

DU PAGE COUNTY

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

Human Services Final Summary

Tuesday, February 20, 2024

9:30 AM

Room 3500A

1. CALL TO ORDER

9:30 AM meeting was called to order by Chair Greg Schwarze at 9:30 AM. Chair Schwarze stated a physical quorum is present. The Chair entertained a motion to permit those members not physically present due to personal illness, disability, employment purposes, or for the business of the Board or family or other emergency, to participate via video or teleconference. Member Galassi and Member LaPlante, if available will be remote. Member DeSart so moved, Member Childress seconded, all ayes on a voice vote, motion carried.

2. ROLL CALL

Other Board Member present: Member Yeena Yoo.

Staff in attendance: Nick Kottmeyer (Chief Administrative Office) Joan Olson (Chief Communications Officer), Renee Zerante (State's Attorney Office) Mary Catherine Wells and Keith Jorstad (Finance), Valerie Calvente (Procurement), Gina Strafford and Mary Keating (Community Services), and Janelle Chadwick (DuPage Care Center) (remote).

PRESENT	Childress, DeSart, Garcia, and Schwarze
ABSENT	LaPlante
REMOTE	Galassi

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze read the following editorial from the day's issue of the Daily Herald. Hunger continues to be a real challenge for far too many residents living in the suburbs. In a recent story about the Northern Illinois Food Bank, Our Rick West reported that the organization serves roughly 540,000 people each month within its 13-county area, including DuPage, Lake, Kane, and McHenry counties. That is nearly double the number of neighbors the food bank served during the months before the pandemic.

Maeven Sipes, chief philanthropy officer for the food bank, told West that folks are still struggling and facing tough choices.

"Prices are higher than before", Sipes said. "And even if people are working, their wages can't keep up with what their expenses are looking like:"

So, we welcome anything local governments can do to make it easier for food pantries to assist those who need help.

One example happened last week when DuPage County Board members approved nearly \$1M in funding requests from 16 food pantries to help pay for trucks, refrigerators, and other capital equipment needs.

The grants were possible because the county received more than \$179M from the federal American Rescue Plan Act.

In September 2022, DuPage leaders set aside \$5M of those federal dollars to address the issue of food insecurity. Part of that included funding for long-term investments in food pantries.

We are pleased to see local food pantries benefiting 17 months after that decision.

DuPage officials deserve a lot of credit. They found ways to spend money from the COVID-19 relief package in ways that will have a lasting impact in their county. They have, for example, used some of the federal dollars to address homelessness.

Food insecurity is a growing problem. It's not going away anytime soon. So, we applaud DuPage for acknowledging the crisis and trying to seek solutions.

Joan Olson stated the editorial will be in the News from Inside DuPage so everyone will receive a copy.

5. APPROVAL OF MINUTES

5.A. **24-0721**

Human Services Committee - Regular Meeting - Tuesday, February 6, 2024

RESULT: APPROVED

MOVER: Michael Childress

SECONDER: Paula Garcia

6. LENGTH OF SERVICE AWARD

6.A. Length of Service Award - Amy Gaydos - 10 Years - Community Services

7. COMMUNITY SERVICES - MARY KEATING

7.A. **FI-R-0040-24**

Acceptance and appropriation of the 211 Illinois Department of Public Health Grant PY24, Company 5000 - Accounting Unit 1765, from January 1, 2023 through June 30, 2024, in the amount of \$102,600. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Michael Childress
SECONDER: Dawn DeSart

7.B. <u>HS-CO-0001-24</u>

Recommendation for the approval of an amendment to purchase order 6640-0001 SERV, for a contract issued to Benevate, Inc. D/B/A Neighborly Software, for the purchase of grants management software, to increase the contract in the amount of \$8,000 for the SmartyStreets add-on, resulting in an amended contract total amount not to exceed \$142,000, an increase of 5.97%. (ERA2 Grant-Funded)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Dawn DeSart

SECONDER: Michael Childress

8. DUPAGE CARE CENTER - JANELLE CHADWICK

8.A. **FI-R-0041-24**

Additional appropriation for the DuPage Care Center Foundation Music Therapy Grant PY22, Company 5000, Accounting Unit 2120, from \$55,332 to \$67,587, an increase of \$12,255. (DuPage Care Center)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Dawn DeSart SECONDER: Paula Garcia

8.B. **HS-P-0013-24**

Recommendation for the approval of a contract to Performance FoodService, for secondary food, supplies and chemicals, for the DuPage Care Center, for the period March 1, 2024 through February 28, 2025, for a contract total not to exceed \$63,000; under bid renewal #23-020-DCC, first of three one-year optional renewals.

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Michael Childress
SECONDER: Dawn DeSart

8.C. <u>HS-P-0014-24</u>

Recommendation for the approval of a contract purchase order to Advacare Systems, for rental of medical equipment - beds and mattresses, for the DuPage Care Center, for the period of March 1, 2024 through February 28, 2025, for a contract total not to exceed \$99,000; under bid renewal #20-142-CARE, third and final optional renewal.

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia

SECONDER: Michael Childress

8.D. **24-0722**

Recommendation for the approval of a contract purchase order to CareVoyant, Inc., for CV hosting for large database and additional licenses, for the DuPage Care Center, for the period May 1, 2024 through April 30, 2025, for a total contract amount not to exceed \$22,800, per Other Professional Services.

RESULT: APPROVED

MOVER: Paula Garcia

SECONDER: Dawn DeSart

AYES: Childress, DeSart, Galassi, Garcia, and Schwarze

ABSENT: LaPlante

8.E. **24-0723**

Recommendation for the approval of a contract purchase order to Equipment International, Ltd., for laundry equipment repair services and parts, as needed, for the DuPage Care Center, for the period March 1, 2024 through February 28, 2025, for a contract total not to exceed \$27,000; per bid #24-014-DCC.

RESULT: APPROVED

MOVER: Dawn DeSart

SECONDER: Michael Childress

AYES: Childress, DeSart, Galassi, Garcia, and Schwarze

ABSENT: LaPlante

8.F. **24-0724**

Recommendation for the approval of a contract purchase order to KCI USA, Inc. dba 3M Medical Solutions, for wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center, for the period February 24, 2024 through February 23, 2025, for a total contract total amount not to exceed \$25,000; under quote renewal #21-100-CARE, second of three one-year renewal options.

RESULT: APPROVED

MOVER: Paula Garcia

SECONDER: Dawn DeSart

AYES: Childress, DeSart, Galassi, Garcia, and Schwarze

ABSENT: LaPlante

9. CONSENT ITEMS

9.A. **24-0725**

Valdes, LLC, contract 6169-0001 SERV - This contract purchase order is decreasing in the amount of \$20,438.57 and closing due to the purchase order has expired.

RESULT: APPROVED

MOVER: Michael Childress

SECONDER: Dawn DeSart

AYES: Childress, DeSart, Galassi, Garcia, and Schwarze

ABSENT: LaPlante

9.B. **24-0726**

Symbria Rehab, Inc., 6056-0001 SERV - This contract purchase order is decreasing in the amount of \$397,693.80 and closing due to contract purchase order has expired.

RESULT: APPROVED

MOVER: Michael Childress

SECONDER: Paula Garcia

10. RESIDENCY WAIVERS - JANELLE CHADWICK

No residency waivers were offered.

11. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick, Administrator of the DuPage Care Center, stated there were over 600 balloons issued to residents and the Foundation made about \$6000 from the Valentine's Day Balloon event. Ms. Chadwick expressed her appreciation to everyone that came and participated, and to all that toured the renovation.

She added if anyone is interested in touring the new construction to reach out and she will try to coordinate a tour.

Ms. Chadwick announced the construction projects two and three, which includes 3 Center and the outdoor lobby area, were approved by the Illinois Department of Public Health (IDPH). Some of the furniture for 4 North will arrive today.

Chair Schwarze asked about an ETA for residents moving back into the fourth floor. Ms. Chadwick replied that the Care Center will submit a request for temporary occupancy when they are about 90% done, which is hopefully within the next week. IDPH will have 60 days to respond, which most likely will include an onsite visit.

12. COMMUNITY SERVICES UPDATE - MARY KEATING

Gina Strafford, Administrator in Community Services, stated 211 Illinois received funding in 2023 from the State of Illinois. The County recently received two contracts for the money. A contract for about \$98,000 was approved in December, and the contract on today's agenda is for \$102,000. The funds are intended for publicity or staffing, although the state discourages the funds being spent on staffing. The contract expires at the end of June, so there is a limited time to spend the money.

Ms. Strafford-Ahmed stated that she is looking at means of publicity (television, social media, cable,etc.) with Joan Olson, DuPage County's Chief Communications Officer, as the calls are not increasing as they hoped.

The committee discussed ways of reaching out to the residents of DuPage County.

Ms. Strafford-Ahmed stated that getting the word out is their priority regarding the use of funds. The committee should see a procurement at the next meeting regarding the money. Ms. Strafford-Ahmed is confident that the county will continue to receive funds for 211 and asked the committee members to contact her if they are aware of advertising opportunities.

13. OLD BUSINESS

Member Galassi raised concerns regarding the distribution of funds for the different food pantries. She said HCS in Hinsdale, who serves Hinsdale and Willowbrook, was not aware they could order a refrigerated truck. As a representative of District 3, Member Galassi asked how can we get that added? Chair Schwarze replied that he will be meeting with Vice Chair Garcia and staff after the meeting and will give this matter consideration to move forward in an equitable manner.

Member Galassi stated that Nick Kottmeyer said he was going to look into facilitating group buying for all the refrigerated trucks. Member Galassi said HCS has been quoted \$79,000 for a truck. Chair Schwarze said he would keep the board apprised of any actions regarding this issue.

14. NEW BUSINESS

No new business was discussed.

15. ADJOURNMENT

With no further business, the meeting was adjourned at 10:02 a.m.

RESULT: APPROVED

MOVER: Paula Garcia

SECONDER: Michael Childress

Minutes



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

File #: 24-0721 Agenda Date: 2/20/2024 Agenda #: 5.A.



DU PAGE COUNTY

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

Human Services Final Summary

Tuesday, February 6, 2024 9:30 AM Room 3500A

1. CALL TO ORDER

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

2. ROLL CALL

Other Board members present: Member Lucy Evans, Member Patty Gustin, and Member Yeena Yoo

Staff in attendance: Nick Kottmeyer (Chief Administrative Officer), Renee Zerante (State's Attorney Office), Janelle Chadwick (Administrator of the DuPage Care Center), Donna Weidman and Brian Rovik (Procurement), Keith Jorstad and Mary Catherine Wells (Finance), Natasha Belli and Gina Strafford-Ahmed (Community Services Administrators), and Mary Keating, (Director of Community Services).

PRESENT DeSart, Galassi, LaPlante, and Schwarze

LATE Childress, and Garcia

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Greg Schwarze reminded the committee about the Valentine's Day Balloon Fundraiser for the DuPage Care Center. The deadline to purchase balloons is February 10. There are opportunities for committee members to volunteer by filling balloons on February 13 at 1:00 p.m. and/or to deliver balloons on February 14 at 9:30 a.m.

5. APPROVAL OF MINUTES

5.A. **24-0571**

Human Services Committee - Regular Meeting - Tuesday, January 16, 2024

RESULT: APPROVED

MOVER: Lynn LaPlante

SECONDER: Kari Galassi

AYES: DeSart, Galassi, LaPlante, and Schwarze

LATE: Childress, and Garcia

6. COMMUNITY SERVICES - MARY KEATING

6.A. **FI-R-0027-24**

Acceptance and appropriation of the Community Project Funding Environmental Review Records Program PY24, Company 5000 - Accounting Unit 1560, in the amount of \$19,000. Grant funded. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Kari Galassi SECONDER: Lynn LaPlante

AYES: DeSart, Galassi, LaPlante, and Schwarze

LATE: Childress, and Garcia

7. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

7.A. **24-0572**

Recommendation for Approval of a 2nd Modification, 2nd Time Extension of a Community Development Block Grant Agreement (CDBG) between DuPage County and the Village of Glendale Heights, Project Number CD22-05 – Norton Avenue & E. Schubert Avenue Water Main Replacement Project - Extending the Project Completion Date through March 1, 2024.

RESULT: APPROVED

MOVER: Kari Galassi

SECONDER: Lynn LaPlante

AYES: DeSart, Galassi, LaPlante, and Schwarze

LATE: Childress, and Garcia

8. BUDGET TRANSFERS

Motion to Combine Items

Member Galassi moved and Member DeSart seconded a motion to combine items 8.C. through 8.N. The motion was approved on voice vote, all "ayes".

Member Childress arrived from a prior meeting at 9:34 a.m. and joined the voting at item 8.A. Member Garcia arrived from a prior meeting at 9:36 a.m., and joined the voting at item 8.G.

8.A. **24-0573**

Budget transfer to transfer funds from 5000-1760-51040 (Employee Medical and Hospital Insurance) to 5000-1760-51000 (Benefit Payments), in the amount of \$1,212, to cover the FY23 year-end compensated absences expense accrual entry for the IDHS Supportive Housing Grant. (Community Services)

RESULT: APPROVED

MOVER: Lynn LaPlante

SECONDER: Kari Galassi

AYES: DeSart, Galassi, LaPlante, and Schwarze

LATE: Childress, and Garcia

8.B. **24-0574**

Budget transfer to transfer funds from 1200-2040-53010 (Engineering /Architectural Services) to 1200-2040-54110 (Equipment & Machinery), in the amount of \$18,210, for Clear Loss Prevention, Inc., amount originally coded to a different line, now correcting line to be made whole for FY23. This was for additional cameras in various areas at the DuPage Care Center.

RESULT: APPROVED
MOVER: Dawn DeSart
SECONDER: Kari Galassi

AYES: Childress, DeSart, Galassi, LaPlante, and Schwarze

LATE: Garcia

8.C. **24-0575**

Budget Transfer to transfer funds within the Administration Department payroll from account 1200-2000-53080 (salary and wage adjustments) \$3,000 to account 1200-2000-51000 (benefit payments) in the amount of \$3,000 and to 1200-2000-51050 (flexible benefit earnings) in the amount of \$300 to balance the budget lines that are over budget while salary & wages are under budget in FY23 for a total of \$3,300. (DuPage Care Center)

8.D. **24-0576**

Budget Transfer to transfer funds within the Financial Services Department from 1200-2010-50080 (salary & wage adjustments) \$30,610 and \$2,000 from 1200-2010-50040 (part-time help) to 1200-2010-5000 (regular salaries) to adjust for shortages due to the 2% COLA budgeted to the salary & wage line as directed in FY2023, but paid out of regular salaries, for a total of \$32,610. (DuPage Care Center)

8.E. **24-0577**

Budget transfer to transfer funds within the Dining Services Department from 1200-2025-50080 (salary & wage adjustments) \$70,797 and 1200-2025-50040 (part-time help) \$100,000 to 1200-2025-50010 (overtime) to adjust for shortages due to the 2% COLA budgeted to salary & wage adjustments as directed, but paid from other budget lines in FY23, for a total of \$170,797. (DuPage Care Center)

8.F. **24-0578**

Budget Transfer to transfer funds within the Laundry Department from 1200-2030-50080 (salary & wage adjustments) \$1,200 to 1200-2030-50010 (overtime) \$200, 1200-2030-50040 (part-time help) \$700 and 1200-2030-51050 (flexible benefit earnings) \$300 to adjust for shortages due to the 2% COLA budgeted to salary and wage adjustments as directed in FY23, but paid out of other lines, for a total of \$1,200. (DuPage Care Center)

8.G. **24-0579**

Budget transfer to transfer funds within the Nursing Services Department from, 1200-2050-50080 (salary & wage adjustments) \$522,000 and 1200-2050-50000 (regular salaries) \$291,000 to 1200-2050-50010 (overtime) \$715,000, 1200-2050-50040 (part-time help) \$8,000, and 1200-2050-51000 (benefit payments) \$90,000 to adjust for shortages due to the 2% COLA budgeted to the salary & wage adjustments line as directed in FY23, but paid from other budgeted lines, for a total of \$813,000. (DuPage Care Center)

8.H. **24-0580**

Budget transfer to transfer funds within the Rehabilitation and Therapy Department from 1200-2060-50080 (salary & wage adjustments) \$7,000 to 1200-2060-51000 (benefit payments) payroll budget to balance budget lines where benefit payments are over budget and salary & wages adjustments are under budget for FY23 for a total of \$7,000. (DuPage Care Center)

8.I. **24-0581**

Budget transfer to transfer funds within the Recreation and Activities Department from 1200-2065-50080 (salary & wage adjustments) \$3,000, to 1200-2065-51050 (flexible benefit earnings) \$500 and 1200-2065-51070 (tuition reimbursement) \$2,500 to balance budget lines where benefit payments are over budget and salary & wages adjustments are under budget for FY23 for a total of \$3,000. (DuPage Care Center)

8.J. **24-0582**

Budget transfer to transfer funds within the Social Services Department from 1200-2070-50080 (salary & wage adjustments) \$2,000 to 1200-2070-51000 (benefit payments) to balance budget lines where benefit payments are over budget and salary & wages adjustments are under budget for FY23 for a total of \$2,000. (DuPage Care Center)

8.K. **24-0583**

Budget transfer to transfer funds within the Volunteer Services Department from 1200-2080-50080 (salary & wage adjustments) \$7,600 to 1200-2080-50000 (regular salaries), \$500, to 1200-2080-50010 (overtime) \$2,500, to 1200-2080-50040 (part-time help) \$4,000, and to 1200-2080-51050 (flexible benefit earnings) \$600 to adjust for shortages due to the 2% COLA budgeted to salary & wage adjustments as directed in FY23, but paid from other budget lines, for a total of \$7,600. DuPage Care Center)

8.L. **24-0584**

Budget transfer to transfer funds within the In-patient Pharmacy Department from 1200-2085-50080 (salary & wage adjustments) \$24,595 and 1200-2085-53090 (other professional services) \$13,805, to 1200-2085-50000 (regular salaries) \$33,000, 1200-2085-50010 (overtime) \$1,800, and 1200-2085-50040 (part-time help) \$3,600 adjust for shortages due to the 2% COLA being budgeted to salary & wage adjustments as directed in FY23, but paid from other budget lines for a total of \$38,400. Additionally, positions were filled negating the need for outside staffing agencies. (DuPage Care Center)

8.M. **24-0585**

Budget Transfer to transfer funds within the 421 Cafeteria Department from 1200-2100-50080 (salary & wage adjustments) \$9,300 to 1200-2100-50010 (overtime) \$8,200, 1200-2100-50020 (holiday pay) \$200, and 1200-2100-51000 (benefit payments) \$900 to adjust to shortages due to the 2% COLA budgeted to salary & wage adjustments as directed in FY23, but paid from other budget lines, for a total of \$9,300. (DuPage Care Center)

8.N. **24-0586**

Budget Transfer to transfer funds within the Housekeeping Department from 1200-2035-50080 (salary & wage adjustments) \$43,350 to 1200-2035-50010 (overtime) \$26,000, 1200-2035-50020 (holiday pay) \$200, 1200-2035-51000 (benefit payments) \$17,000, and 1200-2035-51050 (flexible benefit earnings) \$150 to adjust for shortages due to the 2% COLA budgeted to salary & wage adjustments as directed in FY23, but paid from other budget lines, for a total of \$43,350. (DuPage Care Center)

RESULT: APPROVED THE CONSENT AGENDA

MOVER: Greg Schwarze SECONDER: Dawn DeSart

AYES: Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

9. TRAVEL

9.A. <u>24-0587</u>

Travel Request - Community Services Manager to attend the National Human Services Data Consortium (NHSDC) for ongoing training provided by peers, HUD, and HUD Technical Assistance to support HMIS and Continuum of Care, from April 9, 2024 through April 13, 2024, Kansas City, Missouri. Expenses to include registration, transportation, lodging, and per diems, for approximate total of \$2,544. Grant funded. (Community Services)

RESULT: APPROVED

MOVER: Dawn DeSart

SECONDER: Paula Garcia

AYES: Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

10. RESIDENCY WAIVERS - JANELLE CHADWICK

No residency waivers were offered.

11. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick, Administrator of the DuPage Care Center, stated the renovation of the 4N wing is well under way. Ceiling tiles and curtain tracks are being installed and furniture will be delivered next week. Anyone that attends the balloon fundraiser next week can tour the progress in lieu of the PowerPoint Ms. Chadwick had promised. Ms. Chadwick added the progress is very exciting, the difference is amazing. She noted the positive impact this will have on the residents and thanked the county board for their support.

The Care Center is currently planning for the next phase; 3N, 3Center, and the entrance. This will entail moving the residents of the dementia unit. They do have a plan and are holding strategy meetings.

There are no covid-19 cases at the Care Center.

The Care Center is returning to the in-house CNA class. The class currently has four students registered and will need seven to begin the class. Ms. Chadwick will check with the class leader regarding the maximum number of students allowed in the class. She noted there is a lot of interest within the Care Center, however, enrollment will be allowed to the public if they do not generate enough registrants from within.

12. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating, Director of Community Services, stated on Friday, February 2, they held an information session for the next round of the DuPage Community Transformation Partnership with the DuPage Foundation. About 50-60 participants attended the event where they went over the criteria for immediate intervention and the transformational grants. The Transformational Letters of Intent are due April 19 and the Immediate Intervention applications are due on May 24 (no LOI process). The DuPage Foundation, as well as us DuPage County, will be sending reminders to agencies regarding the opportunity.

Ms. Keating commended her Community Development staff on meeting their timeliness ratio determined by the Community Development Block Grant (CDBG) Their regulation requires that 60 days prior to the next program year you can't have more than $1\frac{1}{2}$ times your annual allocations in your line of credit to ensure funds are being spent in a timely manner. The department is challenged with this due to the fact their program year starts in April and the earliest they receive their funding is July/August and as late as September/October. When they do finally receive the grant agreements, they have lost much of the construction season. Their timeliness ratio has hovered between 1.45 and 1.5, but as of yesterday, their timeliness ratio measured 1.1.

The capital applications for the food pantries will appear on the Finance and County Board agendas on February 13. \$1M was set aside for the agencies to apply to purchase vehicles, forklifts, shelving units, or any kind of capital that would help the efficiency of their operations. We received \$910,000 worth of applications from 16 different agencies and for over twenty different projects. Agencies were able to apply for different items by completing individual applications.

Ms. Keating answered questions from the committee.

13. OLD BUSINESS

No old business was discussed.

14. NEW BUSINESS

No new business was discussed.

15. ADJOURNMENT

With no further business, Chair Scwarze requested a motion to adjourn. Member LaPlante so moved, Member Galassi seconded, all ayes on a voice vote, the meeting was adjourned at 9:50 a.m.



File #: FI-R-0040-24 Agenda Date: 2/20/2024 Agenda #: 10.D.

ACCEPTANCE AND APPROPRIATION OF THE 211 ILLINOIS DEPARTMENT OF PUBLIC HEALTH GRANT PY24 COMPANY 5000 - ACCOUNTING UNIT 1765 \$102,600

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage has been notified by 211 Illinois that grant funds in the amount of \$102,600 (ONE HUNDRED TWO THOUSAND, SIX HUNDRED AND NO/100 DOLLARS) are available to be used to provide 24-hour-a-day 211 services to residents of Illinois in support of operating a 211 contact center and marketing the 211 service; and

WHEREAS, to receive said grant funds, the County of DuPage must enter into a Subcontractor Agreement with 211 Illinois, a copy of which is attached to and incorporated as a part of this resolution by reference (ATTACHMENT II); and

WHEREAS, the period of the Subcontractor Agreement is from January 1, 2023 through June 30, 2024; and

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

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

WHEREAS, the DuPage County Board finds that the need to appropriate 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 Subcontractor Agreement (ATTACHMENT II) between DuPage County and 211 Illinois 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 \$102,600 (ONE HUNDRED TWO THOUSAND, SIX HUNDRED AND NO/100 DOLLARS) be made to establish the 211 ILLINOIS DEPARTMENT OF PUBLIC HEALTH GRANT PY24, Company 5000 - Accounting Unit 1765, for the period January 1, 2023 through June 30, 2024; and

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

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

Agenda Date: 2/20/2024	Agenda #: 10.D.
LVED that should the Human Services Comcommend action to the County Board by res	
oved this 27 th day of February, 2024 at Whe	eaton, Illinois.
	DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD
	KACZMAREK, COUNTY CLERK
	LVED that should the Human Services Concommend action to the County Board by resoved this 27th day of February, 2024 at Whe

SUBCONTRACTOR AGREEMENT 211 ILLINOIS TO 211 DuPage

This Subcontractor Agreement, between **211 Illinois** (from now on referred to as "211 Illinois"), an Illinois not-for-profit corporation with offices located at 330 South Greenleaf Street, Gurnee, IL 60031, and <u>211 DuPage</u> (from now on referred to as "Subcontractor") with its principal place of business located at <u>421 N. County Farm Road</u>, Wheaton, IL 60187.

WHEREAS, In furtherance of its charitable purposes to add value to the community by providing 24-hour-a-day access to 211 services to residents of Illinois in support of operating a 211 contact center and marketing the 211 service (the "Subcontractor Purposes"). 211 Illinois, at this moment, awards the Subcontractor the amount of \$102,600.00 (the "Subcontractor").

NOW, THEREFORE, in consideration of the preceding and mutual promises, covenants, and agreement herein contained, and for other good and valuable consideration, the receipt and sufficiency of which is at this moment acknowledged, the parties hereto agree as follows:

1. Purpose of Subcontractor

The purpose for which this Subcontractor is awarded is described above. The specific requirements to be fulfilled by the Subcontractor are described in Attachment A (the "Project"). Attachment B details the reporting requirements. All Attachments specifically referenced in this Agreement are incorporated into and made a part of the provisions herein.

2. Term

- A. The term of the Agreement shall begin on <u>January 1, 2023</u>, and end on <u>June 30, 2024</u> (the "Expiration Date") unless terminated at an earlier date under the provisions of Section 7. Subcontractors shall complete the requirements in accordance with the provisions of Section 1 above in consultation with the 211 Illinois Executive Director and the appropriate authorized Subcontractor representative.
- B. The terms and conditions of this Agreement shall survive the completion of all requirements to be provided under this Agreement.
- C. Upon the termination of this Agreement for any reason, any funds remaining which have been awarded to the Subcontractor and not expended for Subcontractor purposes shall be returned to 211 Illinois within thirty (30) days.
- D. Any Subcontractor funds and any income earned on those funds that are not spent or committed for the Subcontractor Purposes by the Expiration Date must be returned to 211 Illinois. Where additional time is needed, the Subcontractor must notify 211 Illinois in writing at least thirty (30) days before the Expiration Date and receive approval for an official extension.

3. Subcontractor Amount and Disbursement

Subject to the terms of this Agreement, 211 Illinois shall pay the Subcontractor for its fulfillment of the Project in two (2) equal installments. The first installment will be within thirty (30) days after the execution of this Agreement by both parties. The second installment will be within thirty (30) days of receipt of all final receipts by June 30, 2024.

4. Reports

The Subcontractor shall provide periodic reports to 211 Illinois in accordance with the provisions of Attachment B.

5. Amendments

The terms of this Agreement may be amended upon the express written agreement of both 211 Illinois and the Subcontractor.

6. Publicity

The Subcontractor shall provide copies of all publicity to 211 Illinois. At its discretion, 211 Illinois may require advance notice of any or all future publicity where 211 Illinois of the 211 Statewide Network is mentioned.

7. Early Termination

211 Illinois may terminate this Agreement by written notice to the Subcontractor if (a) the Subcontractor fails to perform or defaults in any manner in the performance of this Agreement in strict accordance with its terms or (b) fails to cure any breach after receiving a "Show Cause Notice" identifying the failure and the Subcontractor does not cure the failure or nonperformance within thirty (30) days. The Subcontractor may terminate this Agreement by written notice to 211 Illinois if payment is not provided within ninety (90) days of the deadlines in Paragraph 3 of this Agreement.

8. Indemnity and Hold Harmless

In accepting this Agreement and to the extent permitted by law, the Subcontractor will use a standard of care and skill ordinarily exercised under similar circumstances.

9. Assignment

Under this Agreement, the fulfillment of any Project requirements shall not be assigned to a third party by the Subcontractor without the prior written consent and approval from 211 Illinois. This Agreement shall be binding upon and inure to the benefit of the parties, their legal representatives, successors, and assigns.

10. Confidentiality

For the purposes of this Section, "Information" means all information received from the consumer by the Subcontractor relating to the Project, other than any such information that is available to the Subcontractor on a non-confidential basis prior to disclosure provided that, in the case of information received after the date hereof, such information is clearly identified at the time of delivery as "confidential." Any Person required to maintain the confidentiality of Information as provided in this Section shall be considered to have complied with its obligation to do so if such Person has exercised the same degree of care to maintain the confidentiality of such Information as such Person would accord to its confidential information. Neither party shall voluntarily sell, transfer, publish, disclose, display, or otherwise make available to any third person such confidential information or any portion thereof without the express written consent of the other party.

Notwithstanding the above, 211 Illinois and the Subcontractor acknowledge and agree to maintain the confidentiality of the Information except that Information may be disclosed: (a) to its directors, officers, employees, and agents, including accountants, legal counsel, and other advisors (it being understood that the Persons to whom such disclosure is made will be informed of the confidential nature of such Information and instructed to keep such information confidential); (b) to the extent requested by any regulatory authority; (c) to the extent required by applicable laws or regulations or by any subpoena or similar legal process; (d) in connection with the exercise of any remedies hereunder or any suit, action or proceeding relating to this Agreement or the enforcement of rights hereunder; (e) with the consent of the consumer; or (f) to the extent such Information becomes publicly available other than as a result of a breach.

Nothing in this paragraph shall be construed as forbidding the recipient of the Information from disclosing the Information in the manner(s) and timeframe(s) provided by any governmental, judicial, or administrative order, subpoena, discovery request, regulatory request, or similar method.

11. Audit

Upon reasonable notice and at all times hereafter, 211 Illinois shall have the right to audit or to have audited and to copy the books and records of the Subcontractor which in any way relate to this Agreement. When requested by 211 Illinois, the Subcontractor shall provide 211 Illinois auditors with access to all property and records and the cooperation of the Subcontractor and its personnel, if any, necessary to effectuate the audit or audits hereunder. 211 Illinois' auditors shall have the right to copy any or all documentation relating to the performance under this Agreement. The Subcontractor shall records for not less than three (3) years after the termination of this Agreement. The Subcontractor shall include identical audit provisions in its agreements with approved third-party subcontractors. Upon request by 211 Illinois, all subcontractors shall secure equivalent rights and information from any or all work under this Agreement.

12. Force Majeure

In the event the Subcontractor is prevented from continuing or completing the terms of this Agreement because of an act of God or public enemy, strike, lockout, boycott, picketing, riots, insurrection, or any governmental order, rule, or regulation, or any ordinance, notwithstanding anything herein, the Subcontractor shall notify 211 Illinois as soon as reasonably possible of its inability to perform deliverables under the terms of this Agreement and shall, with the approval of 211 Illinois, attempt to secure alternative means for the completion of the Subcontractor purposes.

13. Conflict of Interest

The Subcontractor certifies they are not involved in any activity that would constitute a conflict of interest or suggest the appearance of a conflict of interest with 211 Illinois except as has been previously disclosed to 211 Illinois. Any future situations that might involve or appear to involve a conflict of interest will be immediately disclosed by the Subcontractor to 211 Illinois. Failure of the Subcontractor to disclose a conflict of interest may be grounds for immediate termination of this Agreement under Section 7.

14. Notices

All notices given or required hereunder shall be deemed sufficient if sent by United States first-class mail, postage prepaid, to the addresses of the Subcontractor and 211 Illinois listed above or to the email addresses of the Subcontractor and 211 Illinois as specified in Section 15.

15. 211 Illinois Contact

The 211 Illinois contact for this Agreement is the 211 Illinois Executive Director. They can be contacted at the telephone number 727-641-9496 or email executive director @211 illinois.org. An appropriate authorized and designated 211 Illinois representative may be placed in charge of any aspect associated with this Agreement with written notification by 211 Illinois. The Subcontractor shall report directly to the 211 Illinois Executive Director and shall submit all reports to the same. The 211 Illinois Executive Director is the principal responsible for working with the Subcontractor to complete the terms of this Agreement and for the overall monitoring of this Subcontractor.

16. Intellectual Property

Any materials provided by 211 Illinois or jointly created by 211 Statewide Network are 211 Illinois' intellectual property. All pre-existing materials created by the Subcontractor shall remain the intellectual property of the Subcontractor.

17. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois without giving effect to any conflict of laws provisions thereof. The 18th Judicial Circuit Court located in DuPage County shall have the sole and exclusive jurisdiction over any disputes arising under the terms of this Agreement.

18. Insurance

The Subcontractor shall be self-insured for at least \$1,000,000 in coverage. Upon request, the Subcontractor shall provide a certificate of insurance showing general liability coverage and limits.

IN WITNESS WHEREOF, the parties hereto, acting through their duly authorized officers, have executed this Subcontractor Agreement as of the date(s) written below.

By:

211 Illinois

Name:

Edward Perry

Title:

Executive Director

Date:

01/08/2024

Name: MARI A. KENTING

Title: DIRECTOR OF COMMUNITY SERVICES

Date: 1/8/24

Attachments:

(A) Specific Subcontractor Requirements

(B) Reporting Requirements

Attachment A

SPECIFIC SUBCONTRACTOR REQUIREMENTS

Utilize funding under this Agreement to support the Subcontractor's efforts to provide <u>24-hour-a-day</u> <u>211 services to residents of Illinois in support of operating a 211 contact center and marketing the 211 service.</u>

Continued distribution of funds is contingent upon completing the following:

- Ensure 24/7 access to 211 information and referral services with appropriate documentation using the 211 dialing code and other multichannel communication.
- Report to 211 Illinois immediate changes to the Subcontractor's capacity and operations.
- Maintains a regional health and human services resource database updated annually.
- Participate in 211 Counts, the National 211 National Database Platform, and 211 Illinois Data projects.
- Partner with 211 Illinois to develop and grow the 211 Illinois Statewide Network.
- Seek, maintain, and adhere to Inform USA accreditation, certification, and training requirements.
- Agree to collect, at a minimum, the following data elements:
 - Contact ID
 - o Call Date
 - Contact Type
 - o Caller Type
 - Zip code
 - o City
 - o County
 - State
 - O How did you hear about 211?

- o Age
- o Gender
- Language Spoken
- o US Veteran/Active Military
- Need
- Need Outcome
- Need Unmet Reason
- Referral Provider Name
- Maintain relationships with 211 Illinois and local partner agencies and funders.
- Actively participate in public policy and legislative advocacy efforts for the 211 Illinois Statewide Network.

Prohibited Use of Subcontractor Funds

The Subcontractor agrees not to use any funds or any income derived from this Agreement

- To conduct lobbying activities or otherwise participate in, intervene, or influence any election, political campaign, law-making, or legislative activity
- To benefit any particular public official in violation of any law, statute, or ordinance that otherwise limits gifts to public officials
- To make any loans, advances, or other extensions of credit to any executives, officers, or directors (or any relatives of any of the preceding) of the Subcontractor.
- To provide resources and support to individuals and organizations associated with terrorism and the terrorist-related lists promulgated by the U.S. Government.

Attachment B

REPORTING REQUIREMENTS

211 Contact Center Report

At the end of each quarter, the Subcontractor shall submit a 211 Contact Center Report to 211 Illinois. Reports are due by email no later than ten (10) days after the close of the quarter. This contract begins on <u>January 1, 2023</u>, and ends on <u>June 30, 2024</u>. The reporting dates are as follows:

- January 10, 2023
- April 10, 2023
- July 10, 2023
- October 10, 2023
- January 10, 2024
- April 10, 2024
- July 10, 2024

Financial Reimbursement Reporting

The Subcontractor shall provide two financial reports to the 211 Illinois contact noted in Section 15 no later than March 31, 2023, and again by June 30, 2024.

- 1. Summary of how the Subcontractor funds were used.
- 2. A financial report detailing the expenditure of Subcontractor funds.
- 3. Receipts of items purchased under this Agreement.

ATTACHMENT I

ADDITIONAL APPROPRIATION TO ESTABLISH THE 211 ILLINOIS DEPARTMENT OF PUBLIC HEALTH GRANT PY24 COMPANY 5000 – ACCOUNTING UNIT 1765 \$102,600

<u>REVENUE</u>			
41400-0001 - State Operating Grant - IDPH	\$ 102,600	_	
TOTAL ANTICIPATED REVENUE		\$	102,600
EXPENDITURES			
COMMODITIES			
52240-0000 - Promotion Materials	\$ 5,000	<u>-</u>	
TOTAL COMMODITIES		\$	5,000
CONTRACTUAL			
53801-0000 - Advertising	\$ 97,600	_	
TOTAL CONTRACTUAL		\$	97,600
TOTAL ADDITIONAL APPROPRIATION		\$	102,600

HS Change Order with Resolution





File #: HS-CO-0001-24 **Agenda Date:** 2/20/2024 **Agenda #:** 15.A.

AMENDMENT TO PURCHASE ORDER 6640-0001 SERV ISSUED TO BENEVATE, INC. D/B/A NEIGHBORLY SOFTWARE FOR GRANTS MANAGEMENT SOFTWARE (INCREASE CONTRACT \$8,000.00)

WHEREAS, Purchase Order 6640-0001 SERV was issued to Benevate, Inc. D/B/A Neighborly Software on October 1, 2023 by the Procurement Department; and

WHEREAS, the Human Services Committee recommends a Change Order to amend purchase order 6640-0001 SERV, to increase the contract total in the amount of \$8,000.00 for the implementation of the SmartyStreets add-on.

NOW, THEREFORE, BE IT RESOLVED, that the County Board adopts the Change Order dated February 1, 2024, increasing Contract Purchase Order 6640-0001 SERV issued to Benevate, Inc. D/B/A Neighborly Software, in the amount of \$8,000.00, resulting in an amended contract total amount of \$142,000.00.

Enacted and appro

oved this 27 th day of February, 2024	at Wheaton, Illinois.
	DEBORAH A. CONROY, CHAIR
	DU PAGE COUNTY BOARD
Attest:	
	JEAN KACZMAREK, COUNTY CLERK



Date: Feb 2, 2024
MinuteTraq (IQM2) ID #:

Purchase Order #	#: 6640	Original Purchase Order Date:	Oct 1, 2023	Change Order #:	Department: Cor	mmunity Services
Vendor Name: Bl	or Name: BENEVATE, INC Vendor #: 37839 Dept Contact: Joan Fox			an Fox		
1) To change Account Codes lines 1 and 2 from 53806 to 54107 as these are considered capital expenses 2) To change Account Codes line 3 from 53806 to 53807; 3) Change Account Codes line 4 from 5000-1770-53806 to 1000-1750-53807 for FY2026. 4) Add line for SmartyStreets add-on to implementation, at a cost of \$4,000 for 1st year, 5000-1770-53107-ERA2 5) Add line for SmartyStreets add-on for 2nd year (maintenance) costs of \$4,000, 5000-1770-53807-ERA2						
		IN AC	CORDANCE W	ITH 720 ILCS 5/33E-9		
(A) Were not i	reasonably forese	eable at the time the	contract was sigr	ned.		
	_	ne original contract a	_			
(C) Is in the be	est interest for the	County of DuPage a				
A (Ct-+i	atomatically a		INCREASE	/DECREASE		6124.000.00
A Starting co		O-d				\$134,000.00
	ge for previous Ch					4424.000.00
	ntract amount (A		7	¬ D		\$134,000.00
	this Change Orde		Increase	Decrease		\$8,000.00
	ct amount (C + D)	alue this Change Ord	or represents (D	/C)		\$142,000.00
			<u> </u>	construction contracts)		5.97%
Cullidiative	percent of all Cit			O NOT REQUIRED		3.97 70
Cancel entire order Close Contract Contract Extension (29 days) Consent Only Change budget code from: Change lines 1 and 2 from 53806 to 54107 to: Change lines 3 and 4 as described above Increase/Decrease quantity from: to: Price shows: should be: Decrease remaining encumbrance and close contract Decrease encumbrance and close contract Decrease encumbrance						
DECISION MEMO REQUIRED						
	,500.00, or ≥ 10%,	contract expiration f of current contract a		to:ling Source		
Signature or	n File			Signature on File		
Prepared By (Initi	als)	Phone Ext	Date	Recommended for Approv	al (Initials) Phone	Ext Date
			REVIEWED B	Y (Initials Only)		
				Signature on File		
Buyer		Date	2	Procurement Officer		Date
Chief Financial Of (Decision Memos		Date	2	Chairman's Office (Decision Memos Over \$2	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:	Feb 1, 2024
MinuteTraq (IC	QM2) ID #:_	
Department Requisition	on #:	

Requesting Department: Community Services	Department Contact: Joan Fox
Contact Email: joan.fox@dupagecounty.gov	Contact Phone: 630-407-6426
Vendor Name: Benevate, Inc	Vendor #: 37839

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 amount to include feature of Smarty Streets.
Summary Explanation/Background - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.
This is an IT approved recommendation. Ensuring the addresses inputted by an applicant is a valid address will increase efficiency. Smart Streets verifies addresses directly from the USPS database.
Strategic Impact
Customer Service Select one of the six strategic imperatives in the County's Strategic Plan this action will most impact and provide a brief explanation.
This feature will make customer service more efficient and effective.
Source Selection/Vetting Information - Describe method used to select source.
Smarty Streets is \$4,000.00, annually and is available directly through the Neighborly Software System. Neighborly is a current vendor which provides the application in which Smart Streets will be used.

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

Don't use smart streets and allow applicants to use invalid addresses which may increase duplicate applications and cause delays in verification processes.

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.

Smarty Streets is \$4,000.00 annually. We will require 2 years of use. Financial impact is \$8,000 to be paid: \$4,000 for 1st year (implementation) from 5000-1770-53107-ERA2 & 2nd year (maintenance) costs of \$4,000, 5000-1770-53807-ERA2



Required Vendor Ethics Disclosure Statement

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

	Date:	01/23/2024
3id/Contract/PO #:		

Company Name:	Benevate Inc. dba Neighborly Software	Company Contact: Jason Rusnak
Contact Phone:	703-864-7231	Contact Email: Jason.Rusnak@NeighborlySoftware.com

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

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature					
Printed Name	Jason Rusnak			_	
Title	President			_	
Date	01/23/2024			_	
Attach additional sheet	is if necessary. Sign each sheet and number each page. Page	1	of	1	(total number of pages

Finance Resolution

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



ADDITIONAL APPROPRIATION FOR THE DUPAGE CARE CENTER FOUNDATION - MUSIC THERAPY GRANT PY22 COMPANY 5000 - ACCOUNTING UNIT 2120 - FROM \$55,332 TO \$67,587 (AN INCREASE OF \$12,255)

(Under the administrative direction of the DuPage Care Center)

WHEREAS, the County of DuPage, heretofore accepted and appropriated DuPage Care Center Foundation-Music Therapy Grant PY22, Company 5000 - Accounting Unit 2120, pursuant to Resolution FI-R-0179-22, for the period of December 1, 2021, through November 30, 2022, extended to November 30, 2024; and

WHEREAS, the County of DuPage, through the DuPage Care Center Foundation, has been notified additional grant funds in the amount of \$12,254.10 (TWELVE THOUSAND, TWO HUNDRED FIFTY-FOUR AND 10/100 DOLLARS) have been made available to increase the Professional Services; and

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

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

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

BE IT FURTHER RESOLVED by the DuPage County Board that the appropriation relating to the DuPage Care Center Foundation Music Therapy Grant FY22, Company 5000 - Accounting Unit 2120, be increased by \$12,255 (TWELVE THOUSAND, TWO HUNDRED FIFTY-FIVE AND NO/100 DOLLARS) as reflected on the attached budget sheet (ATTACHMENT I).

Enacted and approved this 27th day of February, 2024 at Wheaton, Illinois.

	DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD
	De l'hel eccivil Berne
Attest:	IEAN WACZMADEW COINTY OF EDW
	JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION FOR THE DUPAGE CARE CENTER FOUNDATION MUSIC THERAPY GRANT PY22 COMPANY 5000 – ACCOUNTING UNIT 2120 FROM \$55,332 TO \$67,587 (AN INCREASE OF \$12,255)

REVENUE

46009-0000 - Private Grants	\$ 12,255	_	
TOTAL ANTICIPATED REVENUE		\$	12,255
<u>EXPENDITURES</u>			
PERSONNEL			
53090-0000 - Other Professional Services	\$ 12,255	-	
TOTAL PERSONNEL		\$	12,255
TOTAL ADDITIONAL APPROPRIATION		\$	12,255

CUNTY OF BURNEY, WILLIAM OF THE STREET, WILLI

Care Center Requisition \$30,000 and Over

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

AWARDING RESOLUTION ISSUED TO PERFORMANCE FOODSERVICE FOR SECONDARY FOOD, SUPPLIES AND CHEMICALS FOR THE DUPAGE CARE CENTER (CONTRACT AMOUNT \$63,000.00)

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 purchase order for secondary food, supplies and chemicals, for the period March 1, 2024 through February 28, 2025, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract for secondary food, supplies and chemicals, for the period March 1, 2024 through February 28, 2025, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Performance FoodService, 5030 Baseline Road, Montgomery, Illinois 60538, for a total contract amount of \$63,000; under bid renewal #23-020-DCC, first of three one-year optional renewals.

Enacted and approved this 27th of February, 2024 at Wh	neaton, Illinois.
	DEBORAH A. CONROY, CHAIRMAN DU PAGE COUNTY BOARD
Attest	
	JEAN KACZMAREK, COUNTY CLERK



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:		
24-0606	23-020-DCC	1 YR + 3 X 1 YR TERM PERIODS	\$122,000.00		
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:		
HUMAN SERVICES	UMAN SERVICES 02/20/2024 3 MONTHS		\$311,000.00		
	CURRENT TERM TOTAL COST: MAX LENGTH WITH ALL RENEWALS: C		CURRENT TERM PERIOD:		
	\$63,000.00	FOUR YEARS	FIRST RENEWAL		
Vendor Information		Department Information			
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:		
Performance FoodService	38749	DuPage Care Center	Mario Plata		
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:		
Dennis Mitchell	331-212-1352	630-784-4416	mario.plata@dupageco.org		
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	1		
dennis.mitchell@pfgc.com		7432			

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.). Secondary food, supplies and chemicals, for the DuPage Care Center, for the period March 1, 2024 through February 28, 2025, for a contract total not to exceed \$63,000.00, under bid renewal #23-020-DCC, first of three one-year optional renewals.

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

To have in place and utilize a secondary food, supplies and chemical supplier to use when primary does not have items available and to be prepared and have other options should an emergency arise due to supply/demand and transportation issues that could impact our nation.

	SECTION 2: DECISION MEMO REQUIREMENTS
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
RENEWAL	
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

	SECTION 3: DECISION MEMO
STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

Form under revision control 01/04/2023

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

Send Pu	ırchase Order To:	Send	l Invoices To:		
Vendor: Performance FoodService	Vendor#: 38749	Dept: DuPage Care Center	Division: Dining Services		
Attn: Dennis Mitchell	Email: dennis.mitchell@pfgc.com	Attn: Mario Plata	Email: Mario.Plata@dupageco.org		
Address: 5030 Baseline Road	City: Montgomery	Address: 400 N. County Farm Road	City: Wheaton		
State: IL	Zip: 60538	State:	Zip: 60187		
Phone: 331-212-1352	Fax:	Phone: 630-784-4416	Fax:		
Send Payments To:		Ship to:			
Vendor: Performance FoodService	vendor		Division: Dining Services		
Attn:	Email: Attn: Email: Mario Plata Mario.Plata@dup				
Address: 5030 Baseline Road	City: Montgomery	Address: 400 N. County Farm Road	City:		
State:	Zip: 60538	State:	Zip: 60187		
Phone: 331-212-1352	Fax:	Phone: 630-784-4416	Fax:		
	Shipping	Cor	itract Dates		
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 1, 2024	Contract End Date (PO25): February 28, 2025		

Form under revision control 01/04/2023 33

					Purchas	se Requis	ition Lin	e Details			
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		supplies	FY24	1200	2025	52200		40,000.00	40,000.00
2	1	EA		food	FY24	1200	2025	52210		5,000.00	5,000.00
3	1	EA		food	FY24	1200	2100	52210		10,000.00	10,000.00
4	1	EA		supplies	FY25	1200	2025	52200		5,000.00	5,000.00
5	1	EA		food	FY25	1200	2025	52210		1,000.00	1,000.00
6	1	EA		food	FY25	1200	2100	52210		2,000.00	2,000.00
FY is required, assure the correct FY is selected. Requisition Total					\$ 63,000.00						

	Comments
HEADER COMMENTS	Provide comments for P020 and P025. Secondary food, supplies and chemicals, for the DuPage Care Center, for the period March 1, 2024 through February 28, 2025, for a contract total not to exceed \$63,000.00, under bid renewal #23-020-DCC, first of three one-year optional renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Human Services Committee 02/20/24
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

The following documents have been attached: W-9 🗸 Vendo	or Ethics Disclosure Statement
---------------------------------------------------------	--------------------------------

Form under revision control 01/04/2023 34



AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Fox River Foods d/b/a Performance Foodservice Chicago, located at 5030 Baseline Road, Montgomery, IL 60538, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #23-020-DCC which became effective on 3/1/2023 and which will expire 02/29/2024. The contract is subject to a first of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature, and shall terminate on 2/28/2025.

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

3	
CONTRACTOR Signature on File	THE COUNTY OF DUPAGE
SIGNATURE	SIGNATURE
Dansel Gilroy	Donna Weidman
PRINTED NAME	PRINTED NAME
President	Buyer II
PRINTED TITLE	PRINTED TITLE
	8
DATE	DATE



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
SECONDARY FOOD SUPPLIES AND CHEMICALS 23-020-DCC
BID TABULATION

	✓										
				FOX RIVER FOODS INC. DBA PERFORMANCE FOODSERVICE CHICAGO		GORDON FOOD SERVICE, INC.					
NO.	ITEM		QTY	PRICE		EXTENDED PRICE		PRICE		EXTENDED PRICE	
ART 1	- MEAT AND PRODUCE										
1	Beef Ground Bulk Fine 81/19, 8/10# average	CASE	7	\$	196.00	\$	1,372.00	\$	190.40	\$	1,332.80
2	Beef Patties Raw 80/20	CASE	21	\$	59.56	\$	1,250.76	\$	83.20	\$	1,747.20
3	Beef Stew Meat Diced (size and shape may vary) 85% lean	CASE	35	\$	41.10	\$	1,438.50	\$	54.10	\$	1,893.50
4	Beef Certified Angus Flat Raw Boneless Bottom Round 171B (meat buyers guide number)	CASE	5	\$	183.43	\$	917.15	\$	158.08	\$	790.40
5	Carrots Grade A Diced (3/8" pieces)	CASE	19	\$	30.00	\$	570.00	\$	34.49	\$	655,31
6	Chicken Breast 4oz boneless/skinless in controlled vacuum packaging	CASE	11	\$	71.56	\$	787.16	\$	81.50	\$	896,50
7	Chicken breast 4oz B/S (boneless/skinless) IFZ (Individually quick frozen) in Ziplock Bags	CASE	11	\$	37.57	\$	413.27	\$	42.93	\$	472.23
8	Chicken Meat Diced 80D/20W (80% dark meat / 20% white meat)	CASE	25	\$	42.19	\$	1,054.75	\$	29.36	\$	734.00
9	Turkey Breast Raw BNLS (boneless/skinless) foil wrapped	CASE	10	\$	89.60	\$	896.00	\$	95,00	\$	950.00
				PAR	T 1 TOTAL	\$	8,699.59			\$	9,471.94

					ORMANO		S INC. DBA ODSERVICE O	GOF	RDON FOO	D SE	RVICE, INC.
NO.	ITEM	UOM	QTY	Р	RICE	E.	XTENDED PRICE	F	PRICE	E	TENDED PRICE
1	Coffee Decaf Ground 30/6.3oz packages	CASE	18	\$	57.88	\$	1,041.84	\$	119.07	\$	2,143.26
2	Containers Foam Hinged 3 Compartment Double Tab 8x8x3	CASE	29	\$	17.89	\$	518.81	\$	18,89	\$	547.81
3	Eggs Whole Liquid Fresh with Citric Acid TFF (Trans Fat Free) 15/2LB containers	CASE	28	\$	61.73	\$	1,728.44	\$	55.38	\$	1,550,64
4	Ice Cream Cups Vanilla 4oz	CASE	49	\$	18.37	\$	900.13	\$	18.15		889,35
5	Orange Juice Cup Frozen 6oz	CASE	57	\$	24.57	\$	1,400.49	\$	13,81	\$	787,17
6	Margarine Soft Buttery Spread (non-dairy) 600/5gm	CASE	35	\$	17.40	\$	609.00	\$	28,26	\$	989,10
7	Milk 2% Dairy Nectar Thickened Consistency L2 (mildly thick) 24/8oz per case	CASE	76	\$	11.51	\$	874.76	\$	21.40	\$	1,626.40
8	Milk 2% Dairy Honey Thick Consistency L3 (moderately thick) 24/8oz per case	CASE	50	\$	31.98	\$	1,599.00	\$	21.40	\$	1,070.00
9	Plastic Lid for Shoreline Collection (fits 5oz bowl/8oz mug)	CASE	13	\$	57.47	\$	747.11	\$	35,39	\$	460.07
10	Potatoes Mashed Complete (w/Vitamin C) Dried in a Plastic Safety Resealable Can 6/5.1LB per case	CASE	12	\$	69.71	\$	836.52	\$	58.88	\$	706.56
11	Soup Base Instant Cream Gluten Free / No Added MSG	CASE	17	\$	61.15	\$	1,039.55	\$	51.55	\$	876.35
12	Supplement MedPlus Vanilla 2.0 (2 calories per milliliter) Nectar Consistency L2 (mildly thick) 12/32oz	CASE	27	\$	29.18	\$	787.86	\$	47.27	\$	1,276.29
13	Supplement Nutritional Treat Orange Flavor L4 (extremely thick)	CASE	19	\$	32.58	\$	619.02	\$	29.11	\$	553.09
14	Supplement Nutritional Treat Wild Berry Flavor L4 (extremely thick)	CASE		\$	30.12		542.16	\$	29.11	\$	523,98
15	Yogurt Low Fat Strawberry Pouch	CASE		\$	37.68	_	527.52	\$	31.53	\$	441.42
16	Yogurt Low Fat Vanilla Pouch	CASE	16	\$	34.08	\$	545.28	\$	31.53	\$	504.48
				PART	2 TOTAL	\$	7,073.47			\$	8,533,73
				GRAN	ID TOTAL	\$	15,773.06			\$	18,005.67

Category	Product Category	FOX RIVER FOODS INC. DBA PERFORMANCE FOODSERVICE CHICAGO	GORDON FOOD SERVICE, INC.
1	Meat General (poultry, seafood, pork, beef, etc.) Fresh and Frozen	12.00%	8.95%
2	Produce	8.00%	11,20%
3	Non-Fluid Dairy	9.00%	9.45%
4	Frozen	11.00%	9.45%
5	Juices	12.00%	10.20%
6	Coffee	12.00%	10.20%
7	Fluid Dairy	9.00%	9.45%
8	Dairy Other	9.00%	9,45%
9	Dietary Supplements	11.00%	9.45%
10	Chemicals and Cleaning	15.00%	10.20%
11	Dry Goods	11.00%	9,45%
12	Smallwares and Disposables	10.00%	10,20%

NOTES

- 1. Fox River Foods Inc. dba Performance Foodservice Chicago's bid submission included items that were not included on the County's Bid Form Pricing. Those items were not included on the Bid Tabulation.
- 2. The following adjustments were made to Fox River Foods Inc. dba Performance Foodservice Chicago's prices to adjust for casepack quantity exceptions:
- a) Part 1, Item 2: Requested case of 80 EA. Bid is for case of 40 EA. \$29.78 per case bid price /40 = \$0.7445 EA. \$0.7445 X 80 = \$59.56 adjusted case price.
- b) Part 1, Item 5: Requested case of 30 LB\$. Bid is for case of 24 LB\$. \$24.02 per case bid price /24 = \$1.00/LB. \$1.00 X 30 = \$30.00 adjusted case price.
- c) Part 1, Item 9: Requested case of 20 LBS. Bid is for case of 22 LBS. \$98.52 per case bid price /22 = \$4.48/LB. \$4.48 X 20 = \$89.60 adjusted case price.
- d) Part 2, Item 2: Requested case of 150 EA. Bid is for case of 200 EA. \$23,85 per case bid price /200 = \$0,11925/EA. \$0,11925 X 150 = \$17.89 adjusted case price
- e) Part 2, Item 6: Requested case of 600 EA. Bid is for case of 900 EA. \$26.39 per case bid price /900 = \$0.029/EA. \$0,029 X 600 = \$17.40 adjusted case price.
- f) Part 2, Item 11: Requested case of 28 OZ X 6 = 168 OZ. Bid is for case of 25.22 OZ X 6 = 151.32 OZ. \$55.04 per case bid price /151.32 OZ = \$0.364/OZ. \$0.364 X 168 = \$61.15 adjusted case price.
- g) Part 2, Item 12: Requested case of 23 OZ X 12 = 384 OZ. Bid is for case of 6 OZ X 50 = 300 OZ. \$22.81 per case bid price /300 OZ = \$0.076/OZ. \$0.076 X 384 = \$29.18 adjusted case price.
- h) Part 2, Item 15: Requested case of 4 LB X 6 = 24 LBS, Bid is for case of 5 LB X 4 = 20 LBS. \$31,34 per case bid price /20 LBS = \$1.57/LB. \$1.57 X 24 = \$37.68 adjusted case price.
- i) Part 2, Item 16: Requested case of 4 LB X 6 = 24 LBS. Bid is for case of 5 LB X 4 = 20 LBS. \$28.31 per case bid price /20 LBS = \$1.42/LB. \$1.42 X 24 = \$34.08 adjusted case price.

- 3. The following adjustments were made to Gordon Food Service Inc.'s prices to adjust for casepack quantity exceptions:
- a) Part 1, Item 1: Requested case of 10 LB X 8 = 80 LBS. Bid Is for case of 10 LB X 6 = 60 LBS. \$142.60 per case bid price /60 LBS = \$2.38/LB. \$2.38 X 80 = \$190.40 adjusted case price.
- b) Part 1, Item 2: Requested case of 4 OZ X 80 = 320 OZ. Bid is for case of 4 OZ X 64 = 256 OZ. \$65.37 per case bid price /256 OZ = \$0.26/OZ. \$0.26 X 80 = \$83.20 adjusted case price.
- c) Part 1, Item 3: Requested case of 5 LB X 2 = 10 LBS. Bid is for case of 5 LB X 4 = 20 LBS. \$108.28 per case bid price /20 LBS = \$5.41/LB. \$5.41 X 10 = \$54.10 adjusted case price.
- d) Part 1, Item 4: Requested case of 13 LB X 4 = 52 LBS. Bid is for case of 15 LB X 4 = 60 LBS. \$182.40 per case bid price /60 LBS = \$3.04/LB. \$3.04 X 52 = \$158.08 adjusted case price.
- e) Part 2, Item 1: Requested case of 6.3 OZ X 30 = 189 OZ. Bid is for case of 6 OZ X 32 = 192 OZ. \$120.89 per case bid price /192 OZ = \$0.63/OZ. \$0.63 X 189 = \$119.07 adjusted case price.

Bid Opening 2/10/2023 @ 2:30 PM	DW, NE
Invitations Sent	26
Total Vendors Requesting Documents	2
Total Bld Responses	2

PART 1 - MEAT AND PRODUCE

Quantities are usage estimates per month.

Alternate items will be considered and nutritional labels and/or samples shall be provided upon request. Any and all exceptions or variances from Item description, Casepack Quantity, Item Size or Brand are to be noted on the line below each item. If no exceptions are noted, the item is understood to be an exact match.

Tabulations shall be based on Case Price provided. Price per unit is requested for comparison and clarification purposes.

	T	ı ab	uiations s	nan be ba	aseu on C	ase Pr	ice provid	iea. Price pe	ar unit is requeste	a tol	r comparison and clar	шса	non purp	JUSES	•								
								1.	/6/2023		1/13/2023				1/20	/2023			ERAGE	1	RAGE		
NO	ITEM	BRAND	PFG#	ITEM SIZE	UOM	QTY	CASEP ACK QTY	CASE PRICE	PRICE PER UNIT		CASE PRICE		ICE PER UNIT		ASE RICE		E PER NIT	P BAS 3 C (1/ PF 1/1 PF 1/2	CASE PRICE SED ON DATES 16/2023 RICE + 13/2023 RICE + 20/2023 ICE) ÷ 3	BAS 3 D (1/6 PR 1/1: PR 1/2:	CE PER JNIT SED ON ATES 6/2023 BICE + 3/2023 BICE + 0/2023 CE) ÷ 3	PRIC	CTENDED CE (QTY X VERAGE SE PRICE)
1	Bananas Fresh Ripe/Ready	PACKER / ANTHONY MARANO CO	425859	40 LB	CASE	15	1	\$ 26.96	\$ 26.96	\$	26.96	\$	26.96	\$	26 96	\$	26.96	\$	26.96	\$	26.96	\$	404.40
Exceptions:																							
2	Beef Ground Bulk Fine 81/19, 8/10# average	PACKER / NATIONAL BEEF	296565	10 LB	CASE	7	8	\$ 160.00	\$ 2.33	\$	210.40	\$	2.63	\$ 2	217 60	\$	2.72	\$	196.00	\$	2.56	\$	1,372 00
Exceptions:																							
3	Beef Patties Raw 80/20	FIRE CLASSIC / CARGILL MEAT SOLUTIONS	158850	4 OZ	CASE	21	80	\$ 29.78	\$ 29.78	\$	29.78	\$	29.78	\$	29.78	\$	29.78	\$	29.78	\$	29.78	\$	625 38
Exceptions:		westcreek					40																
4	Beef Stew Meat Diced (size and shape may vary) 85% lean	BUCKHEAD MEAT	230071	5 LB	CASE	35	2	\$ 41.10	\$ 4.11	\$	41.10	\$	4.11	\$	41.10	\$	4.11	\$	41.10	\$	4.11	\$	1,438 50
Exceptions:		packer																\$	-	\$	-	\$	-
5	Beef Certified Angus Flat Raw Boneless Bottom Round 171B (meat buyers guide number)	CERTIFIED ANGUS BEEF / NATIONAL BEEF	965882	10-13 LB	CASE	5	4	\$ 173.18	\$ 2.87	\$	185.24	\$	3.07	\$	191 88	\$	3.18	\$	183.43	\$	3.04	\$	917.17
Exceptions:																							
6	Carrots Grade A Diced (3/8" pieces)	NATIONAL FROZEN FOODS	463974	30LB	CASE	19	1	\$ 24.02	\$ 24.02	\$	24.02	\$	24.02	\$	24 02	\$	24.02	\$	24.02	\$	24.02	\$	456 38
Exceptions:		simplot		2#			12																
7	Chicken Breast 4oz boneless/skinless in controlled vacuum packaging	KOCH FOODS	158771	5 LB	CASE	11	4	\$ 71.56	\$ 71.56	\$	71.56	\$	71.56	\$	71 56	\$	71.56	\$	71.56	\$	71.56	\$	787.16
Exceptions:				10lb			2																
8	Chicken breast 4oz B/S (boneless/skinless) FZ (Individually quick frozen) in Ziplock Bags	KOCH FOODS	872519	4 OZ	CASE	11	48	\$ 37.57	\$ 37.57	\$	37.57	\$	37.57	\$	37 57	\$	37.57	\$	37.57	\$	37.57	\$	413 27
Exceptions:																							
9	Chicken Meat Diced 80D/20W (80% dark meat / 20% white meat)	RENAISSANCE	197446	5 LB	CASE	25	2	\$ 42.19	\$ 42.19	\$	42.19	\$	42.19	\$	42.19	\$	42.19	\$	42.19	\$	42.19	\$	1,054.75
Exceptions:		KOCH FOODS		10 lb			1																

	Chicken Meat Fully Cooked Diced (1/2") WT/DK (white & dark meat)	TYSON	333759	5 LB	CASE	8	2	\$ 4	40.81	\$ 40.81	\$ 40.81	\$ 40.81	\$ 40 81	\$	40.81	\$	40.81	\$	40.81	\$ 326.48
Exceptions:		brakebush																		
11	Chicken Quarters IF (individually frozen)	TYSON FOODS	210759	12 OZ	CASE	6	40	\$ 2	24.12	\$ 24.12	\$ 24.12	\$ 24.12	\$ 24.12	\$	24.12	\$	24.12	\$	24.12	\$ 144.72
Exceptions:		KOCH FOODS		10lb			4													
12	Green Beans Frozen Cut Grade A	LAKESIDE FOODS	283228	30 LB	CASE	14	1	\$ 3	32.44	\$ 32.44	\$ 32.44	\$ 32.44	\$ 32.44	\$	32.44	\$	32.44	\$	32.44	\$ 454.16
Exceptions:		westcreek		2lb			12													
13	Pork Loin CC (center cut) BNLS (boneless) STRP/ON (side strap intact)	BUTCHER BLOCK / JBS	439004	6-10#	CASE	6	4	\$ 6	64.46	\$ 1.58	\$ 64.46	\$ 1.58	\$ 66.10	\$	1.62	\$	65.01	\$	1.59	\$ 390 04
Exceptions:		indiana		6.68#			6													
14	Pork Sausage LNK (link) SKLS (skinless) Mild	HILLSHIRE BRANDS	314827	1 OZ	CASE	9	160	\$ 3	38.50	\$ 38.50	\$ 38.50	\$ 38.50	\$ 38 50	\$	38.50	\$	38.50	\$	38.50	\$ 346 50
Exceptions:		westcreek		12#			1													
15	Sausage Pork Patty Mild CKD (cooked)	HILLSHIRE BRANDS	18753	1 OZ	CASE	11	160	\$ 3	31.62	\$ 31.62	\$ 31.62	\$ 31.62	\$ 31 62	\$	31.62	\$	31.62	\$	31.62	\$ 347 82
Exceptions:		jones dairy		1.5oz			107													
16	Turkey Breast Raw BNLS (boneless/skinless) foil wrapped	BUTTERBALL	467593	8-10#	CASE	10	2	\$ 9	98.52	\$ 4.34	\$ 98.52	\$ 4.34	\$ 98 52	\$	4.34	\$	98.52	\$	4.34	\$ 985 20
Exceptions:		jennie o		11#			2													
17	Veal Fritter Beer Breaded Raw Frozen w/BF (beef trimmings)	ADVANCE PIERRE FOODS	871661	4 OZ	CASE	9	40	\$ 4	41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41 55	\$	41.55	\$	41.55	\$	41.55	\$ 373 95
Exceptions:																				
			•	•		•	•	•					т	OTAI	L PART	1 - MI	EAT AN	D PR	ODUCE	\$ 10,837 88

PART 2 - MISCELLANEOUS ITEMS

Quantities are usage estimates per month.

Alternate items will be considered and nutritional labels and/or samples shall be provided upon request. Any and all exceptions or variances from Item description, Casepack Quantity, Item Size or Brand are to be noted on the line below each item. If no exceptions are noted, the item is understood to be an exact match.

Tabulations shall be based on Case Price provided. Price per unit is requested for comparison and clarification purposes.

NO	ITEM	PFG#	BRAND	ITEM SIZE	UOM	QTY	CASEPACK QTY	CASE PRICE	PRICE PER UNIT	EXTENDED PRICE (QTY X CASE PRICE)
1	Cheese Mozzarella Shredded LMPS (low moisture part skim) Wisconsin	261037	SAPUTO CHEESE USA	5LB	CASE	8	4	\$ 77.17	\$ 77.17	\$ 617 36
Exceptions:	Coffee Decaf Ground 30/6.3oz packages	907325	FOLGERS	6 3 OUNCE	CASE	18	30	\$ 57.88	\$ 57.88	\$ 1,041.84
Exceptions:	Collee Decai Glouliu 30/0.302 packages	907323	TOLGERS	0 3 OUNCE	CAGL	10	30	ψ 37 00	φ 37.00	φ 1,041.04
3	Containers Foam Hinged 3 Compartment Double Tab 8x8x3	239863	PACTIV	8X8X3"	CASE	29	150	\$ 23 85	\$ 23.85	\$ 691 65
Exceptions:			silver source	9x9x3			200ct			
4	Detergent RTU (ready to use) Blue Liquid Pot/Pan	243533	KEYSTONE / ECOLAB	1GAL	CASE	12	2	\$ 61 64	\$ 61.64	\$ 739 68
Exceptions:			first mark				4			
5	Eggs White Medium Shell USDA AA (AA indicates egg whites are thickn & firm with yolks that are high & round)	540969	SUNRISE ACRES INC	30 DZ	CASE	8	1	\$ 69.11	\$ 69.11	\$ 552 88
Exceptions:			natures best							
6	Eggs Whole Liquid Fresh with Citric Acid TFF (Trans Fat Free) 15/2LB containers	887635	MICHAELS FOODS	2 LB	CASE	28	15	\$ 61.73	\$ 61.73	\$ 1,728.44
Exceptions:	0 0	000.405	pappettis	001.0	0405	40		47.00	47.00	A 470.00
7	Green Peas Frozen	283405	NATIONAL FROZEN FOODS	30LB 2 5#	CASE	10	1 12	\$ 47 39	\$ 47.39	\$ 473 90
Exceptions: 8	Ice Cream Cup Chocolate 4oz	374819	westcreek WELLS DAIRY	4 OZ	CASE	23	48	\$ 18 32	\$ 18.32	\$ 421 36
Exceptions:	ice Cream Cup Chocolate 402	374019	schoeps	702	CAGE	20	40	ψ 10 JZ	ψ 10.5 <u>2</u>	ψ 42130
9	Ice Cream Cups Vanilla 4oz	374833	WELLS DAIRY	4 OZ	CASE	49	48	\$ 18 37	\$ 18.37	\$ 900.13
Exceptions:	100 Ordani Capo Varina 102	0.1000	schoeps					Ψ	Ψ 10.07	Ψ 000.10
10	Juice Apple Frozen 6oz	146261	ARDMORE / COUNTRY PURE FOODS	6 OZ	CASE	37	48	\$ 8.76	\$ 8.76	\$ 324.12
Exceptions:			ADDIAGRE / COUNTRY BURE							
11 Exceptions:	Juice Cranberry Blend Frozen 6oz	41383	ARDMORE / COUNTRY PURE FOODS	4 OZ	CASE	31	96	\$ 14 51	\$ 14.51	\$ 449 81
12	Orange Juice Cup Frozen 6oz	976002	ARDMORE / COUNTRY PURE FOODS	6 OZ	CASE	57	48	\$ 24 57	\$ 24.57	\$ 1,400.49
Exceptions:										
13	Juice Orange Nectar Thick L2 (mildly thick)	992316	LYONS MAGNUS	4OZ	CASE	24	48	\$ 25 69	\$ 25.69	\$ 616 56
Exceptions:			readycare	46oz			6			
14	Margarine Soft Buttery Spread (non-dairy) 600/5gm	526268	SMART BALANCE / VENTURA FOODS	5 GM	CASE	35	600	\$ 26 39	\$ 26.39	\$ 923 65
Exceptions:		540070	westcreek	41.5	0405	44	900			A 070.00
15 Exceptions:	Margarine Solid ZTF (zero trans fat)	518672	VENTURA FOODS westcreek	1LB	CASE	11	30	\$ 34 39	\$ 34.39	\$ 378 29
16	Milk 2% Dairy Nectar Thickened Consistency L2 (mildly thick) 24/8oz per case	981707	LYONS MAGNUS	8 OZ	CASE	76	24	\$ 11 51	\$ 11.51	\$ 874.76
Exceptions:			natures best							
17	Milk 2% Dairy Honey Thick Consistency L3 (moderately thick) 24/8oz per case	75219	LYONS MAGNUS	8 OZ	CASE	50	24	\$ 31 98	\$ 31.98	\$ 1,599.00
Exceptions:			readycare							
18	Peaches Irregular Sliced in Extra LS (light syrup)	375133	PACIFIC COAST PRODUCERS	#10	CASE	9	6	\$ 57.18	\$ 57.18	\$ 514 62
Exceptions:	-		westcreek							
19	Pear CH (choice) Diced in Extra LS (light syrup)	375144	NEIL JONES FOODS	#10	CASE	7	6	\$ 55.15	\$ 55.15	\$ 386 05
Exceptions:			westcreek							
20	Plastic Lid for Shoreline Collection (fits 5oz bowl/8oz mug)	259343	CAMBRO	35 N	CASE	13	1500	\$ 57.47	\$ 57.47	\$ 747.11
Exceptions:							L			

21	Plastic Lid Disposable for Shoreline Collection 9oz Bowl	259350	CAMBRO	1000CT	CASE	11	1	\$ 48.42	\$ 48.42	\$ 532 62
Exceptions:			1							
22	Potatoes Mashed Complete (w/Vitamin C) Dried in a Plastic Safety Resealable Can 6/5.1LB per case	892085	BASIC AMERICAN FOODS	5.1 LB	CASE	12	6	\$ 69.71	\$ 69.71	\$ 836 52
Exceptions:			whipp							
23	Soup Base Instant Cream Gluten Free / No Added MSG	329728	VENTURA FOODS	28 OZ	CASE	17	6	\$ 55 04	\$ 55.04	\$ 935 68
Exceptions:			legout	25.22oz			6			
24	Supplement MedPlus Vanilla 2 0 (2 calories per milliliter) Nectar Consistency L2 (mildly thick) 12/32oz	879294	LYONS MAGNUS	32 OZ	CASE	27	12	\$ 22 81	\$ 22.81	\$ 615 87
Exceptions:				6oz			50			
25	Supplement Nutritional Treat Orange Flavor L4 (extremely thick)	944308	LYONS MAGNUS	4 OZ	CASE	19	48	\$ 32 58	\$ 32.58	\$ 619 02
Exceptions:										
26	Supplement Nutritional Treat Wild Berry Flavor L4 (extremely thick)	944296	LYONS MAGNUS	4 OZ	CASE	18	48	\$ 30.12	\$ 30.12	\$ 542.16
Exceptions:										
27	Yogurt Low Fat Strawberry Pouch	333991	YOPLAIT / GENERAL MILLS	4 LB	CASE	14	6	\$ 31 34	\$ 31.34	\$ 438.76
Exceptions:			upst farms	5lb			4			
28	Yogurt Low Fat Vanilla Pouch	858029	YOPLAIT / GENERAL MILLS	4 LB	CASE	16	6	\$ 28 31	\$ 28.31	\$ 452 96
Exceptions:			upst farms	5lb			4			
							тот	AL PART 2 - MISCI	ELLANEOUS ITEMS	\$ 20,355 29

PART 3 - CATEGORY MARK-UP RATE SHEET

Ot	fferor shall submit applicable Percent Mark-Up on Cost for the	categories listed below.
Category	Product Category	Percent Mark-Up On Cost (Cost Defined as: Direct Product Cost including freight charge, less all vendor invoice allowances, discounts & promotions.)
1	Meat General (poultry, seafood, pork, beef, etc.) Fresh and Frozen	12%
2	Produce	8%
3	Non-Fluid Dairy	9%
4	Frozen	11%
5	Juices	12%
6	Coffee	12%
7	Fluid Dairy	9%
8	Dairy Other	9%
9	Dietary Supplements	11%
10	Chemicals and Cleaning	15%
11	Dry Goods	11%
12	Smallwares and Disposables	10%

SECTION 8 - BID FORM SIGNATURE PAGE

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

Signature on File		
X Col	ntracts manager	
		CORPORATE SEAL (If available)
BID MUST BE SIGNED	AND NOTARIZED (WITH SEAL) I	FOR CONSIDERATION
Subscribed and sworn to before me this	day of	AD, 20
(Notary Public)	My Commission Expires:	
	SEAL	

SECTION 9 - MANDATORY FORM PRIMARY AND SECONDARY FOOD SERVICE 22-082-DCC

7	PLEASE TYPE OR PRINT THE FOLL	OWING INFORMATION)	
Full Name of Bidder	Performance	FOODSPRI	11 CQ"
Main Business Address	5030 Basel	ine Rd	-9.
City, State, Zip Code	Montgomery	100 6053 8	3
Telephone Number	Addre		errapsac.
Bid Contact Person	Chastine bee.	O	Cons
The undersigned certifies that	he is:		
the Owner/Sole Proprietor	a Member authorized to sign on behalf of the Partnership	an Officer of the Corporation	a Member of the Joint Venture
Signature on File	ne members of the Partners	ship or Officers of the Corporation	on are as follows:
(President or Pa	rtner)	(Vice-Preside	ent or Partner)
(Secretary or Pa	irtner)	(Treasurer or	Partner)
forms of agreement and the of of the Procurement Officer, documents referred to or mer	collusion with any other person, firm contract specifications for the above do DuPage County, 421 North County nationed in the contract documents, specificant documents, specificant documents.	esignated purchase, all of whic / Farm Road, Wheaton, Illinoi	is 60187, and all other
and other means of construc	, and issued thereto. boses and agrees, if this bid is accepte ction, including transportation services contract documents in the manner an	s necessary to furnish all the r	chinery, tools, apparatus, materials and equipment
the Bidder and in accordance Illinois and that this Certificat	tifies and warrants that he is duly auth e with the Partnership Agreement or b ion is binding upon the Bidder and is t	by-laws of the Corporation, and rue and accurate.	the laws of the State of
either 720 Illinois Compiled S ILCS 130/1 et seq., the Illinoi		ing or bid-rotating, or as a resul	lt of a violation of 820
The undersigned certifies that submitting this bid, and that t	at he has examined and carefully prepa the statements contained herein are tr	ared this bid and has checked t ue and correct.	the same in detail before
were properly adopted by the held and have not been repe to provide a copy of the corp	gned, further certifies that the recitals as e Board of Directors of the Corporation aled nor modified, and that the same of orate resolution granting the individual	n at a meeting of said Board of remain in full force and effect. (I I executing the contract docume	Directors duly called and Bidder may be requested ents authority to do so.)
Further, the Bidder certifies t contract to the parties listed credit at its option.	hat he has provided equipment, suppl in the reference section below and au	ies, or services comparable to t thorizes the County to verify ref	the items specified in this ferences of business and



Required Vendor Ethics Disclosure Statement

Date: 1-30-24

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

Bid/Contract/PO #: 6 330 -000 /

	1 1 1	~
Company Name: Performance Foodservice	Company Contact: Dennis Mitchell	
Contact Phone: 331-212-1352	Contact Email: Dennis Mitchell pfgc.	com
		44,4144

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

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

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

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

NONE (check here) - If no contacts have been made	_	NONE (che	ck here) -	If no con	itacts have	been made
---------------------------------------------------	---	-----------	------------	-----------	-------------	-----------

Lobbylsts, Agents and Representatives and all Individuals who are or will be having contact with county officers or employees in relation to the contract or bid	Telephone	Email	
l l			

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

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

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

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

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

Signature on File Authorized Signature Printed Name Title Date

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

Care Center Requisition \$30,000 and Over



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

AWARDING RESOLUTION ISSUED TO ADVACARE SYSTEMS FOR RENTAL OF MEDICAL EQUIPMENT - BEDS AND MATTRESSES FOR THE DUPAGE CARE CENTER (CONTRACT AMOUNT \$99,000.00)

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 purchase order for rental of medical equipment - beds and mattresses, for the period March 1, 2024 through February 28, 2025, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract for rental of medical equipment - beds and mattresses, for the period March 1, 2024 through February 28, 2025, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Advacare Systems, 2939 North Pulaski, Chicago, Illinois 60641, for a total contract amount of \$99,000; under bid renewal #20-142 -CARE, third and final optional renewal.

Enacted and approved this 27th of February, 2024 at Wheaton, Illinois.

	DEBORAH A. CONROY, CHAIR
	DU PAGE COUNTY BOARD
Attest:	
Aucsi.	IEAN KACZMAREK COUNTY CLERK



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

	SECTION 1:	DESCRIPTION			
General Tracking		Contract Terms			
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:		
24-0657	20-142-CARE	1 YR + 3 X 1 YR TERM PERIODS	\$248,760.00		
COMMITTEE:	TARGET COMMITTEE DATE:	RGET COMMITTEE DATE: PROMPT FOR RENEWAL:			
HUMAN SERVICES	02/20/2024	3 MONTHS	\$575,011.00		
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:		
	\$99,000.00	FOUR YEARS	THIRD RENEWAL		
Vendor Information	_L	Department Information			
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:		
Advacare Systems	11694	DuPage Care Center	Annabel Leonida		
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:		
Robert LoCascio	847-322-1964	630-784-4250	annabel.leonida@dupagecounty.go v		
VENDOR CONTACT EMAIL: VENDOR WEBSITE:		DEPT REQ #:			
rlocascio@advacaresystems.com		7435			

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 medical equipment - beds and mattresses, for the DuPage Care Center, for the period March 1, 2024 through February 28, 2025, for a contract total not to exceed \$99,000.00, under bid renewal #20-142-CARE, third and final optional renewals.

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

This rental equipment are devices that are prescribed treatments necessary for residents to maintain a good quality of care.

SECTION 2: DECISION MEMO REQUIREMENTS				
DECISION MEMO NOT REQUIRED RENEWAL	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.			
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.			

SECTION 3: DECISION MEMO					
STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.				
SOURCE SELECTION	Describe method used to select source.				
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).				

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

Send	d Purchase Order To:	Send Invoices To:		
Vendor: Advacare Systems	Vendor#: 11694	Dept: DuPage Care Center	Division: Nursing	
Attn: Robert LoCascio	Email: rlocascio@advacaresystems.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov	
Address: 2939 N. Pulaski	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton	
State: IL	Zip: 60641	State:	Zip: 60187	
Phone: Fax: 847-322-1964		Phone: 630-784-4254	Fax:	
S	end Payments To:	Ship to:		
Vendor: Advacare Systems	Vendor#: 11694	Dept: DuPage Care Center	Division: Nursing	
Attn:	Email:	Attn:	Email:	
Address: 2939 N. Pulaski	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton	
State:	Zip: 60641	State:	Zip: 60187	
Phone:	Fax:	Phone: 630-784-4250	Fax:	
	Shipping	Contract Dates		
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 1, 2024	Contract End Date (PO25): February 28, 2025	

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		rental of medical equipment - beds/mattresses for the DuPage Care Center	FY24	1200	2050	53410		75,000.00	75,000.00
2	1	EA		rental of medical equipment - beds/mattresses for the DuPage Care Center	FY25	1200	2050	53410		24,000.00	24,000.00
FYi	FY is required, assure the correct FY is selected. Requisition Total \$							\$ 99,000.00			

	Comments					
HEADER COMMENTS	Provide comments for P020 and P025. Rental of medical equipment - beds and mattresses, for the DuPage Care Center, for the period March 1, 2024 through February 28, 2025, for a contract total not to exceed \$99,000.00, under bid renewal #20-142-CARE, third and final optional renewals.					
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. February 20, 2024 Human Services February 27, 2024 County Board					
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.					
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.					

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



AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and AdvaCare Systems, licensed to do business in the State of Illinois, located at 2939 N. Pulaski, Chicago, Illinois 60641, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #20-142-CARE which became effective on 1/26/2021 and which will expire 02/29/2024. The contract is subject to a third of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature, and shall terminate on 02/28/2025.

The parties now agree to renew said agreement, upon the same terms as previously agreed to, as specified in the original contract including a one-time price adjustment effective 03/01/2024, as per the attached price quote.

CONTRACTOR	THE COUNTY OF DUPAGE
Signature on File	
SIGNATURE	SIGNATURE
ROBERT LOCASCIO	Nickon Etminan PRINTED NAME
VICE PRESILENT	Buyer II
PRINTED TITLE	PRINTED TITLE
2204	-
DATE	DATE



2939 N. Pulaski Rd, Chicago, IL 60641 Local: 773-725-8856 Fax: 773-725-1970 Toll Free: 888-233-7677 www.advacaresystems.com

Hello Christine

Thank you for your quick response. We really appreciate your business and our partnership with DuPage Care Center.

Item#	Current price	new price
The Alternating Pressure Mattress 36" x 80"	\$2.00	\$3.00
LAL & AP Mattress 36" X 80"	\$4.00	\$5.00

Thank you.

Robert LoCascio Vice President AdvaCare Systems rlocascio@advacaresystems.com 847-322-1964





THE COUNTY OF DUPAGE FINANCE - PROCUREMENT

RENTAL OF MEDICAL EQUIPMENT - BEDS 20-142-CARE BID TABULATION

		ADVACARE SYSTEMS									
No	ltem	Purchase Price Monthly Rent-to-Own Rate		Qty	Daily Rental Rate		Monthly Rental Rate		Extended Price		
1	Mattress 500 lb.Capacity	\$ 1,532.70	\$	127.72	30	\$	4.00	\$	120.00	\$	3,600.00
2	Mattress 600 lb.Capacity	\$ 1,844.70	\$	153.72	18	\$	6.00	\$	180.00	\$	3,240.00
3	Mattress 1000 lb.Capacity	\$ 1,974.70	\$	164.55	18	\$	6.00	\$	180.00	\$	3,240.00
4	Mattress 400 lb. Capacity	\$ 546.00	\$	45.50	15	\$	2.00	\$	60.00	\$	900.00
5	Bed frame 800 lb. Capacity	\$ 3,125.00	\$	260.48	10	\$	8.00	\$	240.00	\$	2,400.00
6	Safety Bolster Overlay 36"	\$ 87.50	\$	7.29	30	\$	1.00	\$	30.00	\$	900.00
7	Safety Bolster Overlay 48"	\$ 118.75	\$	9.89	10	\$	1.00	\$	30.00	\$	300.00
8	Floorbed High Safety Mat	\$ 310.00	\$	25.83	20	\$	2.00	\$	60.00	\$	1,200.00
9	Floor Bed Assist Rails	No Bid		No Bid	15	\$	1.00	\$	30.00	\$	450.00
10	Foam Mattress 36" x 80"	\$ 119.00	\$	9.91	15	\$	2.00	\$	60.00	\$	900.00
11	Floor Bed 330 lb. Capacity	\$ 1,695.00	\$	169.55	15	\$	8.00	\$	240.00	\$	3,600.00

TOTAL \$ 20,730.00

X 12 months = GRAND TOTAL \$ 248,760.00

			INTEG	RA H	IEA	LTH EC	UIP	MENT		
F	Purchase Price	IRent-to-Ow		Qty	Daily Qty Rental Rate			lonthly ntal Rate	Ext	ended Price
\$	650.00	\$	65.00	30	\$	4.25	\$	127.50	\$	3,825.00
\$	2,240.00	\$	225.00	18	\$	10.00	\$	300.00	\$	5,400.00
\$	2,685.00	\$	270.00	18	\$	12.00	\$	360.00	\$	6,480.00
\$	825.00	\$	85.00	15	\$	5.50	\$	165.00	\$	2,475.00
\$	3,552.00	\$	355.00	10	\$	15.00	\$	450.00	\$	4,500.00
\$	115.00	\$	11.00	30	\$	0.50	\$	15.00	\$	450.00
\$	145.00	\$	15.00	10	\$	1.00	\$	30.00	\$	300.00
\$	295.00	\$	30.00	20	\$	2.00	\$	60.00	\$	1,200.00
\$	86.00	\$	9.00	15	\$	0.50	\$	15.00	\$	225.00
\$	150.00	\$	15.00	15	\$	1.00	\$	30.00	\$	450.00
\$	2,175.00	\$	218.00	15	\$	9.00	\$	270.00	\$	4,050.00

TOTAL \$ 29,355.00

X 12 months = GRAND TOTAL \$ 352,260.00

		FITZSIMMONS HOSPITAL SERVICES									
No	Item	Purchase Price	Monthly Rent-to- Own Rate	Qty	Daily Rental Rate	Monthly Rental Rate	Extended Price				
1	Mattress 500 lb.Capacity	\$ 1,883.25	No Bid	30	\$ 9.00	\$ 270.00	\$ 8,100.00				
2	Mattress 600 lb.Capacity	\$ 2,228.25	No Bid	18	\$10.50	\$ 315.00	\$ 5,670.00				
3	Mattress 1000 lb.Capacity	\$ 2,632.50	No Bid	18	\$15.00	\$ 450.00	\$ 8,100.00				
4	Mattress 400 lb. Capacity	\$ 1,883.25	No Bid	15	\$ 9.00	\$ 270.00	\$ 4,050.00				
5	Bed frame 800 lb. Capacity	\$ 3,555.00	No Bid	10	\$18.00	\$ 540.00	\$ 5,400.00				
6	Safety Bolster Overlay 36"	No Bid	No Bid	30	No Bid	No Bid	No Bid				
7	Safety Bolster Overlay 48"	No Bid	No Bid	10	No Bid	No Bid	No Bid				
8	Floorbed High Safety Mat	\$ 300.00	No Bid	20	\$ 1.50	\$ 45.00	\$ 900.00				
9	Floor Bed Assist Rails	No Bid	No Bid	15	\$ 0.50	\$ 15.00	\$ 225.00				
10	Foam Mattress 36" x 80"	\$ 404.00	No Bid	15	\$ 3.00	\$ 90.00	\$ 1,350.00				
11	Floor Bed 330 lb. Capacity	\$ 2,292.00	No Bid	15	\$ 8.00	\$ 240.00	\$ 3,600.00				

TOTAL \$ 37,395.00

X 12 months = GRAND TOTAL \$ 448,740.00

			,	SIZI	EWISE						
F	Purchase Price	Monthly Rent-to-Own Rate	Qty	Daily Rental Rate			Monthly Rental Rate				ended Price
\$	2,980.40	No Bid	30	\$	11.58	\$	347.40	\$	10,422.00		
\$	3,613.57	No Bid	18	\$	13.51	\$	405.30	\$	7,295.40		
\$	3,613.57	No Bid	18	\$	13.51	\$	405.30	\$	7,295.40		
\$	858.39	No Bid	15	\$	9.05	\$	271.50	\$	4,072.50		
\$	7,366.43	No Bid	10	\$	67.54	\$	2,026.20	\$	20,262.00		
No	Bid	No Bid	30	N	No Bid No Bid		No	Bid			
Νi	Bid	No Bid	10	N	o Bid	No	Bid	No Bid			
No	Bid	No Bid	20	N	o Bid	No	Bid	No	Bid		
	No Bid	No Bid	15	N	o Bid	No	Bid	No	Bid		
\$	447.74	447.74 No Bid 15 \$ 4.82 \$ 14		144.60	\$	2,169.00					
\$	6,461.91	No Bid	15	\$	33.77	\$	1,013.10	\$	15,196.50		

TOTAL \$ 66,712.80

X 12 months = GRAND TOTAL \$ 800,553.60

		AGILITI									
No	ltem	Purchase Price	Monthly Rent-to- Own Rate	Qty	Daily Rental Rate		Monthly Intal Rate	Ext	ended Price		
1	Mattress 500 lb.Capacity	No Bid	No Bid	30	\$14.73	\$	441.90	\$	13,257.00		
2	Mattress 600 lb.Capacity	No Bid	No Bid	18	\$20.43	\$	612.90	\$	11,032.20		
3	Mattress 1000 lb.Capacity	No Bid	No Bid	18	\$20.43	\$	612.90	\$	11,032.20		
4	Mattress 400 lb. Capacity	No Bid	No Bid	15	\$11.88	\$	356.40	\$	5,346.00		
5	Bed frame 800 lb. Capacity	No Bid	No Bid	10	\$40.00	\$	1,200.00	\$	12,000.00		
6	Safety Bolster Overlay 36"	No Bid	No Bid	30	No Bid	No	Bid	No	Bid		
7	Safety Bolster Overlay 48"	No Bid	No Bid	10	No Bid	No	Bid	No	Bid		
8	Floorbed High Safety Mat	No Bid	No Bid	20	\$ 0.95	\$	28.50	\$	570.00		
9	Floor Bed Assist Rails	No Bid	No Bid	15	No Bid	No	No Bid		Bid		
10	Foam Mattress 36" x 80"	No Bid	No Bid	15	\$ 1.90	\$	57.00	\$	855.00		
11	Floor Bed 330 lb. Capacity	No Bid	No Bid	15	\$30.00	\$	900.00	\$	13,500.00		

TOTAL \$ 67,592.40

X 12 months = GRAND TOTAL \$ 811,108.80

			MOBILITY CITY OF DUPAGE COUNTY								
No	ltem	Purchase Price	Monthly Rent-to- Own Rate	Qty	Daily Rental Rate		Monthly Rental Rate		tended Price		
1	Mattress 500 lb.Capacity	\$ 4,113.00	\$ 686.00	30	\$19.00	\$	570.00	\$	17,100.00		
2	Mattress 600 lb.Capacity	\$ 6,563.00	\$ 1,094.00	18	\$31.00	\$	930.00	\$	16,740.00		
3	Mattress 1000 lb.Capacity	\$ 7,070.00	\$ 1,178.00	18	\$33.00	\$	990.00	\$	17,820.00		
4	Mattress 400 lb. Capacity	\$ 2,275.00	\$ 379.00	15	\$11.00	\$	330.00	\$	4,950.00		
5	Bed frame 800 lb. Capacity	\$ 7,676.00	\$ 1,279.00	10	\$37.00	\$	1,110.00	\$	11,100.00		
6	Safety Bolster Overlay 36"	\$ 315.00	\$ 52.00	30	\$ 1.50	\$	45.00	\$	1,350.00		
7	Safety Bolster Overlay 48"	\$ 385.00	\$ 64.00	10	\$ 1.80	\$	54.00	\$	540.00		
8	Floorbed High Safety Mat	\$ 560.00	\$ 94.00	20	\$ 2.70	\$	81.00	\$	1,620.00		
9	Floor Bed Assist Rails	\$ 192.00	\$ 32.00	15	\$ 0.92	\$	27.60	\$	414.00		
10	Foam Mattress 36" x 80"	\$ 588.00	\$ 98.00	15	\$ 2.80	\$	84.00	\$	1,260.00		
11	Floor Bed 330 lb. Capacity	\$ 6,769.00	\$ 1,128.00	15	\$32.00	\$	960.00	\$	14,400.00		

TOTAL \$ 87,294.00

X 12 months = GRAND TOTAL \$ 1,047,528.00

			CUSTO	ом м	ED	ICAL S	DLU	JTIONS		
1	furchase I 1		Monthly nt-to-Own Rate	Daily Qty Rental Rate		Monthly Rental Rate		Ext	ended Price	
\$	3,895.00	\$	357.09	30	\$	15.00	\$	450.00	\$	13,500.00
\$	3,695.00	\$	338.76	18	\$	14.50	\$	435.00	\$	7,830.00
\$	3,900.00	\$	427.50	18	\$	28.00	\$	840.00	\$	15,120.00
\$	2,390.00	\$	261.98	15	\$	13.00	\$	390.00	\$	5,850.00
\$	17,000.00	\$	1,863.44	10	\$	75.00	\$	2,250.00	\$	22,500.00
\$	350.00	\$	38.36	30	\$	6.00	\$	180.00	\$	5,400.00
\$	650.00	\$	71.25	10	\$	8.00	\$	240.00	\$	2,400.00
\$	375.00	\$	41.11	20	\$	5.00	\$	150.00	\$	3,000.00
\$	250.00	\$	27.40	15	\$	4.00	\$	120.00	\$	1,800.00
\$	215.00	\$	23.57	15	\$	5.00	\$	150.00	\$	2,250.00
\$	2,195.00	\$	240.60	15	\$	15.00	\$	450.00	\$	6,750.00

TOTAL \$ 86,400.00

X 12 months = GRAND TOTAL \$ 1,036,800.00

			12 m	ont	ns = Gr	AN	DIOTAL	φı	,036,800.00
	ARJO								
Pι	ırchase Prid	Monthly Ren	Qty	Da	aily Ren	Me	onthly Ren	Ext	ended Price
\$	4,334.06	No Bid	30	\$	22.28	\$	668.40	\$	20,052.00
\$	4,334.06	No Bid	18	\$	22.28	\$	668.40	\$	12,031.20
\$	10,877.28	No Bid	18	\$	32.00	\$	960.00	\$	17,280.00
\$	3,830.17	No Bid	15	\$	18.08	\$	542.40	\$	8,136.00
\$	21,456.28	No Bid	10	\$	74.90	\$	2,247.00	\$	22,470.00
No	Bid	No Bid	30	No	Bid	No	Bid	No	Bid
No	Bid	No Bid	10	N	o Bid	No	Bid	No Bid	
\$	680.00	No Bid	20	No	Bid	No	Bid	No	Bid
No	Bid	No Bid	15	No	Bid	No	Bid	No	Bid
\$	800.00	No Bid	15	\$	10.00	\$	300.00	\$	4,500.00
	1442.29	No Bid	15		11		330	\$	4,950.00

TOTAL \$ 89,419.20

X 12 months \$ 1,073,030.40

NOTES

- 1. For Agiliti, corrections were made to Extended Prices for Items 1,2,3 and 4. The Total was corrected from \$67,580.25 to \$67,592.40.
- 2. For Custom Medical Solutions, corrections were made to Extended Prices for Items 2-5 and 7-11. The Total was corrected from \$67,580.25 to \$67,592.40.
- 3. For Mobility City of DuPage, a corrections was made to the Extended Prices for Items 7. The Total was corrected from \$87,424 to \$87,294

Invitations Sent	9
al Vendors Requesting Documents	5
Total Bid Responses	8



The County of DuPage Finance – Procurement 3-400 421 North County Farm Road Wheaton, Illinois 60187-3978

III BEALL	A	TTACHME	NT A - REVI	SED BID FO	ORM P	RICING		
	FOR ALL RENT TO OWN RENT-TO-OWN RATE THE QUANTITY IS A C	C CHUIH D	RE BASED OF	NOWNERSE	IIP AF	IER UNE I	EAR OF VE	NIOL.
A	ITEM	PRODUCT NAME	PURCHASE PRICE	MONTHLY RENT-TO- OWN RATE	QTY	DAILY RENTAL PRICE	EXTENDED DAILY PRICE (QTY X DAILY RENTAL PRICE)	EXTENDED MONTHLY PRICE (EXTENDED DAILY PRICE X 30)
	Low Air Loss and Alternating Pressure Therapy Mattress 36# 500 lb. weight capacity	Sowlech	\$1,532.7	0				
1	Built-in side bolsters Fowler boost / eliminates bottoming out Effective therapy for all stages of Pressure Ulcers	Priw		\$127.72		400	120	\$ 3,600 00
	Low Air Loss and Alternating Pressure		\$1,844.70					
2	Therapy Mattress, with Pulsation 42" 600 lb. weight capacity	Prius		\$ (53.72	2			T
	Pulsation Therapy Effective therapy for all stages of Pressure Ulcers				18	\$600	108	\$3, 240°
	Low Air Loss and Alternating Pressure		\$1,974.7	0	-			
3	Therapy Mattress, with Pulsation 48"	Prius		\$164.55	5	-		
	1000 lb. weight capacity Effective therapy for all stages of Pressure Ulcers				18	\$600	108	s3 240 00

THE COUNTY OF DUPAGE RENTAL OF MEDICAL EQUIPMENT-BEDS 20-142-CARE Page 3 of 4



The County of DuPage Finance – Procurement 3-400 421 North County Farm Road Wheaton, Illinois 60187-3978

	Alternating Pressure Therapy Mattress Safety side bolsters With or without pump Built-In Integrated Heel	Divio	\$ 546 °	l l			
4	Slope	BALANCOS		\$45.50			
	400 lb. weight capacity Effective therapy for all stages of Pressure Ulcers	Mic			15	\$200 30	\$ 900 00
	Bariatric Low Bed frame		\$3,125	9			
5	Expands from 36"-48" wide and 80" long	Med		\$260.48			
	9-inch low position 800 lb. weight capacity	Mizen	U	φονου. 1	10	\$ 800 80	\$ 2,400 00
			\$ 87.50			Talles to	
6	Safety Bolster Overlay 36"		- W	\$7.29	30	\$100 30	\$ 900 00
-			\$ 118.75		30	141 -	
7	Safety Bolster Overlay			\$9.89		7 201	7.000
	48"				10	\$100 10	\$ 300 00
	Floor Bed High Safety		\$ 310.00	\$25.83			
8	Mat 9"			\$23.02	20	\$200 40	\$ 1,200 00
			s N/A				
9	Floor Bed Assist Rails		· ·	s N/A		\$100 15	\$ 450 09
		-	\$ 119.00		15	\$19 13	15-130
10	Foam Mattress 36" x 80"		\$ 11 1	\$9.91			
	, 52				15	\$200 30	\$ 900 00
	Standard Floor Bed 36" x 80"		\$ 1,695.0	7			
11	Expands from 80"-84" long 330 lb. weight capacity			\$169.55	15	\$800 120	\$3,600 00
	and in traight outsidity				GRAND TOTAL		\$20,730
	WOODS TWENTY T	housand	Q Sove	~ And	nd TI	ricty Dollar	

THE COUNTY OF DUPAGE RENTAL OF MEDICAL EQUIPMENT-BEDS 20-142-CARE Page 4 of 4

SECTION 8 - BID FORM SIGNATURE PAGE

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

Signature on File		
-V	ia Presidet	
(Signature and Title)		
		CORPORATE SEAL (If available)
BID MUST BE SIGNED	AND NOTARIZED (WITH SEAL) F	OR CONSIDERATION
Subscribed and sworn to before me this	day of	AD, 20
(Notary Public)	My Commission Expires:	
-	SEAL	

THE COUNTY OF DUPAGE RENTAL OF MEDICAL EQUIPMENT-BEDS 20-142-CARE PAGE 22 of 32



Required Vendor Ethics Disclosure Statement

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

Bid/Contract/PO #:

Company Name: AWACARE SYSTEMS	Company Contact: 2012 LOCASCIO
Contact Phone: 847 -322-1964	Contact Emall: PLOCASCIO CANACARESISTEMS. COM

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

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

Ø	NONE (check here) - If no contributions have been made									
	Recipient	Donor	Description (e.g. cash, type of item, In- kind services, etc.)	Amount/Value	Date Made					

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

Ŵ	NONE (check here) - If no contacts have been made			
•	Lobbyists, Agents and Representatives and all individuals who are or will be having contact with county officers or employees in relation to the contract or bid	Telephone	Email	.,
			1	

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

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

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

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

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

I hereby acknow	vledge that I have re	ceived, have rea	d, and understand	these requirements.
	Signature on F	ile		

AuthorizedSignatu	ure	
Printed Name	ROBERT LOUISLIO	
Title	VICE PRESIDENT	
Date	2/2/24	

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

Care Center Requisition Under \$30,000



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

File #: 24-0722 Agenda Date: 2/20/2024 Agenda #: 8.D.



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

	SECTION 1:	DESCRIPTION		
General Tracking		Contract Terms		
FILE ID#: 23-0605	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$22,800.00	
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:	
HUMAN SERVICES	02/20/2024	3 MONTHS	\$22,800.00	
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:	
	\$22,800.00	ONE YEAR	INITIAL TERM	
Vendor Information		Department Information		
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:	
CareVoyant, Inc.	13829	7433	Shauna Berman	
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:	
Kandasamy Pasupathy	847-925-9148	630-784-4261	shauna.berman@dupagecounty.gov	
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	I	
pasu@carevoyant.com		7433		

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.). CV hosting for large database and additional licenses for the DuPage Care Center, for the period May 1, 2024 through April 30, 2025, for a total contract not to exceed \$22,800.00, per Other Professional Services.

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

CareVoyant stores data from our Legacy Medical Records, as DuPage Care Center is required by law to maintain Medical records (eight user licenses)

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 OTHER PROFESSIONAL SERVICES (I	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. DETAIL SELECTION PROCESS ON DECISION MEMO)				

	SECTION 3: DECISION MEMO				
STRATEGIC IMPACT Select an item from the following dropdown menu of County's strategic priorities that this action will most impact. FINANCIAL PLANNING					
SOURCE SELECTION	Describe method used to select source. The DuPage Care Center owns the CareVoyant Clinical/Financial System, that is at the DuPage Care Center. CareVoyant stores the medical records, that is required by law.				
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 for CV hosting for large database for the for the DuPage Care Center, for the period May 1, 2024 through April 30, 2025. 2) Do not approve contract for CV hosting for large database for the for the DuPage Care Center, for the period May 1, 2024 through April 30, 2025, however, the DuPage Care Center will still need to maintain medical records, required by law.				

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

Send Purcl	hase Order To:	Sena	I Invoices To:		
Vendor: CareVoyant, Inc.	Vendor#: 13289	Dept: DuPage Care Center	Division: Administration		
Attn: Kandasamy Pasupathy	Email: Attn: pasu@carevoyant.com Shauna Berman		Email: shauna.berman@dupagecounty.go v		
Address: 3701 Algonquin Road, Suite 530	City: Rolling Meadows	Address: 400 N. County Farm Road	City: Wheaton		
State: IL	Zip: 60008	State:	Zip: 60187		
Phone: 847-925-9148	Fax:	Phone: 630-784-4261	Fax:		
Send Pa	yments To:	Ship to:			
Vendor: CareVoyant, Inc.	Vendor#: 13289	Dept: DuPage Care Center	Division:		
Attn:	Email:	Attn: Shauna Berman	Email: shauna.berman@dupagecounty.go v		
Address: 3701 Algonquin Road, Suite 530	City: Rolling Meadows	Address: 400 N. County Farm Road	City: Wheaton		
State:	Zip: 60008	State:	Zip: 60187		
Phone: Fax: 847-925-9148		Phone: 630-784-4261	Fax:		
Shipping		Contract Dates			
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 1, 2024	Contract End Date (PO25): April 30, 2025		

	Purchase Requisition Line Details										
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		CV Hosting for Large Database	FY24	1200	2000	53807		22,800.00	22,800.00
FYi	FY is required, assure the correct FY is selected. Requisition Total							\$ 22,800.00			

	Comments		
HEADER COMMENTS	Provide comments for P020 and P025. CV hosting for large database and additional licenses for the DuPage Care Center, for the period May 1, 2024 through April 30, 2025, for a total contract not to exceed \$22,800.00, per Other Professional Services.		
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Human Services Committee 02/20/24		
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.		
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.		

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

QUOTE

CareVoyant, Inc. 3701 W. Algonquin Road Suite 530 Rolling Meadows, IL 60008 (847) 925-9148

Quote: 2024-1-DUP002 Date: 01/25/2024

Page 1

Bill To:

Ship To:

DuPage Care Center Attn: Shauna Berman 400 N County Farm Road Wheaton, IL 60187

DuPage Care Center Attn: Shauna Berman 400 N County Farm Road Wheaton, IL 60187

Customer ID:	Sales Person ID Purchase Order#			
DUP002	CV	Payment Ter	ms: Due Upon Receipt	
Qty Item#	Description	Unit Amount	Extended Amount	
12 MHOSTLT	C CV Monthly Hosting: 05/01/2024-04/30/2025	\$1,900.00	\$22,800.00	
1 MHOSTLT	TLTC for historical access, Large database,			
1 MHOSTLT	Eight Named User License(s).			

Order Total	\$22,800.00
Discount	\$0.00
Misc Charges	\$0.00
Tax	\$0.00
Total	\$22,800.00



Client:	DuPage Care Center CareVoyant CV Hosting Que	Date: Phone:	03/29/22 630-784-4261
		<u>s</u>	hauna.Berman@dupa
Address:	400 N Country Farm Road Wheaton, IL 60187	Email:	gecounty.gov
Attention:	Shauna Berman	Quote Expiration:	04/30/22
	10-2-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		chase Price
QTY	CAREVOYANT CONFIGURATION	PRICE	TOTAL
12	CareVoyant Historical Access on CV Hosting 8 Named Users, Large Database	\$1,900.00	\$22,800.00
	CV Hosting Fee		\$22,800.00

Price list is <u>confidential</u> (not to be discussed nor shared with any party other than the parties identified above and CareVoyant staff)



Required Vendor Ethics Disclosure Statement

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

Date:	01/23/2024

Bid/Contract/PO #:

Company Name:	CareVoyant, Inc	Company Contact:	Kandasamy Pasupathy	
Contact Phone:	847-925-9148	Contact Email:	pasu@carevoyant.com	

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

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

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

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

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

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

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

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

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

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

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

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

AuthorizedSignature Signature on File

Printed Name Kandasamy Pasupathy

Title President

Date 01/23/2024

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

Care Center Requisition Under \$30,000



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

File #: 24-0723 Agenda Date: 2/20/2024 Agenda #: 8.E.



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION			
General Tracking		Contract Terms	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:
24-0666	24-014-DCC	1 YR + 3 X 1 YR TERM PERIODS	\$27,000.00
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
HUMAN SERVICES	02/20/2024	3 MONTHS	\$108,000.00
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:
	\$27,000.00	FOUR YEARS	INITIAL TERM
Vendor Information		Department Information	
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:
Equipment International, LTD.		DuPage Care Center	Vinit Patel
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:
Bradley Lerner	847-679-2211	630-784-4273	vinit.patel@dupageco.org
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	ı
brad@equipment-international.com		7374	

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.). Laundry equipment repair services and parts, as needed, for the DuPage Care Center, for the period March 1, 2024 through February 28, 2025, for a contract total not to exceed \$27,000.00, per bid #24-014-DCC.

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

To maintain good quality of the laundry related equipment 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.
LOWEST RESPONSIBLE QUOTE/BID	0 (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

	SECTION 3: DECISION MEMO							
STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.							
SOURCE SELECTION	Describe method used to select source.							
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).							

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

Send Pure	chase Order To:	Send Invoices To:				
Vendor:	Vendor#:	Dept:	Division:			
Equipment International, LTD.		DuPage Care Center	Laundry			
Attn:	Email:	Attn:	Email:			
Bradley Lerner	brad@equipment - international.com	Vinit Patel	vinit.patel@dupageco.org			
Address:	City:	Address:	City:			
8778 Ferris Avenue	Morton Grove	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60053	IL	60187			
Phone:	Fax:	Phone:	Fax:			
847-679-2211		630-784-4273				
Send F	Payments To:	Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
Equipment International, LTD.		DuPage Care Center	Laundry			
Attn:	Email:	Attn:	Email:			
		Vinit Patel	vinit.patel@dupageco.org			
Address:	City:	Address:	City:			
8778 Ferris Avenue	Morton Grove	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60053	IL	60187			
Phone:	Fax:	Phone:	Fax:			
847-679-2211		630-784-4273				
Sł	nipping	Cor	ntract Dates			
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25)			
PER 50 ILCS 505/1	Destination	March 1, 2024	February 28, 2025			

	Purchase Requisition Line Details										
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		laundry parts as needed	FY24	1200	2030	52250		16,500.00	16,500.00
2	1	EA		repair services as needed	FY24	1200	2030	53370		3,750.00	3,750.00
3	1	EA		laundry parts as needed	FY25	1200	2030	52250		5,500.00	5,500.00
4	1	EA		repair services as needed	FY25	1200	2030	53370		1,250.00	1,250.00
FY is required, assure the correct FY is selected. Requisition Total \$									\$ 27,000.00		

	Comments					
HEADER COMMENTS	Provide comments for P020 and P025. Laundry equipment repair services and parts, as needed, for the DuPage Care Center, for the period March 1, 2024 through February 28, 2025, for a contract total not to exceed \$27,000.00, per bid #24-014-DCC.					
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. February 20, 2024 HS 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 fol	llowing d	ocuments hav	e been attach	ed: [W-9	,	/	Venc	lor E	thics	Disc	losure	Statemen	ıt
---------	-----------	--------------	---------------	-------	-----	---	----------	------	-------	-------	------	--------	----------	----



THE COUNTY OF DUPAGE FINANCE - PROCUREMENT LAUNDRY REPAIR & SERVICE 24-014-DCC BID TABULATION

				V	
				Equipment Inte	ernational Ltd
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
	Rates for Services . Knuepfer Building, Judicial Office Facility, Sheriff's Jail & Building	ı #2			
1	Monday- Friday	HR	24	\$ 110.00	\$ 2,640.00
2	Saturday	HR	8	\$ 200.00	\$ 1,600.00
3	Sunday and Holidays	HR	8	\$ 275.00	\$ 2,200.00
4	Callout/Service Call Charge	HR	5	\$ 110.00	\$ 550.00
Labor Care 0	Rates for Services Center	•			
	Monday- Friday	HR	24	\$ 110.00	\$ 2,640.00
6	Saturday	HR	8	\$ 200.00	\$ 1,600.00
7	Sunday and Holidays	HR	8	\$ 275.00	\$ 2,200.00
8	Callout/Service Call Charge	HR	5	\$ 110.00	\$ 550.00
Parts	Markup	•			
NO.	ITEM	EST.	QTY.	% OF ADJUSTMENT (-,+)	EXTENDED PRICE
9	Parts Markup	\$5,00	0.00	25%	\$ 6,250.00
				GRAND TOTAL	\$ 20,230.00

NOTES

	NE, BR, HK	
	Invitations Sent	11
	Total Vendors Requesting Documents	0
	Total Bid Responses	1

PRICE FORM

Any quantitles shown are estimated only and are provided for bid canvassing purposes. No mileage or travel time shall be billed.

NO	NUEPFER BUILDING, JU	UOM	QTY	PRICE	EXTENDED PRICE			
1	Monday- Friday	HR	24	\$ 10,00	\$ 2640,00			
2	Saturday	HR	8	\$ 200,00	\$ 1,600,00			
3	Sunday and Holidays	HR	8	\$ 275.00	\$ 2200,00			
4	Callout/Service Call Charge	HR	5	\$ 110,00	\$ 556.00			
ABOR R ARE CEI	ATES FOR SERVICES				•			
NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE			
5	Monday- Friday	HR	24	\$ 110,00	\$ 3640,00			
6	Saturday HR		8	\$ 200,00	\$ 1/200,00			
7	Sunday and Holidays	HR	8	\$ 275.0.	\$ 2,200,50			
8	Callout/Service Call Charge	HR	5	\$ 90,00	\$ 550,00			
ARTS MA	ARKUP							
NO	ITEM		EST QTY	% OF ADJUSTMENT (-, +)	EXTENDED PRICE			
PARTS MARKUP Parts Markup from Contractors Cost: \$5000.00 X 20% of Markup = (The Contractor must provide OEM/Part source invoices), Example: \$5,000.00 x 10% Markup = \$5,500.00 (5, 4) \$5,000.00								
				GRAND TOTAL	\$ 20,230.00			
RAND TO	ik.	n. 11	andred T		ne cont			

QUOTE SIGNATURE PAGE

LAUNDRY REPAIR & SERVICE 24-014-DCC

X	Signature on File	0	Coo	
-	8		Signature and Title)	
		71	5/2024	

QUOTATION MUST BE SIGNED FOR CONSIDERATION

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Business Name of Bidder	EQUIPMENT INTERNATIONAL
Main Business Address	8798 PENRIS AUG
City, State, Zip Code	MURTON BROW 16 COUST
Telephone Number	847-679-22N
Email Address	BNAD COULDMENT - FOTONIATIONAL, CON
Bld Contact Person	BRADLEY LERNER

EMERGENCY PREPAREDNESS PLAN

The Centers for Medicare and Medicaid Services have established requirements that all participating providers and their suppliers establish an Emergency Preparedness Plan. The DuPage Care Center therefore asks its vendors to participate in a memorandum of understanding (MOU) with the Care Center for the duration of this contract and its renewals.

This MOU is a voluntary agreement used to express the belief and commitment of the undersigned parties that; if a community emergency or disaster occurs, regardless of cause, the Care Center can obtain additional external help. In other words, should an emergency or disaster exceed the effective response capabilities of the DuPage Care Center, the undersigned vendor will use its best efforts to provide additional assistance to the Care Center; with such assistance most likely consisting of additional deliveries, rentals and/or services, to ensure uninterrupted care for our residents.

Please provide a contact person and a phone number so that if an emergency occurs, we can call to determine your availability to help. Additionally, if the vendor already has an Emergency Preparedness Policy (EPP) In place, please submit the EPP along with vendor's quote.

EMERGENCY PREPAREDNESS PLAN CONTACT INFORMATION:

EMER	RGENCY PREPAREDNESS PLAN CONTACT
NAME	BRADLEY LERNER
CONTACT	VIVE V
ADDRESS	9778 PENMS AUT
CITY ST ZIP	MORTON GROWF NL COOTS
EMERGENCY PHONE NO.	314-283-621e2
EMAIL	BRAD@ EQUIP MONT - TUTGRADISONAL. GOV



						A 1 =
ò	Required \	/endor	Ethics Disclosur	e Statement		Date 2/5/Qudy
*	Fallure to comple County's Contract	te and retur	n this form may result in d	elay or cancellation of the	Bld/Contract/PO #:	Dutc. C STATE
Co			ENTERNATIONAL L	TD Company Contact: BR	MIFY (F	RUED
C	Contact Phone: 847	-479-	ya N	Contact Email: BRA	AD OPOLLAN	rent-PutoMational
The	DuPage County Procu	rement Or	dinance requires the f	ollowing written disclosures	1CON	
1. Evenue de la composition della composition de	ery contractor, union, or vore individual contracts windividual contracts windision a written disclosure lendar year to any incumborarded will benefit. The coly change order or renewal sludes owners, officers, maintenance of the colors owners, officers, maintenance or contract of the colors of t	endor that is th the count of all politic ent county in ntractor, uni requiring a anagers, lobi	s seeking or has previously by resulting in an aggregate al campaign contributions coard member, county boa lon or vendor shall update pproval by the county boa byists, agents, consultants,	obtained a contract, change order amount at or in excess of \$25,0 made by such contractor, union, and chairman, or countywide elections of disclosure annually during the form of purposes of this disclosure bond counsel and underwriters action committees to which the contract of the committees of the committees of the committees of the committees to which the contract of the contr	ers to one (1) or more of 00, shall provide to Pro or vendor within the of ted official whose offic he term of a multi-year of requirement, "contractorsel, subcontractor	curement Services urrent and previous e the contract to be contract and prior to ctor or vendor" s and corporate
Q'	NONE (check here) - If no	contributio	ons have been made			
	Recipient	Dono	•	Description (e.g. cash, type of its kind services, etc.)	em, In- Amount/Value	Date Made
	NONE (check here) - If no	contacts have resentatives with county of	and all individuals who ar		Email	
ľ	elation to the contract or	biu				
A c	ontractor or vendor that le	nowingly vi	olates these disclosure req ct and possible disbarmen	uirements is subject to penalties t from future county contracts.	which may include, bu	t are not limited to,
Co	 If informat 30 days pri Annual dis 	ion changes for to the op closure for r	itional renewal of any cont nulti-year contracts on the	ange, or prior to county action, w		
htt	e full text for the county ps://www.dupageco.org/C	s ethics and ountyBoard	d procurement policies a /Policies/	nd ordinances are available at:		
Lhe	ereby acknowledge that	l have reçei	ived, have read, and und	erstand these requirements.		
	Signa Signature	ture on File	•			
Prir	nted Name	CHAC	IN LEIL	LOR		
Title	· <u>C</u>	CO	,			
Dat	e	15/	d024	*		

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

Care Center Requisition Under \$30,000



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



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION						
General Tracking		Contract Terms				
FILE ID#: 24-0686	RFP, BID, QUOTE OR RENEWAL #: 21-100-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST:			
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	\$41,000.00 CONTRACT TOTAL COST WITH ALL			
HUMAN SERVICES	02/20/2024	3 MONTHS	RENEWALS: \$110,450.00			
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:			
	\$25,000.00	FOUR YEARS	SECOND RENEWAL			
Vendor Information		Department Information				
VENDOR: KCI USA, Inc. dba 3M Medical Solutions	VENDOR #: 28606	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida			
VENDOR CONTACT: VENDOR CONTACT PHONE: 630-803-3770		DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.go v			
VENDOR CONTACT EMAIL: cvanderploeg@solventum.com	VENDOR WEBSITE:	DEPT REQ #: 7439				

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.). This contract purchase order is for rental of wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center, for the period February 24, 2024 through February 23, 2025, for a total contract total amount not to exceed \$25,000.00, under quote renewal #21-100-CARE, second of three one-year renewal options.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Wound Vac Treatment is the preferred method of treatment by the Wound Care Specialist and Physicians alike. This treatment has had positive outcomes that have been realized that have not necessarily been seen with other modes of treatment.

	SECTION 2: DECISION MEMO REQUIREMENTS
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
RENEWAL	
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

	SECTION 3: DECISION MEMO						
STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.						
SOURCE SELECTION	Describe method used to select source.						
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).						

Form under revision control 01/04/2023 78

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

Send Pui	chase Order To:	Send Invoices To:				
Vendor: KCI USA, Inc. dba 3M Medical Solutions	Vendor#: 28606	Dept: DuPage Care Center	Division: Nursing			
Attn: Matt Liljequist	Email: mliljequist@mmm.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov			
Address: PO Box 301557	City: Dallas	Address: 400 N. County Farm Road	City: Wheaton			
State: TX	Zip: 75303-1557	State:	Zip: 60187			
Phone:	Fax:	Phone: 630-784-4254	Fax:			
Send	Payments To:		Ship to:			
Vendor: KCI USA, Inc. dba 3M Medical Solutions	A, Inc. dba 3M Medical		Division:			
Attn:	Email:	Attn:	Email:			
Address: 12930 W. Interstate 10	City: San Antonio	Address: 400 N. County Farm Road	City: Wheaton			
State: TX	Zip: 78249-4524	State:	Zip: 60187			
Phone: 1-800-275-4524	Fax:	Phone: 630-784-4250	Fax:			
S	hipping	Cor	ntract Dates			
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): February 24, 2024	Contract End Date (PO25): February 23, 2025			

Form under revision control 01/04/2023 79

					Purchas	se Requisi	ition Lin	e Details			
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Rental	FY24	1200	2050	53410		10,600.00	10,600.00
2	1	EA		Supplies	FY24	1200	2050	52320		8,175.00	8,175.00
3	1	EA		Rental	FY25	1200	2050	53410		3,500.00	3,500.00
4	1	EA		Supplies	FY25	1200	2050	52320		2,725.00	2,725.00
FYi	FY is required, assure the correct FY is selected. Requisition Total							\$ 25,000.00			

	Comments
HEADER COMMENTS	Provide comments for P020 and P025. This contract purchase order is for rental of wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center, for the period February 24, 2024 through February 23, 2025, for a total contract total amount not to exceed \$25,000.00, under quote renewal #21-100-CARE, second of three one-year renewal options.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 02/20/24 HS 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 following documents have been attached:		W-9	✓	Vendor Ethics Disclosure Statement
---------------------------------------------	--	-----	---	------------------------------------

Form under revision control 01/04/2023



AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and KCI USA, Inc. located in San Antonio, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #21-100-CARE which became effective on 1/26/2023 and which will expire 1/25/2024. The contract is subject to a second of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature, and shall terminate on 1/25/2025.

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

CONTRACTOR	THE COUNTY OF DUPAGE
SIGNATURE	SIGNATURE
Christine Arme	Henry Kocker
PRINTED NAME	PRINTED NAME
VP Healthcare Systems	Buyer I
PRINTED TITLE	PRINTED TITLE
2/14/2024	
DATE	DATE



THE COUNTY OF DUPAGE FINANCE - PROCUREMENT WOUND & SKIN CARE - VAC THERAPY 21-100-CARE QUOTE TABULATION

					v		
					31	М	
NO.	ITEM	UOM	QTY		PRICE		TENDED PRICE
1	VAC Theraphy System Daily Rental	DAY	30	\$	77.28	\$	2,318.40
2	Collection Canister with Gel - 300 mil	cs	1	\$	254.11	\$	254.11
3	White Foam Dressing for Tunneling & Underminining	cs	1	\$	309.51	\$	309.51
4	Granuforam Dressing	cs	1	\$	311.88	\$	311.88
				GRA	ND TOTAL	\$	3,193.90

NOTES	
5-2-2-2	

Invitations Sent	3
Total Vendors Requesting Documents	0
Total Bid Responses	1

SPECIFICATIONS

DuPage County is seeking a vendor to provide rental of 3M VAC Freedom™ Therapy Unit or equal, and supplies for acute, chronic, and infected wounds.

PRICE

Any quantities shown are estimated only and are provided for bid canvassing purposes.

Proposed VAC Therapy System: V.A.C Freedom®

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	VAC Therapy System Daily Rental	DAY	30	\$77.28	\$2,318.40
2	Collection Canister with Gel - 300ml 5/case	cs	1	\$254.11	\$254.11
3	White Foam Dressing for Tunneling and Undermining 5/case	CS	1	\$309.51	\$309.51
4	Granufoam Dressing 5/case	CS	1	\$311.88	\$311.88
				GRAND TOTAL	\$ 3,193.90

QUOTE SIGNATURE PAGE

WOUND AND SKIN CARE - VAC THERAPY 21-100-CARE

	Signature on File		
X		Vice President Healthcare S	Systems
	(Signature and	Title)	
	12/23/2021		
	(Date)		
	QUOTATION MUST BE SIGNED	FOR CONSIDERATION	

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Business Name of Bidder	3M Medical Solutions
Main Business Address	12930 W Interstate 10
City, State, Zip Code	San Antonio, TX 78249-2248
Telephone Number	1-800-275-4524
Email Address	MSDContractandPricing@mmm.com
Bid Contact Person	Anna Hosmer

Updated Vendor Ethics Disclosure Form has been requested by Procurement.

Consent Item





File #: 24-0725 Agenda Date: 2/20/2024 Agenda #: 9.A.

Request for Change Order Procurement Services Division Attach copies of all prior Change Orders

Consent HS 2/20 CB 2/27

Date: Jan 24, 2024
MinuteTraq (IQM2) ID #: 24-0609

Purchase Order	r#: 6169-0001 SERV Original F Order Dat	Purchase Dec 1, 2022	Change Order #: 2	Department: DuPa	age Care Center
Vendor Name:	Valdes LLC		Vendor #: 36338	Dept Contact: Vini	t Patel
Background and/or Reason for Change Order Request:	#3 Doggongo 9 alogo lina 3	1200-2035-52280 in 1 5000-2115-52280-AR 1200-2050-52200 in 1	the amount of \$6,416.36 RPA230229 in the amount o the amount of \$1,111.77	of \$11,955.22	
		IN ACCORDANCE V	WITH 720 ILCS 5/33E-9		
(A) Were not	reasonably foreseeable at the t	ime the contract was sig	gned.		
(B) The chan	ge is germane to the original co	ntract as signed.			
(C) Is in the b	pest interest for the County of D				
. le		INCREAS	E/DECREASE	1	
	ontract value				\$98,808.00
	nge for previous Change Orders				(\$36,000.00)
	ontract amount (A + B)	<u></u>	N7 2		\$62,808.00
	f this Change Order	Increase	Decrease		(\$20,438.57)
	act amount (C + D) current contract value this Char	ana Ouday yanayana (D	. (6)		\$42,369.43
	e percent of all Change Orders (-32.54%
G Cumulativ	e percent of all change orders (MO NOT REQUIRED		-57.12%
Increase/Dec	get code from: rease quantity from: naining encumbrance In	to:should be:crease encumbrance	to: Decrease encun		Consent Only
		DECISION M	EMO REQUIRED		
	ater than 29 days) contract expi 2,500.00, or \geq 10%, of current coain below:	ration from:	to:		
cdk Prepared By (Initi	als) 4208 Phone Ext	Jan 24, 2024 Date	JC Recommended for Approva	al (Initials) Phone E	Jan 24, 2024 Ext Date
		REVIEWED B	SY (Initials Only)		
Buyer		Date	Procurement Officer		2-7-24 Date
Chief Financial Of (Decision Memos		Date	Chairman's Office (Decision Memos Over \$25	5.000)	Date

Consent Item





File #: 24-0726 Agenda Date: 2/20/2024 Agenda #: 9.B.

Request for Change Order Procurement Services Division Attach copies of all prior Change Orders

CONSENT HS 2/20 CB 2/27 Date: Jan 24, 2024

MinuteTraq (IQM2) ID #: 24-0610

r						
Purc	hase Order #:	6056-0001 SERV Order	nal Purchase Nov 30, 2022 Date:	Change Order #: 2	Department: Du	Page Care Center
Vend	Vendor Name: Symbria Rehab, Inc. Vendor #: 27600 Dept Contact: Ka					aren Cerny
and/ for C				Therapy and consulting for to the amount of \$397,693.80		
			IN ACCORDANCE	WITH 720 ILCS 5/33E-9		
\square	A) Were not rea	sonably foreseeable at t	the time the contract was s	signed.		
	B) The change i	s germane to the origina	al contract as signed.			
	C) Is in the best	interest for the County	of DuPage and authorized	by law.		
	T		INCREA	SE/DECREASE		
A	Starting contr					\$1,000,000.00
В	Net \$ change	for previous Change Ord	ders			
С		act amount (A + B)				\$1,000,000.00
D		s Change Order	Increase	Decrease		(\$397,693.80)
E		amount (C + D)				\$602,306.20
F			Change Order represents (-39.77%
G	Cumulative pe	ercent of all Change Ord	ers (B+D/A); (60% maximum			-39.77%
				MO NOT REQUIRED		
_	Cancel entire or	_	Close Contract	Contract Extension	(29 days) [Consent Only
_	hange budget	•		to:		
lr Ir	ncrease/Decrea	se quantity from:	to:			
P	rice shows:		should be:			
	ecrease remain nd close contra	ing encumbrance ct	Increase encumbrance and close contract	Decrease encur	mbrance	ncrease encumbrance
			DECISION I	MEMO REQUIRED		
☐ Ir	crease (greater	than 29 days) contract	expiration from:	to:		
In	crease ≥ \$2,500	0.00, or ≥ 10%, of curren	t contract amount 🔲 Fu	inding Source		
o	THER - explain l	pelow:	_	-		
		4000				
cdk Prepa	red By (Initials)	4208 Phone E	Jan 24, 2024 xt Date	JC Recommended for Approv	al (Initials) Phone	Jan 24, 2024 Date
Терс		THORE			ar (IIIItiais) Trione	ELAC Date
			KEVIEWED	BY (Initials Only)		
Buyer			Date	Procurement Officer		2-7-24 Date
	Financial Office ion Memos Ove		Date	Chairman's Office (Decision Memos Over \$2	5,000)	Date