Center	Division: Nursing Department
Attn: Ray Kalinsky	Email: rayjr@pelvip.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 9480 Southwest Highway	City: Oaklawn	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60453	State: IL	Zip: 60187
Phone: 708-423-8888	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Pulmonary Exchange, Ltd.	Vendor#: 11800	Dept: DuPage Care Center	Division: Nursing Department
Attn: Ray Kalinsky	Email: rayjr@pelvip.com	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 9480 Southwest Highway	City: Oaklawn	Address: 400 N. County Farm Road	City:
State: IL	Zip: 60453	State: IL	Zip: 60187
Phone: 708-423-8888	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): November 20, 2025	Contract End Date (PO25): November 19, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Rental of respiratory care equipment	FY25	1200	2050	53410		2,900.00	2,900.00
2	1	EA		Rental of respiratory care equipment	FY26	1200	2050	53410		32,100.00	32,100.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 35,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Rental of Respiratory Care Equipment for the DuPage Care Center, for the period November 20, 2025 through November 19, 2026, for a total contract not to exceed \$35,000.00 per lowest bid #25-099-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. October 7, 2024 Human Services Committee      October 14, 2024 County Board Meeting
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



THE COUNTY OF DUPAGE  
FINANCE - PROCUREMENT  
RENTAL OF RESPIRATORY CARE EQUIPMENT 25-099-DCC  
BID TABULATION



NO.	ITEM	UOM	QTY	Pulmonary Exchange, Ltd. dba PEL/VIP Medical Staffing		Integra Healthcare Equipment		Unlimited Advacare Inc. dba Advacare Systems	
				DAILY RENTAL PRICE	MONTHLY RENTAL PRICE	DAILY RENTAL PRICE	MONTHLY RENTAL PRICE	DAILY RENTAL PRICE	MONTHLY RENTAL PRICE
1	Basic BiPAP	EA	1	\$ 5.00	\$ 150.00	\$ 7.00	\$ 210.00	\$ 12.00	\$ 360.00
2	Basic C-PAP	EA	5	\$ 4.00	\$ 120.00	\$ 6.00	\$ 180.00	\$ 10.00	\$ 300.00
3	Auto Titrate C-PAP	EA	1	\$ 5.00	\$ 150.00	\$ 6.00	\$ 180.00	\$ 10.00	\$ 300.00
4	Spontaneous Timed BiPAP	EA	2	\$ 8.00	\$ 240.00	\$ 10.00	\$ 300.00	\$ 12.00	\$ 360.00
5	AVAP	EA	1	\$ 9.00	\$ 270.00	\$ 12.00	\$ 360.00	\$ 25.00	\$ 750.00
6	Trilogy	EA	1	\$ 16.00	\$ 480.00	\$ 25.00	\$ 750.00	NO BID	\$ 650.00
GRAND TOTAL				\$ 47.00	\$ 1,410.00	\$ 66.00	\$ 1,980.00	\$ 69.00	\$ 2,720.00

NOTES

- Pulmonary Exchange, Ltd. dba PEL/VIP Medical Staffing Bid Tabulation was adjusted to correct for submission errors:
  - Upon clarification, NO. 2, when multiplied, (\$4.00 (daily rental rate) x 30 = \$120.00), resulted in a decrease of \$180.00.
- Integra Healthcare Equipment Bid Tabulation was adjusted to correct for submission errors:
  - GRAND TOTAL for DAILY RENTAL PRICE was corrected from \$100.00 to \$66.00.
  - GRAND TOTAL for MONTHLY RENTAL PRICE was corrected from \$3,000.00 to \$1,980.00.

Bid Opening 9/15/2025 @ 2:30 PM	HK, BR
Invitations Sent	26
Total Vendors Requesting Documents	2
Total Bid Responses	3

## BID PRICING FORM

### Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-099-DCC
COMPANY NAME:	Pulmonary Exchange, Ltd
CONTACT PERSON:	Ray Kalinsky
CONTACT EMAIL:	rayjr@pelvip.com

### Section II: Pricing

Quantities listed are estimates and used for bid canvassing purposes only. All goods shall be shipped F.O.B. Destination, delivered, and installed.

NO	ITEM	UOM	QTY	DAILY RENTAL PRICE	MONTHLY RENTAL PRICE
1	Basic BiPAP	EA	1	\$ 5.00	\$ 150.00
2	Basic C-PAP	EA	5	\$ 4.00	\$ 300.00
3	Auto Titrate C-PAP	EA	1	\$ 5.00	\$ 150.00
4	Spontaneous Timed BiPAP	EA	2	\$ 8.00	\$ 240.00
5	AVAP	EA	1	\$ 9.00	\$ 270.00
6	Trilogy	EA	1	\$ 16.00	\$ 480.00
GRAND TOTAL				\$ 47.00	\$ 1410.00
GRAND TOTAL (In words) Monthly One Thousand Four hundred and ten dollars					

**Section III: Certification**

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

Printed Name: Raymond Kalinsky

Signature: [Redacted Signature]

Title: COO COO

Date: 8/28/2025



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

## MANDATORY FORM

### Section I: Contact Information

Complete the contact information below.

BID NUMBER:	25-099-DCC
COMPANY NAME:	Pulmonary Exchange, Ltd
MAIN ADDRESS:	9840 Southwest Highway
CITY, STATE, ZIP CODE:	Oak Lawn, IL 60453
TELEPHONE NO.:	708-423-8888
BID CONTACT PERSON:	Ray Kalinsky
CONTACT EMAIL:	rayjr@pelvip.com

### Section II: Contract Administration Information

Complete the contract administration information below.

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME:	Pulmonary Exchange, Ltd	NAME:	Pulmonary Exchange, Ltd
CONTACT:	Ray Kalinsky	CONTACT:	Michelle Korslin
ADDRESS:	9840 Southwest Highway	ADDRESS:	9840 Southwest Highway
CITY, ST., ZIP:	Oak Lawn, IL 60453	CITY, ST., ZIP:	Oak Lawn, IL 60453
PHONE NO.:	708-423-8888	PHONE NO.:	708-423-8888
EMAIL:	rayjr@pelvip.com	EMAIL:	michellekorslin@pelvip.com



### Section III: Certification

The undersigned certifies that they are:

☐

The Owner or Sole  
Proprietor

☐

A Member authorized to  
sign on behalf of the  
Partnership

☒

An Officer of the  
Corporation

☐

A Member of the Joint  
Venture

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

Raymond P Kalinsky

(President or Partner)

Raymond Kalinsky

(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Officer, DuPage County, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ issued thereto.

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

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

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

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

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

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

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

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

Printed Name: \_\_\_\_\_

Raymond Kalinsky

Signature: \_\_\_\_\_

[Redacted Signature]

Title: \_\_\_\_\_

COO

Date: \_\_\_\_\_

8/28/2025



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

## REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

### Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-099-DCC
COMPANY NAME:	Pulmonary Exchange, Ltd
CONTACT PERSON:	Ray Kalinsky
CONTACT EMAIL:	rayjr@pelvip.com

### Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

**Section III: Violations**

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

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

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

[Ethics | DuPage Co. IL](#)

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

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

**Section IV: Certification**

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

Printed Name: Raymond Kalinsky

Signature: 6: Signature on File

Title: COO

Date: 8/28/2025



## Care Center Requisition \$30,000 and Over

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

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**File #:** HS-P-0048-25

**Agenda Date:** 10/7/2025

**Agenda #:** 8.B.

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AWARDING RESOLUTION ISSUED TO  
HD SUPPLY, INC.  
TO PROVIDE HOUSEKEEPING SUPPLIES AND CLEANING CHEMICALS  
FOR THE DUPAGE CARE CENTER  
(CONTRACT TOTAL AMOUNT \$189,000.00)

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

WHEREAS, pursuant to the Governmental Joint Purchasing Act (30 ILCS 525/2), the County is authorized to enter into a Joint Purchasing Agreement to provide, housekeeping and cleaning chemicals; and

WHEREAS, pursuant to Intergovernmental Agreement between the County of DuPage and the OMNIA Partners, the County of DuPage will contract with HD Supply, Inc.; and

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to HD Supply, Inc., to provide housekeeping supplies and cleaning chemicals, for the period of November 1, 2025 through October 31, 2028, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that County contract, covering said to provide housekeeping supplies and cleaning chemicals, for the period of November 1, 2025 through October 31, 2028, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract by the Procurement Division to HD Supply, Inc, 3400 Cumberland Boulevard SE, Atlanta, Georgia 30339, for a contract total amount not to exceed \$189,000.00, per contract pursuant to the OMNIA Partner Agreement 25-JH-011.

Enacted and approved 14<sup>th</sup> day of October, 2025 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#: 25-2321	RFP, BID, QUOTE OR RENEWAL #: OMNIA Partners #25-JH-011	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$189,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/07/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$189,000.00
	CURRENT TERM TOTAL COST: \$189,000.00	MAX LENGTH WITH ALL RENEWALS: THREE YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: HD Supply, Inc.	VENDOR #: 11812	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: George Gaspari	VENDOR CONTACT PHONE: 630-638-1935	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: George.Gaspari@HDSupply.com	VENDOR WEBSITE:	DEPT REQ #: 7533	
<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.). Recommendation for the approval of the contract issued to HD Supply, Inc., to provide housekeeping supplies and cleaning chemicals, as needed, for the DuPage Care Center, for the period November 1, 2025 through October 31, 2028, for a total contract amount not to exceed \$189,000.00. Contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners #25-JH-011.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Housekeeping supplies and cleaning chemicals are necessary for the daily housekeeping operations for the DuPage Care Center.			

### SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING	

### SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. HD Supply, Inc. holds the OMNIA Partners contract #25-JH-011, which allows the County to purchase miscellaneous cleaning supplies, equipment and custodial related items at competitive prices. OMNIA Partner members receive tiered annual rebates up to 5% on all purchases. Having a contract in place aides in tracking department purchases.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Approve contract issued to HD Supply, Inc. to provide housekeeping supplies and cleaning chemicals, as needed, for the DuPage Care Center, for the period November 1, 2025 through October 31, 2028, for a total contract amount not to exceed \$189,000.00. Contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners #25-JH-011. 2) Do not approve contract issued to HD Supply, Inc. to provide housekeeping supplies and cleaning chemicals, as needed, for the DuPage Care Center, for the period November 1, 2025 through October 31, 2028, for a total contract amount not to exceed \$189,000.00. Contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners #25-JH-011, however, DPCC will need to still purchase items to maintain day to day operations of a sanitary healthcare facility and to abide by infection control regulations.

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

## SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: HD Supply, Inc.	Vendor#: 11812	Dept: DuPage Care Center	Division: Environmental Services
Attn: George Gaspari	Email: George.Gaspari@HDSupply.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 3400 Cumberland Blvd SE	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton
State: GA	Zip: 30339	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: HD Supply, Inc.	Vendor#: 11812	Dept: DuPage Care Center	Division: Environmental Services
Attn:	Email:	Attn:	Email: vinit.patel@dupagecounty.gov
Address: PO Box 404468	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton
State: GA	Zip: 30384-4468	State: IL	Zip: 60187
Phone: 630-638-1935	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): November 1, 2025	Contract End Date (PO25): October 31, 2028

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Housekeeping and Cleaning Supplies	FY25	1200	2035	52280		5,000.00	5,000.00
2	1	EA		Housekeeping and Cleaning Supplies	FY26	1200	2035	52280		60,000.00	60,000.00
3	1	EA		Housekeeping and Cleaning Supplies	FY27	1200	2035	52280		62,000.00	62,000.00
4	1	EA		Housekeeping and Cleaning Supplies	FY28	1200	2035	52280		62,000.00	62,000.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 189,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Recommendation for the approval of the contract issued to HD Supply, Inc., to provide housekeeping supplies and cleaning chemicals, as needed, for the DuPage Care Center, for the period November 1, 2025 through October 31, 2028, for a total contract amount not to exceed \$189,000.00. Contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners #25-JH-011.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. October 7, 2025 HS Committee                      October 14, 2025 County Board
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

RFP #25-JH-011  
Cleaning Supplies, Equipment, and Custodial Related  
Products, Services, and Solutions

## ATTACHMENT H

HARFORD COUNTY PUBLIC SCHOOLS  
102 South Hickory Avenue  
Bel Air, MD 21014

### CONTRACT

RFP #25-JH-011

Cleaning Supplies, Equipment, and Custodial Related Products, Services and Solutions

THIS AGREEMENT, made this 27th day of March, 2025, by and between the Board of Education of Harford County, acting herein through its Superintendent, hereafter called "Owner" and HD Supply Facilities Maintenance, Ltd., a corporation located at 3400 Cumberland Boulevard SE, Atlanta, Georgia 30339, hereinafter called "Contractor".

WITNESSETH: That for and in consideration of the payments and agreements hereinafter mentioned, to be made and performed by the OWNER, the CONTRACTOR, hereby agrees with the OWNER to commence and to furnish and deliver in accordance with the Contractor's response to RFP #25-JH-011.

The initial term of the Contract shall be for two (2) years and shall begin on or about July 1, 2025 and end June 30, 2027. HCPS reserves the right, if mutually agreed upon, to extend this Contract for up to two (2) additional, two (2) year periods.

Hereinafter called the contract, for the pricing provided in the RFP response and listed in the Best and Final Offer, and all related work in connection therewith, under the terms as stated in the General and Special Conditions of the Request for Proposal, HD Supply Facilities Maintenance Ltd. Proposal, HD Supply Facilities Maintenance Ltd. Exceptions, and all exhibits thereto and all related documents incorporated therein (collectively, the "Contract"); and at their own proper cost and expense to furnish all the materials, supplies, machinery, equipment, tools, superintendence, labor, insurance and other accessories and services necessary to complete the said project in accordance with the conditions and prices stated in RFP #25-JH-011, and printed or written explanatory matter thereof, the specifications and contract documents therefore as prepared by the Board of Education of Harford County, as enumerated in the General Conditions, all of which are made a part hereof and collectively evidence and constitute the Contract.

I/WE certify that this bid is made without any previous understanding, agreement, or connection with any other person, firm, or corporation making a bid for the same supplies, and, in all respects, is fair and without collusion or fraud.

In compliance with the above and subject to all terms and conditions thereof, the undersigned offers and agrees, if the bid be awarded, to furnish items at the prices indicated within the time specified and in accordance with Contractor's response to RFP #25-JH-011.

IN WITNESS WHEREOF, the parties to these presents have executed this Contract in two (2) counterparts, each of which shall be deemed an original.

Seal in Signature

Signature on File

Board of Education of Harford County Witness

03/27/2025

Date

Board of Education of Harford County

Signature on File

Sean M. Rilett, Ed.D. Superintendent of Schools

Signature on File

Board of Education of Harford County - Board President

Seal in Signature

Signature on File

Authorized Contractor Signature

Signature on File

Contractor Witness

March 17, 2025

Date

HD Supply Facilities Maintenance, Ltd.

Company Name

3400 Cumberland Boulevard SE

Address

Atlanta, GA 30339

Address



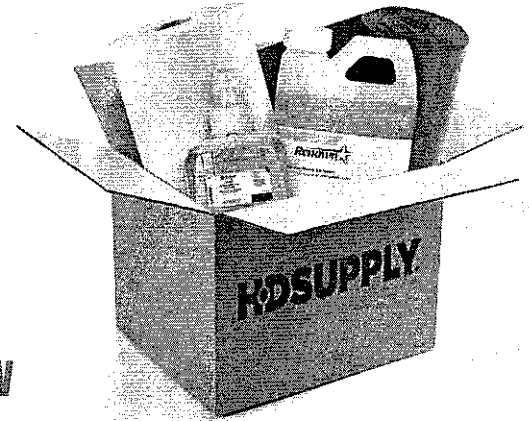


# ONE SUPPLIER FOR ALL YOUR NEEDS

## Compliant Purchasing At Your Fingertips

As a registered participant of OMNIA Partners, you have access to:

- Discounts on more than 100,000 MRO, Janitorial, and Facility Maintenance SKUs
- Free delivery on stocking SKUs that ship from our warehouse with no minimum order requirement
- A dedicated sales representative to guide you through product selection and orders, building assessments, business tools, and more



## OMNIA Partners Contract Overview

HD Supply, formerly Home Depot Pro Institutional, has been awarded multiple competitively-solicited contracts through OMNIA Partners Public Sector. Utilizing these cooperative agreements, public agencies can save time, money and resources with discounted pricing on our full offering of MRO and Janitorial/Custodial Items.

Visit [www.supplyworks.com/info/omnia-partners](http://www.supplyworks.com/info/omnia-partners) for more contract information.

Contract Name	Lead Public Agency	Contract Number	Contract Term
Cleaning Supplies, Equipment and Custodial Related Services and Solutions	Fresno Unified School District	22-07	11/1/2022 - 10/31/2025
Maintenance, Repair, Operating Supplies, Industrial Supplies, and Related Products and Services	Maricopa County	16154	2/1/2017 - 12/31/2026
Janitorial Supplies & Equipment	University of California	2020002299	6/1/2020 - 5/30/2027 with 3 additional 1 year renewals (2030)
Cleaning Supplies, Equipment and Custodial Related Services and Solutions	Harford County Schools	25-JH-011	7/1/2025 - 6/30/2027 with 2 additional 2 year renewals (2031)

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1-866-412-6726



[hdsupplysolutions.com/institutional](http://hdsupplysolutions.com/institutional)

<b>RFP #25-JH-011</b>	
<b>Cleaning Supplies, Equipment, and Custodial Related, Products, Services and Solutions</b>	
<b>ATTACHMENT I</b>	
<b>PERCENT OFF CATEGORY</b>	
<b>MARKET BASKET - SAMPLE-PRICING FOR EVALUATION</b>	
<b>Category</b>	<b>Percentage Discount off List Price (%)</b>
BROOM	26%
BRUSH	26%
CAN LINERS AND TRASH BAGS	26%
CHEMICALS	26%
CLEANER	26%
DEODORIZER	26%
DISINFECTANT	26%
DISPENSERS	26%
FLOOR CLEANERS	26%
FLOOR PADS	26%
GLOVES	26%
HANDSOAP AND SANITIZER	26%
JANITORIAL TOOLS AND SUPPLIES	26%
PAPER PRODUCTS	26%
PERSONAL PROTECTION	26%
RAGS	26%
SKIN CARE	26%
SPONGE	26%
TOILET PAPER	26%
TOWEL & TISSUE	26%
<b>ADDITIONAL CATEGORIES AND SUBCATEGORIES MAY BE ADDED BELOW</b>	
<b>Category</b>	<b>Percentage Discount off List Price (%)</b>
ABILITY ONE	5%
BUCKETS, WRINGERS & PAILS	26%
CARPET & UPHOLSTERY CARE	26%
CARTS	26%
CLEANING PRODUCTS	26%
CLEANING TOOLS & SUPPLIES	26%
DILUTION CONTROL SYSTEMS	26%
DISHWASH DETERGENTS & ADDITIVES	26%
DRAIN & SEPTIC TREATMENTS	26%
DRAIN MAINTENANCE PRODUCTS	26%
DUST MOPS & ACCESSORIES	26%
DUSTERS	26%
EQUIPMENT & EQUIPMENT PARTS	15%
EQUIPMENT PARTS & ACCESSORIES	15%

<b>RFP #25-JH-011</b>	
<b>Cleaning Supplies, Equipment, and Custodial Related, Products, Services and Solutions</b>	
<b>ATTACHMENT I</b>	
<b>PERCENT OFF CATEGORY</b>	
<b>MARKET BASKET - SAMPLE-PRICING FOR EVALUATION</b>	
FLOOR MATTING	26%
FOOD SERVICE SUPPLIES	10%
GLASS CLEANERS	26%
INDSUTRIAL CHEMICALS	26%
JANITORIAL EQUIPMENT SERVICES	10%
LAUNDRY DETERGENT & ADDITIVES	26%
LINER & WASTE DISPOSAL	26%
MULTI-SURFACE CLEANERS	26%
ODOR CONTROL	26%
PUMPS, SPRAYERS & BOTTLES	26%
SANITIZING PRODUCTS	26%
SIGNS & BARRICADES	26%
SPONGES, HAND PADS & SCRUBBERS	26%
SQUEEGEES & ACCESSORIES	26%
TOILET SEAT COVERS & BANDS	26%
TRASH CONTAINERS	26%
WASTE CONTAINMENT & DISPOSAL	26%
WAX FINISH & APPLICATORS	26%
WAXES & POLISHES	26%
WET MOPS & ACCESSORIES	26%
WIPES, WIPERS & RAGS	26%
SNOW & ICE REMOVAL	15%
AIR FILTERS & ACCESSORIES	15%
AIR TREATMENT & ACCESSORIES	15%
ROOM AIR EQUIPMENT	5%
AUTONOMOUS EQUIPMENT	2%
ALL OTHER JANITORIAL & CUSTODIAL	15%



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

## REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

### **Section I: Contact Information**

Please complete the contact information below.

BID NUMBER:	N/A
COMPANY NAME:	HD Supply Facilities Maintenance, Ltd
CONTACT PERSON:	Becky Newell
CONTACT EMAIL:	Rebecca.newell@hdsupply.com

### **Section II: Procurement Ordinance Requirements**

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

### **Section III: Violations**

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

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

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

[http://www.dupagecounty.gov/government/county\\_board/ethics\\_at\\_the\\_county/](http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/)

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

[https://www.dupagecounty.gov/government/departments/finance/procurement/procurement\\_ordinance\\_and\\_guiding\\_principles.php](https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php)

### **Section IV: Certification**

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

**Signature on File**

Printed Name: Bruce Reifsteck

Signature: 006387EBC778495...

Title: VP, Public Sector

Date: 08/28/2025



## Care Center Requisition \$30,000 and Over

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

**File #:** HS-P-0049-25

**Agenda Date:** 10/7/2025

**Agenda #:** 8.C.

AWARDING RESOLUTION ISSUED TO  
POINTCLICKCARE TECHNOLOGIES INCORPORATED  
TO PROVIDE SOFTWARE MAINTENANCE  
FOR THE DUPAGE CARE CENTER  
(CONTRACT TOTAL NOT TO EXCEED \$302,734.83)

WHEREAS, a sole source quotation has been obtained in accordance with 55 ILCS 5/5-1022 and County Board policy; and

WHEREAS, the County is authorized to enter into a Sole Source Agreement pursuant to Section 2-350 of the DuPage County Procurement Ordinance; and

WHEREAS, based upon supporting documentation provided by the using Department, the Chief Procurement Officer has determined that it is not feasible to secure bids or that there is only one source for the required goods or services, and/or has determined that it is in the best interests of the County to consider only one supplier who has previous expertise relative to the subject procurement; and

WHEREAS, in accordance with the Chief Procurement Officer's determination, the Human Services Committee recommends County Board approval for the issuance of a contract to PointClickCare Technologies, Inc., to provide software maintenance, for the period of December 1, 2025 through November 30, 2026 , for the DuPage Care Center .

NOW, THEREFORE BE IT RESOLVED, that County Contract, covering said, to provide software maintenance, for the period of December 1, 2025 through November 30, 2026 for the DuPage Care Center, be, and it is hereby approved for issuance of a contract by the Procurement Division to, PointClickCare Technologies, Inc., 5570 Explorer Drive, Mississauga, ON, L4W 0C4, Canada, for a contract total amount not to exceed \$ 302,734.83. Pursuant to 55 ILCS 5/5-1022 (c) not suitable for competitive bids. (Sole provider renewal to sole maintenance/upgrade provider.)

Enacted and approved 14th day of October, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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



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

### SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-2333	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$302,734.83
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/07/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$302,734.83
	CURRENT TERM TOTAL COST: \$302,734.83	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: PointClickCare Technologies	VENDOR #: 36259	DEPT: DuPage Care Center	DEPT CONTACT NAME: Shauna Berman
VENDOR CONTACT: Alex Bruno	VENDOR CONTACT PHONE: 905-858-8885	DEPT CONTACT PHONE #: 630-784-4261	DEPT CONTACT EMAIL: shauna.berman@dupagecounty.gov
VENDOR CONTACT EMAIL: alex.bruno@pointclickcare.com	VENDOR WEBSITE:	DEPT REQ #: 7534	
<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.). Recommendation for the approval of a contract purchase order to PointClickCare Technologies, for software maintenance, for the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$302,734.83, per 55 ILCS 5/5-1022 (c) not suitable for competitive bids. (Sole Source - renewal to sole maintenance/upgrade provider)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Software maintenance/service to continue to enhance the facilities ability to electronically communicate with our partners further meet industry mandates and create ease of use the for clinical and administrative staff.			

### SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. 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. This software system gives the DuPage Care Center the ability to electronically communicate with various partners and to include a two-way communication through PCC with the various local hospitals on basic needed patient information for potential admissions.
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. The DuPage Care Center has had PCC since 2020 and has been extremely positive and is able to integrate with the needed partners to make the communication and information successful.
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. N/A

SECTION 5: Purchase Requisition Information			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: PointClickCare Technologies	Vendor#: 36259	Dept: DuPage Care Center	Division: Administration
Attn: Alex Bruno	Email: alex.bruno@pointclickcare.com	Attn: Shauna Berman	Email: shauna.berman@dupagecounty.gov
Address: 5570 Explorer Drive	City: Mississauga	Address: 400 N. County Farm Road	City: Wheaton
State: ON	Zip: L4W 0C4	State: IL	Zip: 60187
Phone: 905-858-8885	Fax:	Phone: 630-784-4261	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: PointClickCare Technologies	Vendor#: 36259	Dept: DuPage Care Center	Division: Administration
Attn:	Email:	Attn: Shauna Berman	Email: shauna.berman@dupagecounty.gov
Address: PO Box 736092	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60673-6092	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4261	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): December 1, 2025	Contract End Date (PO25): Nov 30, 2026



Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		software maintenance	FY26	1200	2000	53807		287,871.92	287,871.92
2	1	EA		software maintenance	FY26	1200	2085	53807		14,862.91	14,862.91
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 302,734.83

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Recommendation for the approval of a contract purchase order to PointClickCare Technologies, for software maintenance, for the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$302,734.83, per 55 ILCS 5/5-1022 (c) not suitable for competitive bids. (Sole Source - renewal to sole maintenance/upgrade provider)
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. October 7, 2025 Human Services Committee      October 14, 2025 County Board Meeting
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

PointClickCare Technologies Inc.  
5570 Explorer Drive  
Mississauga ON L4W 0C4  
Canada

Dupage Care Center  
2025-2026

Date: 10th Sept. 2025  
Billing Frequency : Monthly

ID	Facility ID	Start Date	End Date	Item Name	Subscription Owner	Billing Customer	Next Bill Date	Quantity	Billing Frequency	Net List Price		Term Total 3 Months Dec. 1, 2025 to Feb. 28, 2026	Net List Price (incl. estimated 5% uplift) Mar. 1, 2026 to Nov 30 2026		Term Total 9 Months (incl. estimated 5% uplift) Mar. 1, 2026 to Nov 30 2026	Term Total 12 Months Dec 1 2025 to Nov 30 2026			
										Dec. 1, 2025 to Feb. 28, 2026	Monthly Total		Monthly Total	(incl. estimated 5% uplift) Mar. 1, 2026 to Nov 30 2026					
646339		2021-01-01		Training Database - Tier 1 (1-5 facilities)	DuPage Care Center - Wheaton, IL - #55450	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	1	1	\$	122.07	\$ 122.07	\$	366.20	\$	1,153.53	\$	1,519.73	
646349		2021-01-01		Documentation Storage	DuPage Care Center - Wheaton, IL - #55450	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	1	1	\$	15.26	\$ 15.26	\$	45.77	\$	144.19	\$	189.97	
646133	dupage-1	2021-10-01		Integrated Medication Management for Pharmacies	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Convalescent Center Pharmacy - Wheaton, IL #1252782	2025-09-01	340	1	\$	3.51	\$ 1,193.81	\$	3,581.42	\$	11,281.49	\$	14,862.91	
646334	dupage-1	2021-01-01		Clinical Standard Content	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	-	\$ -	\$	-	\$	-	\$	-	
646336	dupage-1	2021-01-01		Automated Care Messaging	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	2.34	\$ 796.82	\$	2,390.47	\$	7,529.96	\$	9,920.46	
646337	dupage-1	2021-01-01		Infection Prevention & Control	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	4.07	\$ 1,382.30	\$	4,146.91	\$	13,062.77	\$	17,209.68	
646340	dupage-1	2021-01-01		Customer Relationship Management	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	3.45	\$ 1,171.37	\$	3,514.10	\$	11,069.43	\$	14,583.53	
646342	dupage-1	2021-01-01		Data Relay	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	1.04	\$ 352.10	\$	1,056.31	\$	3,327.38	\$	4,383.69	
646343	dupage-1	2021-01-01		Document Manager	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	3.13	\$ 1,063.32	\$	3,189.95	\$	10,048.34	\$	13,238.28	
646344	dupage-1	2021-01-01		Eligibility Verification -Subscription Fee	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	2.41	\$ 819.26	\$	2,457.79	\$	7,742.32	\$	10,199.84	
646345	dupage-1	2021-01-01		Resident Event Calendar	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	1.38	\$ 470.63	\$	1,411.89	\$	4,459.32	\$	5,870.71	
646347	dupage-1	2021-01-01		Skilled Nursing Performance v2	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	26.35	\$ 8,959.61	\$	26,878.84	\$	84,608.33	\$	111,547.17	
646348	dupage-1	2021-01-01		Skin and Wound	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	3.90	\$ 1,324.44	\$	3,973.31	\$	12,515.92	\$	16,489.23	
744251	dupage-1	2021-03-01		Practitioner Engagement Full Feature Set	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	5.51	\$ 1,872.11	\$	5,616.32	\$	17,661.42	\$	23,307.74	
744551	dupage-1	2021-05-01		Laboratory & Radiology Integrated Results	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	2.29	\$ 778.29	\$	2,334.89	\$	7,354.88	\$	9,689.76	
1015860	dupage-1	2021-01-01		eReferrals Included with CRM for SNF	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	-	\$ -	\$	-	\$	-	\$	-	
1290508	dupage-1	2022-11-01		Integrated Orders, Lab & Imaging	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	1.65	\$ 561.44	\$	1,684.33	\$	5,305.53	\$	6,989.95	
2021807	dupage-1	2024-08-01		Performance Insights	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	6.25	\$ 2,126.60	\$	6,379.79	\$	20,095.93	\$	27,678.15	
2084998	dupage-1	2024-11-01		PDPM Coach	DuPage Care Center - Wheaton, IL - SNF #36952	DuPage Care Center - Wheaton, IL #1193571	2025-09-01	340	1	\$	3.84	\$ 1,306.62	\$	3,919.86	\$	12,347.56	\$	16,267.42	
											\$ 24,316.05	\$	72,948.15	\$	25,531.85	\$	229,786.68	\$	302,734.83

\*\*\*NOTE: 2026 Uplift of 5% is an estimate & subject to change

POINTCLICKCARE TECHNOLOGIES INC.

Customer:

Signature:\_\_\_\_\_

Signature:\_\_\_\_\_

Print Name:\_\_\_\_\_

Print Name:\_\_\_\_\_

Print Title:\_\_\_\_\_

Print Title:\_\_\_\_\_

Date:\_\_\_\_\_

Date:\_\_\_\_\_

I have authority to bind this company.

I have authority to bind this company.

September 2, 2025

County of DuPage d/b/a DuPage County Care Center  
400 N. County Farm Road  
Wheaton, IL 60187

To Whom It May Concern:

This letter is to confirm that PointClickCare Technologies Inc. ("PointClickCare") is the sole source supplier and maintenance/update provider of the PointClickCare Electronic Health Record (EHR) platform and related cloud-based services. As of the date of this letter, PointClickCare has authorized implementation partners and referral partners; however, PointClickCare's services must be purchased from PointClickCare unless otherwise agreed to in writing.

PointClickCare is the electronic health record (EHR) platform of choice for the long-term post-acute (LTPAC) market, helping healthcare providers meet the challenges of senior care by enabling them to achieve the business results that matter – enriching the lives of residents, improving financial and operational health, and mitigating risk. The combination of PointClickCare's intuitive cloud-based software and value-driven implementation model enables senior care providers of all sizes, from single independent homes to the largest multi-facility providers, to deliver a higher standard of healthcare while experiencing superior financial performance. Over 27,000 long-term post-acute care providers throughout North America have chosen to trust their business to PointClickCare.

If you have any questions, please feel free to call us at 1-800-277-5889.

Sincerely,

**Signature on File**

**Amandeep Vaid**  
VP, Contracts & Legal

Email: [amandeep.vaid@pointclickcare.com](mailto:amandeep.vaid@pointclickcare.com)  
Office: 905-858-8885 / 800-277-5889 x2506



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

## REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

### **Section I: Contact Information**

Please complete the contact information below.

BID NUMBER:	BID# 20-067-CARE
COMPANY NAME:	PointClickCare Technologies Inc.
CONTACT PERSON:	Jessica Zook
CONTACT EMAIL:	Jessica.Zook@pointclickcare.com

### **Section II: Procurement Ordinance Requirements**

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

### **Section III: Violations**

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

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

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

[http://www.dupagecounty.gov/government/county\\_board/ethics\\_at\\_the\\_county/](http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/)

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

[https://www.dupagecounty.gov/government/departments/finance/procurement/procurement\\_ordinance\\_and\\_guiding\\_principles.php](https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php)

### **Section IV: Certification**

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

Printed Name: Amandeep Vaid

Signature: **Signature on File**

Title: VP, Contracts & Legal

Date: 9/3/2025



## Care Center Requisition Under \$30,000

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 25-2392

**Agenda Date:** 10/7/2025

**Agenda #:** 8.D.

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

### SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-2306	RFP, BID, QUOTE OR RENEWAL #: 25-091	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$26,270.20
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/07/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$26,270.20
	CURRENT TERM TOTAL COST: \$26,270.20	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Xtivity Solutions, LLC	VENDOR #:	DEPT: DuPage Care Center	DEPT CONTACT NAME: Shauna Berman
VENDOR CONTACT: Terry Crowley	VENDOR CONTACT PHONE: 630-832-5400	DEPT CONTACT PHONE #: 630-784-4261	DEPT CONTACT EMAIL: shauna.berman@dupagecounty.gov
VENDOR CONTACT EMAIL: tcrowley@xtivitysolutions.com	VENDOR WEBSITE:	DEPT REQ #: 7532	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Recommendation for the approval to furnish, install, program & test cameras for the DuPage Care Center, for the period October 8, 2025 through October 7, 2026, for a contract total amount not to exceed \$26,270.20, per lowest bid #25-091-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To have additional cameras in areas that are more challenging to view and to continue to ensure the safety for the residents and staff at the DuPage Care Center.			

### SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.  
LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)

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

### SECTION 3: DECISION MEMO

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

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

## SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Xtivity Solutions, LLC	Vendor#:	Dept: DuPage Care Center	Division: Administration
Attn: Terry Crowley	Email: tcrowley@xtivitysolutions.com	Attn: Shauna Berman	Email: shauna.berman@dupagecounty.gov
Address: 2502 S. Finley Road, Suite 110	City: Lombard	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-832-5400	Fax:	Phone: 630-784-4261	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Xtivity Solutions, LLC	Vendor#:	Dept: DuPage Care Center	Division: Administration
Attn: Managing Partner	Email: tcrowley@xtivitysolutions.com	Attn: Shauna Berman	Email: shauna.berman@dupagecounty.gov
Address: 2502 S. Finley Road, Suite 110	City: Lombard	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-832-5400	Fax:	Phone: 630-784-4261	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): October 8 2025	Contract End Date (PO25): October 7, 2026



Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Furnish, install, program & test cameras for the DuPage Care Center	FY25	1200	2040	54010		26,270.20	26,270.20
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 26,270.20

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Recommendation for the approval to furnish, install, program & test cameras for the DuPage Care Center, for the period October 8, 2025 through October 7, 2026, for a contract total amount not to exceed \$26,270.20, per lowest bid #25-091-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. October 7, 2025 Human Services Committee
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



**THE COUNTY OF DUPAGE  
FINANCE - PROCUREMENT  
FURNISH, INSTALL, PROGRAM & TESTING OF CAMERAS 25-091-DCC  
BID TABULATION**



NO.	ITEM	UOM	QTY	Xtivity Solutions, LLC		Iris Group Holdings LLC dba Everon LLC		Clear Loss Prevention, Inc.	
				PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
1	Hanwha QND-6082R Dome Cameras	EA	29	\$ 815.80	\$ 23,658.20	\$ 502.00	\$ 14,558.00	\$ 1,065.00	\$ 30,885.00
2	CAT6-23-4P UNS SOL CMR C6-Org Jkt	FT	4,000	\$ 0.149	\$ 596.00	\$ 2.952	\$ 11,808.00	\$ 0.2275	\$ 910.00
3	Furnish & Install Switches	EA	6	\$ 336.00	\$ 2,016.00	\$ 854.00	\$ 5,124.00	\$ 1,120.00	\$ 6,720.00
<b>GRAND TOTAL</b>					<b>\$ 26,270.20</b>		\$ 31,490.00		\$ 38,515.00

NO.	ITEM	UOM	QTY	Video & Sound Service, Inc.		Elite Technology Systems, LLC		TiTan Electronics, LLC	
				PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
1	Hanwha QND-6082R Dome Cameras	EA	29	\$ 1,157.96	\$ 33,580.84	\$ 701.24	\$ 20,335.96	\$ 877.55	\$ 25,448.95
2	CAT6-23-4P UNS SOL CMR C6-Org Jkt	FT	4,000	\$ 1.4675	\$ 5,870.00	NO BID		NO BID	
3	Furnish & Install Switches	EA	6	\$ 1,173.20	\$ 7,039.20	\$ 888.54	\$ 5,331.24	\$ 1,451.17	\$ 8,707.02
<b>GRAND TOTAL</b>					<b>\$ 46,490.04</b>		\$ 25,667.20		\$ 34,155.97

**NOTES**

1. Clear Loss Prevention, Inc. Bid Tab was adjusted for submission errors:

- NO. 1, when multplied, ( $\$1,065.00 \times 29 = \$30,885.00$ ), resulted in an increase of \$7.00.
- GRAND TOTAL was corrected from \$38,508.00 to \$38,515.00.

2. e.Norman Security Systems, Inc. has been deemed non-responsive for not including required document(s).

3. Securadyne Systems Intermediate, LLC dba Allied Universal Technology Services has been deemed non-responsive for not providing price as requested.

4. Computer Dynamics of NW IL LLC has been deemed non-responsive for not providing price as requested.

Bid Opening 8/18/2025 @ 2:30 PM	HK, BR, SR
Invitations Sent	68
Total Vendors Requesting Documents	9
Total Bid Responses	9

## BID PRICING FORM

### Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-091-DCC
COMPANY NAME:	Xtivity Solutions
CONTACT PERSON:	Terry Crowley
CONTACT EMAIL:	tcrowley@xtivitysolutions.com

### Section II: Pricing

All goods shall be shipped F.O.B. Destination, delivered, and installed.

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Hanwha QND-6082R Dome Cameras + LICENSE + installed cable	LS	29	\$ 815.80	\$ 23,658.20
2	CAT6-23-4P UNS SOL CMR C6-Orig Jkt	FT	4,000	\$ 149.00	\$ 596.00
3	Furnish & Install Switches	EA	6	\$ 336.00	\$ 2,016
GRAND TOTAL					\$ 26,270.20
GRAND TOTAL (In words) TWENTY SIX THOUSAND, TWO HUNDRED SEVENTY AND 20/100					

### Section III: Certification

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

Printed Name: Terry Crowley Signature: Signature on File  
 Title: MANAGING PARTNER Date: 8-18-2025



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

## MANDATORY FORM

### Section I: Contact Information

Complete the contact information below.

BID NUMBER:	25-091-DCC
COMPANY NAME:	Xtivity Solutions
MAIN ADDRESS:	2505 S. Finley Rd. Ste 110 #
CITY, STATE, ZIP CODE:	hombard, IL 60148
TELEPHONE NO.:	630.832.5400
BID CONTACT PERSON:	Terry Crowley
CONTACT EMAIL:	tcrowley@xtivitysolutions.com

### Section II: Contract Administration Information

Complete the contract administration information below. SAME AS ABOVE

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME:	Terry Crowley	NAME:	Terry Crowley
CONTACT:	Managing Partner	CONTACT:	Managing Partner
ADDRESS:	2505 S. Finley Rd Ste 110	ADDRESS:	2505 S. Finley Rd Ste 110
CITY, ST., ZIP:	hombard, IL 60148	CITY, ST., ZIP:	hombard, IL 60148
PHONE NO.:	630.832.5400	PHONE NO.:	630.832.5400
EMAIL:	tcrowley@xtivitysolutions.com	EMAIL:	tcrowley@xtivitysolutions.com

### Section III: Certification

The undersigned certifies that they are:

☒ The Owner or Sole Proprietor

☐ A Member authorized to sign on behalf of the Partnership

☐ An Officer of the Corporation

☐ A Member of the Joint Venture

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

Terry Crowley

(President or Partner)

Dimitrios Kalos

(Vice-President or Partner)

\_\_\_\_\_  
(Secretary or Partner)

\_\_\_\_\_  
(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Officer, DuPage County, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. 1, 2, and \_\_\_\_\_ issued thereto.

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

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

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

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

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

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

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

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

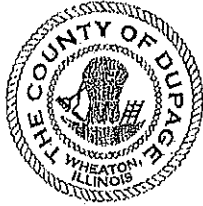
Printed Name: Terry Crowley

Signature: \_\_\_\_\_

Title: MANAGING PARTNER

Date: 8-18-2025

**Signature on File**



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

## REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

### Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-091-DCC
COMPANY NAME:	Xtivity Solutions
CONTACT PERSON:	Terry Crowley
CONTACT EMAIL:	tcrowley@xtivitysolutions.com

### Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

### **Section III: Violations**

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

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

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

[Ethics | DuPage Co. IL](#)

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

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

### **Section IV: Certification**

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

Printed Name: Terry Crowley

Signature: \_\_\_\_\_

**Signature on File**

Title: Managing Partner

Date: \_\_\_\_\_

8-18-2025





## Facilities Management Requisition Over \$30K

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

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**File #:** FM-P-0046-25

**Agenda Date:** 9/16/2025

**Agenda #:** 9.A.

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AWARDING RESOLUTION  
ISSUED TO CITY OF WHEATON  
FOR WATER UTILITY SERVICES  
FOR THE COUNTY CAMPUS  
FOR FACILITIES MANAGEMENT  
(CONTRACT TOTAL AMOUNT: \$3,152,000)

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

WHEREAS, the Public Works Committee recommends County Board approval for the issuance of a contract to City of Wheaton, for water utility services, for the County campus, for the four-year period October 1, 2025 through September 30, 2029, for Facilities Management.

NOW, THEREFORE BE IT RESOLVED, that County Contract, covering said, for water utility services, for the County campus, for the four-year period October 1, 2025 through September 30, 2029, for Facilities Management, be, and it is hereby approved for issuance of a contract by the Procurement Division to, City of Wheaton, 303 W. Wesley, Wheaton, IL 60187, for a total contract amount not to exceed \$3,152,000 (\$2,740,000 for Facilities Management and \$412,000 for the DuPage Care Center). Per 55 ILCS 5/5-1022 "Competitive Bids" (c) Not suitable for competitive bids - Public Utility.

Enacted and approved this 23rd day of September, 2025 at Wheaton, Illinois.

---

DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

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

JEAN KACZMAREK, COUNTY CLERK



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

### SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-2058	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$3,152,000.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 09/16/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$3,152,000.00
	CURRENT TERM TOTAL COST: \$3,152,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: City of Wheaton	VENDOR #: 10074	DEPT: Facilities Management	DEPT CONTACT NAME: Katie Boffa
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #: 630-407-5700	DEPT CONTACT EMAIL: katrina.boffa@dupagecounty.gov
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	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.). Recommendation for the approval of a contract to City of Wheaton, for water utility services for the County campus, for Facilities Management, for the four-year period October 1, 2025, through September 30, 2029, for a total contract amount not to exceed \$3,152,000. Per 55 ILCS 5/5-1022 "Competitive Bids" (c) Not suitable for competitive bids – Public Utility (Facilities Management portion is \$2,740,000 and the DuPage Care Center's portion is \$412,000).			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Water utility services are required to maintain the operations of the County facilities.			

### SECTION 2: DECISION MEMO REQUIREMENTS

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

### SECTION 3: DECISION MEMO

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

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

## SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: City of Wheaton	Vendor#: 10074	Dept: Facilities Management	Division:
Attn:	Email:	Attn: Accounts Payable	Email: FMAccountsPayable@dupagecounty.gov
Address: 303 W. Wesley	City: Wheaton	Address: 421 N. County Farm Road, Room 2-700	City: Wheaton
State: IL	Zip: 601687	State: IL	Zip: 60187
Phone: 630-260-2000	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: City of Wheaton	Vendor#: 10074	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email:
Address: 303 W Wesley PO Box 727	City: Wheaton	Address: 421 N. County Farm Road, Room 2-700	City: Wheaton
State: IL	Zip: 60187	State: IL	Zip: 60187
Phone: 630-260-2000	Fax:	Phone: 630-407-5700	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 1, 2025	Contract End Date (PO25): Sep 30, 2029

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	LO		Facilities Management		1000	1100	53220		2,740,000.00	2,740,000.00
2	1	LO		CarenCenter		1200	2045	53220		412,000.00	412,000.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 3,152,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Water utility services for the County campus, 10/1/25 - 9/30/29
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send O to Cathie Figlewski, Christine Kliebahn and Clara Gomez
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. PW: 9/16/25 CB: 9/23/25
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



## Facilities Management Requisition Over \$30K

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

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**File #:** FM-P-0047-25

**Agenda Date:** 9/16/2025

**Agenda #:** 9.B.

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AWARDING RESOLUTION  
ISSUED TO WHEATON SANITARY DISTRICT  
FOR SANITARY SEWER UTILITY SERVICES  
FOR THE COUNTY CAMPUS  
FOR FACILITIES MANAGEMENT  
(CONTRACT TOTAL AMOUNT: \$1,821,000)

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

WHEREAS, the Public Works Committee recommends County Board approval for the issuance of a contract to Wheaton Sanitary District, for sanitary sewer utility services, for the County campus, for the four-year period October 1, 2025 through September 30, 2029, for Facilities Management.

NOW, THEREFORE BE IT RESOLVED, that County Contract, covering said, for sanitary sewer utility services, for the County campus, for the four-year period October 1, 2025 through September 30, 2029, for Facilities Management, be, and it is hereby approved for issuance of a contract by the Procurement Division to, Wheaton Sanitary District, 1S649 Shaffner Road, Wheaton, IL 60187, for a total contract amount not to exceed \$1,821,000. (\$1,540,000 for Facilities Management and \$281,000 for the Care Center). Per 55 ILCS 5/5-1022 "Competitive Bids" (c) Not suitable for competitive bids - Public Utility.

Enacted and approved this 23<sup>rd</sup> day of September, 2025 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

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 25-2059	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$1,821,000.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 09/16/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,821,000.00
	CURRENT TERM TOTAL COST: \$1,821,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Wheaton Sanitary District	VENDOR #: 10037	DEPT: Facilities Management	DEPT CONTACT NAME: Katie Boffa
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #: 630-407-5700	DEPT CONTACT EMAIL: katrina.boffa@dupagecounty.gov
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	

#### Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Recommendation for the approval of a contract to Wheaton Sanitary District, for sanitary sewer utility services, for the County campus, for Facilities Management, for the four-year period October 1, 2025, through September 30, 2029, for a total contract amount not to exceed \$1,821,000. Per 55 ILCS 5/5-1022 "Competitive Bids" (c) Not suitable for competitive bids – Public Utility. (Facilities Management portion is \$1,540,000 and the DuPage Care Center's portion is \$281,000).

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished  
Sanitary sewer services are required to maintain the operations of the County facilities.

### SECTION 2: DECISION MEMO REQUIREMENTS

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

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

### SECTION 3: DECISION MEMO

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

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

## SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Wheaton Sanitary District	Vendor#: 10037	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email: FMAccountsPayable @dupagecounty.gov
Address: 15649 Shaffner Rd.	City: Wheaton	Address: 421 N. County Farm Road, Room 2-700	City: Wheaton
State: IL	Zip: 60189	State: IL	Zip: 60187
Phone: 630-668-1515	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Wheaton Sanitary District	Vendor#: 10037	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email:
Address: PO Box 1389	City: Wheaton	Address: 421 N. County Farm Road, Room 2-700	City: Wheaton
State: IL	Zip: 60187-1389	State: IL	Zip: 60187
Phone: 630-668-1515	Fax:	Phone: 630-407-5700	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 1, 2025	Contract End Date (PO25): Sep 30, 2029

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	LO		Facilities Management		1000	1100	53220		1,540,000.00	1,540,000.00
2	1	LO		Care Center		1200	2045	53220		281,000.00	281,000.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 1,821,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.  Sanitary sewer utility services for the County campus, for the period 10/01/215through 09/30/29.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Cathie Figlewski, Christine Kliebahn and Clara Gomez
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. PW: 8/16/25 CB: 8/23/25
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.