



DU PAGE COUNTY

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

Human Services

Final Regular Meeting Agenda

Tuesday, February 20, 2024

9:30 AM

Room 3500A

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **PUBLIC COMMENT**

4. **CHAIR REMARKS - CHAIR SCHWARZE**

5. **APPROVAL OF MINUTES**

5.A. [24-0721](#)

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

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)

7.B. [HS-CO-0001-24](#)

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)

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)

- 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.
- 8.C. [HS-P-0014-24](#)
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.
- 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.
- 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.
- 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.

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.
- 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.

10. RESIDENCY WAIVERS - JANELLE CHADWICK

11. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

12. COMMUNITY SERVICES UPDATE - MARY KEATING

13. OLD BUSINESS

14. NEW BUSINESS

15. ADJOURNMENT



Minutes

421 N. COUNTY FARM
ROAD
WHEATON, IL 60187
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File #: 24-0721

Agenda Date: 2/20/2024

Agenda #: 5.A.



DU PAGE COUNTY

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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 (Adminstrator 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. [24-0587](#)

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 1½ 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 Scharze 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.



Finance Resolution

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

File #: FI-R-0040-24

Agenda Date: 2/20/2024

Agenda #: 7.A.

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

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

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

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT II

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 211 DuPage (from now on referred to as "Subcontractor") with its principal place of business located at 421 N. County Farm Road, 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 January 1, 2023, and end on June 30, 2024 (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 retain all 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 executivedirector@211illinois.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

Signature on File

By: 

Name: MARY A. KEATING

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 24-hour-a-day 211 services to residents of Illinois in support of operating a 211 contact center and marketing the 211 service.

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
 - Call Date
 - Contact Type
 - Caller Type
 - Zip code
 - City
 - County
 - State
 - How did you hear about 211?
 - Age
 - Gender
 - Language Spoken
 - 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 January 1, 2023, and ends on June 30, 2024. 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

REVENUE

41400-0001 - State Operating Grant - IDPH \$ 102,600

TOTAL ANTICIPATED REVENUE \$ 102,600

EXPENDITURES

COMMODITIES

52240-0000 - Promotion Materials \$ 5,000

TOTAL COMMODITIES \$ 5,000

CONTRACTUAL

53801-0000 - Advertising \$ 97,600

TOTAL CONTRACTUAL \$ 97,600

TOTAL ADDITIONAL APPROPRIATION \$ 102,600



HS Change Order with Resolution

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

File #: HS-CO-0001-24

Agenda Date: 2/20/2024

Agenda #: 7.B.

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

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____
JEAN KACZMAREK, COUNTY CLERK



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 2, 2024

MinuteTraq (IQM2) ID #: _____

Purchase Order #: 6640	Original Purchase Order Date: Oct 1, 2023	Change Order #:	Department: Community Services
Vendor Name: BENEVATE, INC		Vendor #: 37839	Dept Contact: Joan Fox

Background and/or Reason for Change Order Request:

- 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 ACCORDANCE WITH 720 ILCS 5/33E-9

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

INCREASE/DECREASE

A	Starting contract value		\$134,000.00
B	Net \$ change for previous Change Orders		
C	Current contract amount (A + B)		\$134,000.00
D	Amount of this Change Order	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$8,000.00
E	New contract amount (C + D)		\$142,000.00
F	Percent of current contract value this Change Order represents (D / C)		5.97%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)		5.97%

DECISION MEMO NOT REQUIRED

- 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 Increase encumbrance and close contract Decrease encumbrance Increase encumbrance

DECISION MEMO REQUIRED

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

Signature on File _____			Signature on File _____		
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Signature on File					
Buyer	Date	Procurement Officer	Date		
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date		



Decision Memo

Procurement Services Division

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

Date: Feb 1, 2024

MinuteTraq (IQM2) ID #: _____

Department Requisition #: _____

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

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 Contractual Obligation.

Date: 01/23/2024

Bid/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.

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature



Printed Name

Jason Rusnak

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)



Finance Resolution

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

File #: FI-R-0041-24

Agenda Date: 2/20/2024

Agenda #: 8.A.

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

Attest: _____
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

EXPENDITURES

PERSONNEL

53090-0000 - Other Professional Services \$ 12,255

TOTAL PERSONNEL \$ 12,255

TOTAL ADDITIONAL APPROPRIATION \$ 12,255



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0013-24

Agenda Date: 2/20/2024

Agenda #: 8.B.

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 Wheaton, 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			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 24-0606	RFP, BID, QUOTE OR RENEWAL #: 23-020-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$122,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/20/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$311,000.00
	CURRENT TERM TOTAL COST: \$63,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Performance FoodService	VENDOR #: 38749	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Dennis Mitchell	VENDOR CONTACT PHONE: 331-212-1352	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: mario.plata@dupageco.org
VENDOR CONTACT EMAIL: dennis.mitchell@pfgc.com	VENDOR WEBSITE:	DEPT REQ #: 7432	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). 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).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: 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: IL	Zip: 60187
Phone: 331-212-1352	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Performance FoodService	Vendor#: 38749	Dept: DuPage Care Center	Division: Dining Services
Attn:	Email:	Attn: Mario Plata	Email: Mario.Plata@dupageco.org
Address: 5030 Baseline Road	City: Montgomery	Address: 400 N. County Farm Road	City:
State: IL	Zip: 60538	State: IL	Zip: 60187
Phone: 331-212-1352	Fax:	Phone: 630-784-4416	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
Contract Administrator (PO25): Christine Kliebhan			

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		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
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 63,000.00

<i>Comments</i>	
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 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 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.

CONTRACTOR
Signature on File

THE COUNTY OF DUPAGE

SIGNATURE
Danrel Gilroy
PRINTED NAME
President
PRINTED TITLE
1-30-2024
DATE

SIGNATURE
Donna Weidman
PRINTED NAME
Buyer II
PRINTED TITLE
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	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
PART 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
PART 1 TOTAL					\$ 8,699.59		\$ 9,471.94

PART 2 - MISCELLANEOUS ITEMS

				FOX RIVER FOODS INC. DBA PERFORMANCE FOODSERVICE CHICAGO		GORDON FOOD SERVICE, INC.	
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED 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	18	\$ 30.12	\$ 542.16	\$ 29.11	\$ 523.98
15	Yogurt Low Fat Strawberry Pouch	CASE	14	\$ 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
GRAND TOTAL					\$ 15,773.06		\$ 18,005.67

PART 3 – CATEGORY MARK-UP RATE SHEET

Category	Product Category	FOX RIVER FOODS INC. DBA PERFORMANCE FOODSERVICE CHICAGO	GORDON FOOD SERVICE, INC. CHICAGO
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 LBS. Bid is for case of 24 LBS. \$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 \times 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 \times 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 \times 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 \times 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 \times 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 Bid 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.																
NO	ITEM	BRAND	PFG #	ITEM SIZE	UOM	QTY	CASEP ACK QTY	1/6/2023		1/13/2023		1/20/2023		AVERAGE CASE PRICE BASED ON 3 DATES (1/6/2023 PRICE + 1/13/2023 PRICE + 1/20/2023 PRICE) ÷ 3	AVERAGE PRICE PER UNIT BASED ON 3 DATES (1/6/2023 PRICE + 1/13/2023 PRICE + 1/20/2023 PRICE) ÷ 3	EXTENDED PRICE (QTY X AVERAGE CASE PRICE)
								CASE PRICE	PRICE PER UNIT	CASE PRICE	PRICE PER UNIT	CASE PRICE	PRICE PER UNIT			
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	\$ 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									

10	Chicken Meat Fully Cooked Diced (1/2") WT/DK (white & dark meat)	TYSON	333759	5 LB	CASE	8	2	\$ 40.81	\$ 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	\$ 24.12	\$ 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	\$ 32.44	\$ 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	\$ 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	\$ 38.50	\$ 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	\$ 31.62	\$ 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	\$ 98.52	\$ 4.34	\$ 98.52	\$ 4.34	\$ 98.52	\$ 4.34	\$ 98.52	\$ 4.34	\$ 98.52	\$ 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	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 41.55	\$ 373.95
Exceptions:																	
TOTAL PART 1 - MEAT AND PRODUCE																	\$ 10,837.88

PART 2 - MISCELLANEOUS ITEMS

<p style="text-align: center;">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.</p>										
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:										
2	Coffee Decaf Ground 30/6.3oz packages	907325	FOLGERS	6.3 OUNCE	CASE	18	30	\$ 57.88	\$ 57.88	\$ 1,041.84
Exceptions:										
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 thick & 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:			pappettis							
7	Green Peas Frozen	283405	NATIONAL FROZEN FOODS	30LB	CASE	10	1	\$ 47.39	\$ 47.39	\$ 473.90
Exceptions:			westcreek	2.5#			12			
8	Ice Cream Cup Chocolate 4oz	374819	WELLS DAIRY	4 OZ	CASE	23	48	\$ 18.32	\$ 18.32	\$ 421.36
Exceptions:			schoeps							
9	Ice Cream Cups Vanilla 4oz	374833	WELLS DAIRY	4 OZ	CASE	49	48	\$ 18.37	\$ 18.37	\$ 900.13
Exceptions:			schoeps							
10	Juice Apple Frozen 6oz	146261	ARDMORE / COUNTRY PURE FOODS	6 OZ	CASE	37	48	\$ 8.76	\$ 8.76	\$ 324.12
Exceptions:										
11	Juice Cranberry Blend Frozen 6oz	41383	ARDMORE / COUNTRY PURE FOODS	4 OZ	CASE	31	96	\$ 14.51	\$ 14.51	\$ 449.81
Exceptions:										
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:			westcreek				900			
15	Margarine Solid ZTF (zero trans fat)	518672	VENTURA FOODS	1LB	CASE	11	30	\$ 34.39	\$ 34.39	\$ 378.29
Exceptions:			westcreek							
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	3.5 N	CASE	13	1500	\$ 57.47	\$ 57.47	\$ 747.11
Exceptions:										

21	Plastic Lid Disposable for Shoreline Collection 9oz Bowl	259350	CAMBRO	1000CT	CASE	11	1	\$ 48.42	\$ 48.42	\$ 532.62
Exceptions:										
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:										
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:										
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:										
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:										
28	Yogurt Low Fat Vanilla Pouch	858029	YOPLAIT / GENERAL MILLS	4 LB	CASE	16	6	\$ 28.31	\$ 28.31	\$ 452.96
Exceptions:										
TOTAL PART 2 - MISCELLANEOUS ITEMS									\$	20,355.29

PART 3 – CATEGORY MARK-UP RATE SHEET

Offeror 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 _____ contracts manager
(Signature and Title)

CORPORATE SEAL
(If available)

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

Subscribed and sworn to before me this _____ day of _____ AD, 20_____

_____ My Commission Expires: _____
(Notary Public)

SEAL

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

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Performance Food Service		
Main Business Address	5030 Baseline Rd		
City, State, Zip Code	Montgomery, IL 60538		
Telephone Number		Email Address	Cheryl.Ferrent@pfsac.com
Bid Contact Person	Christine Lee		

The undersigned certifies that he is:

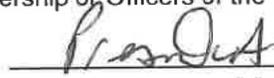
- the Owner/Sole Proprietor
 a Member authorized to sign on behalf of the Partnership
 an Officer of the Corporation
 a Member of the Joint Venture

Signature on File



the members of the Partnership or Officers of the Corporation are as follows:

 _____
(President or Partner)

 _____
(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

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

Addenda No. __, ____, ____, and __ issued thereto.

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

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

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

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

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

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



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: 1-30-24

Bid/Contract/PO #: 6330-0001

Company Name: <u>Performance Foodservice</u>	Company Contact: <u>Dennis Mitchell</u>
Contact Phone: <u>331-212-1352</u>	Contact Email: <u>Dennis.Mitchell@pfge.com</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature Signature on File

Printed Name Daniel Gilroy

Title President

Date 1-30-2024

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

File #: HS-P-0014-24

Agenda Date: 2/20/2024

Agenda #: 8.C.

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: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 24-0657	RFP, BID, QUOTE OR RENEWAL #: 20-142-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$248,760.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/20/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$575,011.00
	CURRENT TERM TOTAL COST: \$99,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Advacare Systems	VENDOR #: 11694	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Robert LoCascio	VENDOR CONTACT PHONE: 847-322-1964	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: rlocascio@advacaresystems.com	VENDOR WEBSITE:	DEPT REQ #: 7435	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). 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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
RENEWAL	
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO

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

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: 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: IL	Zip: 60187
Phone: 847-322-1964	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
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: IL	Zip: 60641	State: IL	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
Contract Administrator (PO25): Christine Kliebhan			

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
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 99,000.00

<i>Comments</i>	
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
ROBERT LOCASCIO
PRINTED NAME
VICE PRESIDENT
PRINTED TITLE
2/2/24
DATE

SIGNATURE
Nickon Etminan
PRINTED NAME
Buyer II
PRINTED TITLE

DATE



2939 N. Pulaski Rd, Chicago, IL 60641
Local: 773-726-8858 Fax: 773-726-1970
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	Item	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

INTEGRA HEALTH EQUIPMENT					
Purchase Price	Monthly Rent-to-Own Rate	Qty	Daily Rental Rate	Monthly Rental Rate	Extended 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

SIZEWISE					
Purchase Price	Monthly Rent-to-Own Rate	Qty	Daily Rental Rate	Monthly Rental Rate	Extended 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	No Bid	No Bid	No Bid
No Bid	No Bid	10	No Bid	No Bid	No Bid
No Bid	No Bid	20	No Bid	No Bid	No Bid
No Bid	No Bid	15	No Bid	No Bid	No Bid
\$ 447.74	No Bid	15	\$ 4.82	\$ 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	Item	Purchase Price	Monthly Rent-to-Own Rate	Qty	Daily Rental Rate	Monthly Rental Rate	Extended 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 Bid	No 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	Item	Purchase Price	Monthly Rent-to-Own Rate	Qty	Daily Rental Rate	Monthly Rental Rate	Extended 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

		CUSTOM MEDICAL SOLUTIONS					
Purchase Price	Monthly Rent-to-Own Rate	Qty	Daily Rental Rate	Monthly Rental Rate	Extended 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

		ARJO					
Purchase Price	Monthly Rent-to-Own Rate	Qty	Daily Rental Rate	Monthly Rental Rate	Extended 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	No 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 = GRAND TOTAL \$ 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

ATTACHMENT A - REVISED BID FORM PRICING

FOR ALL RENT TO OWN QUOTES, PROGRAM DETAILS SHOULD BE INCLUDED WITH SUBMISSION. RENT-TO-OWN RATES SHOULD BE BASED ON OWNERSHIP AFTER ONE YEAR OF RENTAL. THE QUANTITY IS A CANVASSING AMOUNT ONLY, BASED ON ESTIMATED MONTHLY USAGE.								
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)
1	Low Air Loss and Alternating Pressure Therapy Mattress 36# 500 lb. weight capacity Built-in side bolsters Fowler boost / eliminates bottoming out Effective therapy for all stages of Pressure Ulcers	Santech Prius	\$1,532.70					
				\$127.72				
					30	\$4 ⁰⁰	120	\$3,600 ⁰⁰
2	Low Air Loss and Alternating Pressure Therapy Mattress, with Pulsation 42" 600 lb. weight capacity Pulsation Therapy Effective therapy for all stages of Pressure Ulcers	Prius	\$1,844.70					
				\$153.72				
					18	\$6 ⁰⁰	108	\$3,240 ⁰⁰
3	Low Air Loss and Alternating Pressure Therapy Mattress, with Pulsation 48" 1000 lb. weight capacity Effective therapy for all stages of Pressure Ulcers	Prius	\$1,974.70					
				\$164.55				
					18	\$6 ⁰⁰	108	\$3,240 ⁰⁰



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

4	Alternating Pressure Therapy Mattress Safety side bolsters With or without pump Built-In Integrated Heel Slope 400 lb. weight capacity Effective therapy for all stages of Pressure Ulcers	Drive Balanced Air	\$ 546. ⁰⁰	\$ 45. ⁵⁰	15	\$ 2. ⁰⁰	30	\$ 900. ⁰⁰
5	Bariatric Low Bed frame Expands from 36"-48" wide and 80" long 9-inch low position 800 lb. weight capacity	med mizen	\$ 3,125. ⁰⁰	\$ 260. ⁴⁸	10	\$ 8. ⁰⁰	80	\$ 2,400. ⁰⁰
6	Safety Bolster Overlay 36"		\$ 87. ⁵⁰	\$ 7. ²⁹	30	\$ 1. ⁰⁰	30	\$ 900. ⁰⁰
7	Safety Bolster Overlay 48"		\$ 118. ⁷⁵	\$ 9. ⁸⁹	10	\$ 1. ⁰⁰	10	\$ 300. ⁰⁰
8	Floor Bed High Safety Mat 9"		\$ 310. ⁰⁰	\$ 25. ⁸³	20	\$ 2. ⁰⁰	40	\$ 1,200. ⁰⁰
9	Floor Bed Assist Rails		\$ N/A	\$ N/A	15	\$ 1. ⁰⁰	15	\$ 450. ⁰⁰
10	Foam Mattress 36" x 80"		\$ 119. ⁰⁰	\$ 9. ⁹¹	15	\$ 2. ⁰⁰	30	\$ 900. ⁰⁰
11	Standard Floor Bed 36" x 80" Expands from 80"-84" long 330 lb. weight capacity		\$ 1,695. ⁰⁰	\$ 169. ⁵⁵	15	\$ 8. ⁰⁰	120	\$ 3,600. ⁰⁰
GRAND TOTAL								\$ 20,730. ⁰⁰
GRAND TOTAL (In words) Twenty Thousand Seven Hundred Thirty Dollars								



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: 2/2/24

Bid/Contract/PO #: _____

Company Name: <u>ADVACARE SYSTEMS</u>	Company Contact: <u>ROBERT LOCASIO</u>
Contact Phone: <u>847-322-1964</u>	Contact Email: <u>RLOCASIO@ADVACARESYSTEMS.COM</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature

Signature on File

Printed Name

ROBERT LOCASIO

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			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 23-0605	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$22,800.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/20/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$22,800.00
	CURRENT TERM TOTAL COST: \$22,800.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: CareVoyant, Inc.	VENDOR #: 13829	DEPT: 7433	DEPT CONTACT NAME: Shauna Berman
VENDOR CONTACT: Kandasamy Pasupathy	VENDOR CONTACT PHONE: 847-925-9148	DEPT CONTACT PHONE #: 630-784-4261	DEPT CONTACT EMAIL: shauna.berman@dupagecounty.gov
VENDOR CONTACT EMAIL: pasu@carevoyant.com	VENDOR WEBSITE:	DEPT REQ #: 7433	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). 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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)	

SECTION 3: DECISION MEMO	
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.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: CareVoyant, Inc.	Vendor#: 13289	Dept: DuPage Care Center	Division: Administration
Attn: Kandasamy Pasupathy	Email: pasu@carevoyant.com	Attn: Shauna Berman	Email: shauna.berman@dupagecounty.gov
Address: 3701 Algonquin Road, Suite 530	City: Rolling Meadows	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60008	State: IL	Zip: 60187
Phone: 847-925-9148	Fax:	Phone: 630-784-4261	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: CareVoyant, Inc.	Vendor#: 13289	Dept: DuPage Care Center	Division:
Attn:	Email:	Attn: Shauna Berman	Email: shauna.berman@dupagecounty.gov
Address: 3701 Algonquin Road, Suite 530	City: Rolling Meadows	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60008	State: IL	Zip: 60187
Phone: 847-925-9148	Fax:	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
Contract Administrator (PO25): Christine Kliebhan			

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
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 22,800.00

<i>Comments</i>	
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:

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

Ship To:

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

Customer ID:	Sales Person ID	Purchase Order#		
DUP002	CV		Payment Terms: Due Upon Receipt	
Qty	Item#	Description	Unit Amount	Extended Amount

12	MHOSTLTC	CV Monthly Hosting: 05/01/2024-04/30/2025	\$1,900.00	\$22,800.00
1	MHOSTLTC	for historical access, Large database,		
1	MHOSTLTC	Eight Named User License(s).		

Order Total	\$22,800.00
Discount	\$0.00
Misc Charges	\$0.00
Tax	<u>\$0.00</u>
Total	\$22,800.00



CareVoyant

CareVoyant CV Hosting Quote

Client: DuPage Care Center	Date: 03/29/22
	Phone: 630-784-4261
	Email: Shauna.Berman@dupa
Address: 400 N Country Farm Road Wheaton, IL 60187	Email: gecounty.gov
Attention: Shauna Berman	Quote Expiration: 04/30/22

		Purchase 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 confidential (not to be discussed nor shared with any party other than the parties identified above and CareVoyant staff)



Required Vendor Ethics Disclosure Statement

Date: 01/23/2024

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

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.

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature 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			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 24-0666	RFP, BID, QUOTE OR RENEWAL #: 24-014-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$27,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/20/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$108,000.00
	CURRENT TERM TOTAL COST: \$27,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Equipment International, LTD.	VENDOR #:	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Bradley Lerner	VENDOR CONTACT PHONE: 847-679-2211	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupageco.org
VENDOR CONTACT EMAIL: brad@equipment-international.com	VENDOR WEBSITE:	DEPT REQ #: 7374	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). 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 (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.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Equipment International, LTD.	Vendor#:	Dept: DuPage Care Center	Division: Laundry
Attn: Bradley Lerner	Email: brad@equipment-international.com	Attn: Vinit Patel	Email: vinit.patel@dupageco.org
Address: 8778 Ferris Avenue	City: Morton Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60053	State: IL	Zip: 60187
Phone: 847-679-2211	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Equipment International, LTD.	Vendor#:	Dept: DuPage Care Center	Division: Laundry
Attn:	Email:	Attn: Vinit Patel	Email: vinit.patel@dupageco.org
Address: 8778 Ferris Avenue	City: Morton Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60053	State: IL	Zip: 60187
Phone: 847-679-2211	Fax:	Phone: 630-784-4273	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
Contract Administrator (PO25): Christine Kliebhan			

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
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 27,000.00

<i>Comments</i>	
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 following documents have been attached: W-9 Vendor Ethics Disclosure Statement



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



				Equipment International Ltd	
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
Labor Rates for Services					
Jack T. Knuepfer Building, Judicial Office Facility, Sheriff's Jail & Building #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 Rates for Services					
Care Center					
5	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	\$5,000.00		25%	\$ 6,250.00
GRAND TOTAL					\$ 20,230.00

NOTES

	Bid Opening 02/06/2024 @ 4:00 PM	NE, BR, HK
	Invitations Sent	11
	Total Vendors Requesting Documents	0
	Total Bid Responses	1

PRICE FORM

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

LABOR RATES FOR SERVICES					
JACK T. KNUEPFER BUILDING, JUDICIAL OFFICE FACILITY, SHERIFF'S JAIL & BUILDING #2					
NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Monday- Friday	HR	24	\$ 110.00	\$ 2640.00
2	Saturday	HR	8	\$ 200.00	\$ 1600.00
3	Sunday and Holidays	HR	8	\$ 275.00	\$ 2200.00
4	Callout/Service Call Charge	HR	5	\$ 110.00	\$ 550.00
LABOR RATES FOR SERVICES					
CARE CENTER					
NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
5	Monday- Friday	HR	24	\$ 110.00	\$ 2640.00
6	Saturday	HR	8	\$ 200.00	\$ 1600.00
7	Sunday and Holidays	HR	8	\$ 275.00	\$ 2200.00
8	Callout/Service Call Charge	HR	5	\$ 110.00	\$ 550.00
PARTS MARKUP					
NO	ITEM	EST QTY	% OF ADJUSTMENT (-, +)	EXTENDED PRICE	
9	PARTS MARKUP 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	\$5,000.00	25 %	\$ 6250	
GRAND TOTAL				\$ 20,230.00	
GRAND TOTAL (in words)					
Twenty thousand, two hundred thirty and no cents					

QUOTE SIGNATURE PAGE

LAUNDRY REPAIR & SERVICE 24-014-DCC

^{1,}
Signature on File
X _____ COO
(Signature and Title)
2/5/2024
(Date)

QUOTATION MUST BE SIGNED FOR CONSIDERATION

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Business Name of Bidder	EQUIPMENT INTERNATIONAL
Main Business Address	8778 FERRIS AVE
City, State, Zip Code	MORTON GROVE IL 60053
Telephone Number	847-679-2211
Email Address	BRAD@EQUIPMENT-INTERNATIONAL.COM
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:

EMERGENCY PREPAREDNESS PLAN CONTACT	
NAME	BRADLEY WERNER
CONTACT	
ADDRESS	9778 PENNIS AVE
CITY ST ZIP	MORTON GROVE IL 60053
EMERGENCY PHONE NO.	314-283-6662
EMAIL	BRAD@EQUIPMENT-INTERNATIONAL.COM



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: 2/5/2024

Bid/Contract/PO #:

Company Name: <u>EQUIPMENT INTERNATIONAL LTD</u>	Company Contact: <u>BRADLEY LORNER</u>
Contact Phone: <u>847-674-2211</u>	Contact Email: <u>BRAD@EQUIPMENT-INTERNATIONAL.COM</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature Signature on File

Printed Name: BRADLEY LORNER

Title: COO

Date: 2/5/2024

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 #: 24-0724

Agenda Date: 2/20/2024

Agenda #: 8.F.



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

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 24-0686	RFP, BID, QUOTE OR RENEWAL #: 21-100-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$41,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/20/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$110,450.00
	CURRENT TERM TOTAL COST: \$25,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: KCI USA, Inc. dba 3M Medical Solutions	VENDOR #: 28606	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Chad Vanderploeg	VENDOR CONTACT PHONE: 630-803-3770	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: cvanderploeg@solventum.com	VENDOR WEBSITE:	DEPT REQ #: 7439	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). 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).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: 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: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: KCI USA, Inc. dba 3M Medical Solutions	Vendor#: 28606	Dept: DuPage Care Center	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: IL	Zip: 60187
Phone: 1-800-275-4524	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): February 24, 2024	Contract End Date (PO25): February 23, 2025
Contract Administrator (PO25): Christine Kliebhan			

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	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
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 25,000.00

<i>Comments</i>	
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



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

[Redacted Signature]

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



				3M	
NO.	ITEM	UOM	QTY	PRICE	EXTENDED 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 & Undermining	CS	1	\$ 309.51	\$ 309.51
4	Granufoam Dressing	CS	1	\$ 311.88	\$ 311.88
GRAND TOTAL					\$ 3,193.90

NOTES

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
GRAND TOTAL (In words)					

QUOTE SIGNATURE PAGE

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

Signature on File

X _____ Vice President Healthcare 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

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

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 #: 6169-0001 SERV	Original Purchase Order Date: Dec 1, 2022	Change Order #: 2	Department: DuPage Care Center
Vendor Name: Valdes LLC	Vendor #: 36338	Dept Contact: Vinit Patel	

Background and/or Reason for Change Order Request:

Furnish and deliver paper products (restroom, paper towels, etc) group 2 for the period 12/01/22 through 11/30/23.

#1 Decrease & close line 1, 1200-2035-52280 in the amount of \$6,416.36

#2 Decrease & close line 2, 5000-2115-52280-ARPA230229 in the amount of \$11,955.22

#3 Decrease & close line 3, 1200-2050-52200 in the amount of \$1,111.77

#4 Decrease & close line 4, 5000-2115-52200-ARPA230229 in the amount of \$955.22 - CONTRACT HAS EXPIRED

IN ACCORDANCE WITH 720 ILCS 5/33E-9

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

INCREASE/DECREASE		
A	Starting contract value	\$98,808.00
B	Net \$ change for previous Change Orders	(\$36,000.00)
C	Current contract amount (A + B)	\$62,808.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$20,438.57)
E	New contract amount (C + D)	\$42,369.43
F	Percent of current contract value this Change Order represents (D / C)	-32.54%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-57.12%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

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

cdk	4208	Jan 24, 2024	JC	Jan 24, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext Date
REVIEWED BY (Initials Only)				
Buyer	Date	Procurement Officer	Date	
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date	



Consent Item

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

File #: 24-0726

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

Purchase Order #: 6056-0001 SERV	Original Purchase Order Date: Nov 30, 2022	Change Order #: 2	Department: DuPage Care Center
Vendor Name: Symbria Rehab, Inc.		Vendor #: 27600	Dept Contact: Karen Cerny

Background and/or Reason for Change Order Request: Physical, Occupational, Speech & Respiratory Therapy and consulting for the period 11/30/22 through 11/30/23. #1 Decrease & close line 2, 1200-2060-53090 in the amount of \$397,693.80 - CONTRACT HAS EXPIRED.

IN ACCORDANCE WITH 720 ILCS 5/33E-9

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

INCREASE/DECREASE

A	Starting contract value	\$1,000,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$1,000,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$397,693.80)
E	New contract amount (C + D)	\$602,306.20
F	Percent of current contract value this Change Order represents (D / C)	-39.77%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-39.77%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

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

cdk	4208	Jan 24, 2024	JC	Jan 24, 2024
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext Date

REVIEWED BY (Initials Only)

Buyer	Date	Procurement Officer	Date
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date