



DU PAGE COUNTY

Human Services

Final Regular Meeting Agenda

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

Tuesday, July 1, 2025

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. [25-1643](#)

Human Services Committee - Regular Meeting - Tuesday, June 17, 2025

6. COMMUNITY SERVICES - MARY KEATING

6.A. [FI-R-0111-25](#)

Acceptance and appropriation of additional funding and extension of time for the ILDCEO Community Services Block Grant PY25, Inter-governmental Agreement No. 25-231028, Company 5000 - Accounting Unit 1650, from \$1,269,609 to \$1,401,491 (an increase of \$131,882). (Community Services)

6.B. [HS-P-0028-25](#)

Awarding resolution issued to Arcos Environmental Services, Inc., to provide mechanical (HVAC) and architectural weatherization labor and materials, for the Weatherization Program, for the period of July 1, 2025 through June 30, 2026, for a contract total not to exceed \$135,000; under RFP 24-099-WEX, first and final optional renewal. (Community Services)

6.C. [HS-P-0029-25](#)

Awarding resolution issued to Chicago United Industries, Ltd., to furnish, deliver and install Energy Star Appliances, for the Weatherization Program, for the period of July 1, 2025 through June 30, 2026, for a contract total not to exceed \$238,000; under RFP #22-065-CS, third of three one-year optional renewals. (Community Services)

6.D. [HS-P-0030-25](#)

Awarding resolution issued to Healthy Air Heating and Air, Inc., to provide mechanical (HVAC) and architectural weatherization labor and materials, for the Weatherization Program, for the period of July 1, 2025 through June 30, 2026 for a contract total not to exceed \$135,000; under RFP #24-099-WEX, first and final optional renewal. (Community Services)

6.E. [HS-P-0031-25](#)

Awarding resolution issued to My Green House HVAC, LLC, to provide mechanical (HVAC) and architectural weatherization labor and materials, for the Weatherization Program, for the period of July 1, 2025 through June 30, 2026, for a contract total amount not to exceed \$135,000, under RFP #24-099-WEX, first and final optional renewal. (Community Services)

6.F. [25-1644](#)

Awarding resolution issued to Comfort 1st Insulation & Energy Solutions, Inc., to provide architectural weatherization labor and materials, for the Weatherization Program, for the period of July 1, 2025 through June 30, 2026, for a contract total not to exceed \$15,000; under RFP #24-099-WEX, first and final optional renewal. (Community Services)

6.G. [25-1645](#)

HS-P-0009A-25 - Amendment to Resolution HS-P-0009-25 issued to DuPage Homeownership Center d/b/a H.O.M.E. DuPage, to increase encumbrance in the amount of \$40,000, for additional grant funding received by the ILDCEO, resulting in an amended contract total not to exceed \$86,888. (7541-0001 SERV) (Community Services)

6.H. [25-1646](#)

HS-P-0005A-25 - Amendment to Resolution HS-P-0005-25, issued to Gardenworks Project, to increase the encumbrance in the amount of \$4,992, for additional grant funding received by the ILDCEO, resulting in an amended contract total not to exceed \$74,992. (7531-0001 SERV) (Community Services)

6.I. [25-1647](#)

HS-P-0008A-25 - Amendment to Resolution HS-P-0008-25, issued to Outreach Community Services, Inc., to increase encumbrance in the amount of \$15,000, for additional grant funding received by the ILDCEO, resulting in an amended contract total not to exceed \$115,000. (7522-0001 SERV) (Community Services)

7. DUPAGE CARE CENTER - JANELLE CHADWICK7.A. [25-1648](#)

Recommendation for the approval of a contract to Alco Sales & Service Company, for wheelchair parts, supplies and accessories, for the DuPage Care Center, for the period of August 6, 2025 through August 5, 2027, for a total contract amount not to exceed \$18,000; per bid #25-062-DCC.

7.B. [25-1649](#)

Recommendation for the approval of a contract to ARxIUM, Inc., for maintenance and support for the FastPak Elite medication dispensing machine, for the Pharmacy at the DuPage Care Center, for the period of September 1, 2025 through August 31, 2026, for a total amount not to exceed \$16,844.99. Per 55 ILCS 5/5-1022(c) not suitable for competitive bids. (Sole Source maintenance and support of medication dispensing machine for the Pharmacy at the DPCC.)

7.C. [25-1650](#)

Recommendation for the approval of a contract to Henry Schein, Inc., for deluxe top over-bed tables with base, for the DuPage Care Center 2North & 2South neighborhoods, for the period of July 2, 2025 through July 1, 2026, for a total amount not to exceed \$15,260.60. Contract pursuant to the Intergovernmental Cooperation Act (OMNIA Contract #2021002973).

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



Minutes

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

File #: 25-1643

Agenda Date: 7/1/2025

Agenda #: 5.A.



DU PAGE COUNTY

Human Services

Final Summary

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

Tuesday, June 17, 2025

9:30 AM

Room 3500A

1. CALL TO ORDER

9:30 AM meeting was called to order by Acting Chair Garcia at 9:35 AM.

Acting Chair Garcia appointed county board Member Saba Haider to serve as a member of the Human Services Committee for purposes of a quorum.

2. ROLL CALL

Member DeSart arrived at 9:42 AM, delayed due to another committee meeting she attended ran late.

Other Board members present: Member Yeena Yoo (9:41)

Staff in attendance: Nick Kottmeyer (Chief Administrative Officer) (9:40), Renee Zerante (State's Attorneys Office) Henry Kocker (Finance), Natasha Belli, Julie Hamlin, and Gina Strafford-Ahmed (Community Services Administrators), Mary Keating (Director of Community Services), and Janelle Chadwick (Administrator of the DuPage Care Center).

PRESENT	Cronin Cahill, Galassi, Garcia, and Haider
ABSENT	LaPlante, and Schwarze
LATE	DeSart

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

No remarks were offered.

5. APPROVAL OF MINUTES

5.A. [25-1545](#)

Human Services Committee - Regular Meeting - Tuesday, June 3, 2025

RESULT:	APPROVED
MOVER:	Cynthia Cronin Cahill
SECONDER:	Kari Galassi

6. COMMUNITY SERVICES - MARY KEATING**6.A. [FI-R-0099-25](#)**

Acceptance and appropriation of additional funding for the Aging-Case Coordination Unit Fund PY25, Company 5000 - Accounting Unit 1660, in the amount of \$120,000. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Cynthia Cronin Cahill
SECONDER:	Kari Galassi

6.B. [FI-R-0102-25](#)

Acceptance and appropriation of the HUD 2024 and 2025 Continuum of Care Homeless Management Information System Grant Agreement No. IL0306L5T142417, Company 5000 - Accounting Unit 1480, in the amount of \$199,080. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Saba Haider
SECONDER:	Cynthia Cronin Cahill

6.C. [FI-R-0103-25](#)

Acceptance and appropriation of the HUD 2024 and 2025 Continuum of Care Homeless Management Information System Agreement No. IL1886L5T142401, Company 5000 - Accounting Unit 1480, in the amount of \$84,800. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Cynthia Cronin Cahill
SECONDER:	Kari Galassi

6.D. [HS-P-0026-25](#)

Recommendation for the approval of a contract purchase order to A Lugan Contractors, LLC, to provide architectural and mechanical services for multi-family homes for the Weatherization grant program, for Community Services, for the period of July 1, 2025 through June 30, 2026, for a contract total not to exceed \$1,800,000; per RFP 25-023-WEX. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Cynthia Cronin Cahill
SECONDER:	Saba Haider

6.E. [25-1546](#)

Recommendation for the approval of a contract issued to Benevate, LLC, dba Neighborly Software, to support the grant application and management process within the Community Development division and the CoC HUD grants, for the period of July 1, 2025 through June 30, 2026, for a contract total amount of \$16,000; per RFP #25-033-CS.

RESULT:	APPROVED
MOVER:	Kari Galassi
SECONDER:	Cynthia Cronin Cahill
AYES:	Cronin Cahill, Galassi, Garcia, and Haider
ABSENT:	LaPlante, and Schwarze
LATE:	DeSart

7. **COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING**7.A. [HS-R-0013-25](#)

Recommendation for approval to combine two 2025-2026 Community Development Block Grant (CDBG) Public Service applications originally submitted by Catholic Charities, Diocese of Joliet, into one comprehensive application, resulting in one CDBG Public Service project recommendation for Catholic Charities, Diocese of Joliet in program year 2025.

RESULT:	APPROVED AT COMMITTEE
MOVER:	Cynthia Cronin Cahill
SECONDER:	Kari Galassi

7.B. [HS-R-0014-25](#)

Recommendation for approval of the Community Development Block Grant-Coronavirus (CDBG-CV) Hanover Park Park District Hollywood Park Playground Replacement project recommendation and for approval of the 2019 Action Plan Amendment #8 – Substantial to reprogram CDBG-CV funds to add a neighborhood investment project.

RESULT:	APPROVED AT COMMITTEE
MOVER:	Saba Haider
SECONDER:	Cynthia Cronin Cahill

8. DUPAGE CARE CENTER - JANELLE CHADWICK**8.A. [HS-P-0025-25](#)**

Recommendation for the approval of a contract to Medline Industries, Inc., for various linens for the DuPage Care Center, for the period August 10, 2025 through August 9, 2026, for a contract total not to exceed \$72,000; contract pursuant to the Intergovernmental Cooperation Act (OMNIA Contract #2021003157).

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Kari Galassi
SECONDER:	Cynthia Cronin Cahill

8.B. [HS-P-0024-25](#)

Recommendation for the approval of a contract purchase order to Alpha Baking Company, to provide assorted sliced breads, rolls and sandwich buns, for the DuPage Care Center and Cafes on County Campus, for the period of August 5, 2025 through August 4, 2026, for a contract total not to exceed \$43,200; under bid renewal #22-055-DCC, third and final option to renew.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Saba Haider
SECONDER:	Kari Galassi

8.C. [HS-R-0012-25](#)

Amendment to Resolution HS-P-0024-25, issued to Alpha Baking Company, to provide assorted sliced breads, rolls and sandwich buns, for the DuPage Care Center and Cafe's on County Campus, for a one-time price increase of specific products. (DuPage Care Center)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Saba Haider
SECONDER:	Cynthia Cronin Cahill

9. INFORMATIONAL**9.A. [FM-P-0029-25](#)**

Recommendation for the approval of a contract to Commonwealth Edison Company, for electric utility supply and distribution services for the connected County facilities, for Facilities Management, for the period of June 29, 2025 through June 28, 2027, for a total contract amount not to exceed \$7,711,220. Per 55 ILCS 5/5-1022 (c) not suitable for competitive bids – Public Utility. (\$5,560,560 for Facilities Management, \$62,695 for Animal Services, \$1,401,875 for the Care Center, \$231,960 for the Division of Transportation, and \$454,130 for the Health Department)

RESULT:	ACCEPTED AND PLACED ON FILE
MOVER:	Saba Haider
SECONDER:	Kari Galassi

10. RESIDENCY WAIVERS - JANELLE CHADWICK

No residency waivers were offered.

11. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick, Administrator of the DuPage Care Center, stated there is no covid in the building and they are out of outbreak status. She clarified the age restriction statement made at the previous Human Services Committee meeting regarding residents under 65 not being eligible for covid vaccines was incorrect. All residents are considered compromised, so regardless of their age they are all eligible under the Illinois Department of Public Health (IDPH) guidelines to receive the covid vaccines. There are many vaccine variations that come out with different age guidelines. The vaccination rate for residents is currently about 86% vaccinated. There is another current vaccine (booster) available which will be administered to residents on June 18. Member Cronin asked if there are resident activities for the summer. Ms. Chadwick replied that they have a new bus, and bowling is a popular resident activity. Ms. Chadwick added that the activity program is very robust, stronger than any of the facilities that she has been part of in her career.

Member Garcia asked about the replacement of the garden boxes. Ms. Chadwick replied that some of the boxes have been repaired, and they are all flowing with garden items. The Foundation is taking on the task of fundraising for the replacement of the flower boxes. They have already received bids for the project.

12. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating, Director of Community Services, announced the passing of Jan Kay, a dedicated advocate and community leader. She was a frequent attendee at County Board and Human Services Committee meetings, a longtime member of the League of Women Voters, and served as the statewide advocacy chair during a period of her impactful career. She was heavily involved in numerous boards and initiatives.

Ms. Keating stated the Community Services' budget request is due to Finance by the end of next week. After speaking with Nick Kottmeyer, Chair Schwarze, and the budget team, and considering the uncertainty of the grants, Ms. Keating will be submitting a status quo budget from 2025 to 2026. Hopefully when the House and Senate do their budget markups later in the summer, they will have a better indication of future funding at the federal level.

Mary presented an update to the strategic plan for Community Services. The five initiatives she discussed are outlined in the PowerPoint, which is attached hereto and made part of the minutes packet.

County Board member Yeena Yoo inquired about the outreach regarding the Senior Fair as one of the agencies she works with was not aware of the event. Natasha Belli replied that this was the second fair planned by APS staff in their spare time and the capacity of the auditorium will be a consideration. She added that it will always coincide with the World Elder Abuse Awareness Day on June 15. Mary Keating added that next year they will utilize the outreach staff to increase the public awareness.

12.A. 25-1566

Community Services update on the department activities that support the "Community Well-Being" section of the Strategic Plan.

13. OLD BUSINESS

No old business was discussed.

14. NEW BUSINESS

No new business was discussed.

15. ADJOURNMENT

With no further business, the meeting was adjourned at 9:55 AM.



Finance Resolution

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

File #: FI-R-0111-25

Agenda Date: 7/1/2025

Agenda #: 6.A.

ACCEPTANCE AND APPROPRIATION OF ADDITIONAL FUNDING
AND EXTENSION OF TIME FOR THE ILDCEO
COMMUNITY SERVICES BLOCK GRANT PY25
INTER-GOVERNMENTAL AGREEMENT NO. 25-231028
COMPANY 5000 - ACCOUNTING UNIT 1650
FROM \$1,269,609 to \$1,401,491
(AN INCREASE OF \$131,882)

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage, through the DuPage County Department of Community Services, heretofore accepted and appropriated the ILDCEO Community Services Block Grant PY25, Inter-governmental Agreement No. 25-231028, Company 5000- Accounting Unit 1650, pursuant to Resolution FI-R-0021-25 for the period January 1, 2025 through December 31, 2025; and

WHEREAS, the County of DuPage has been notified by the Illinois Department of Commerce and Economic Opportunity, through the attached letter (ATTACHMENT II) that additional grant funds in the amount of \$131,882 (ONE HUNDRED THIRTY-ONE THOUSAND EIGHT HUNDRED EIGHTY-TWO AND NO/100 DOLLARS) are available to increase assistance to low-income individuals and families become self-sufficient; and the grant is extended to June 30, 2026; and

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the Amendment 1 for grant No. 25-231028, via the attached letter (ATTACHMENT II) between the DuPage County and the Illinois Department of Commerce and Economic Opportunity is hereby accepted; and

BE IT FURTHER RESOLVED that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$131,882 (ONE HUNDRED THIRTY-ONE THOUSAND EIGHT HUNDRED EIGHTY-TWO AND NO/100 DOLLARS) be made and added to the ILDCEO Community Services Block Grant PY25, Inter-governmental Agreement NO. 25-231028, Company 5000 - Accounting Unit 1650, and that the expiration date of this grant be extended until June 30, 2026, and the grant continues as originally approved in all other respects; 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 8th day of July, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

APPROPRIATION OF ADDITIONAL FUNDING
FOR THE ILDCEO COMMUNITY SERVICES BLOCK GRANT PY25
INTER-GOVERNMENTAL AGREEMENT NO. 25-231028
COMPANY 5000 – ACCOUNTING UNIT 1650
\$131,882

REVENUE

41000-0002 - Federal Operating Grant - HHS	\$	<u>131,882</u>	
TOTAL ANTICIPATED REVENUE			\$ <u><u>131,882</u></u>

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries	\$	(26,775)	
50010-0000 - Overtime		2,472	
51010-0000 - Employer Share I.M.R.F.		(2,166)	
51030-0000 - Employer Share Social Security		(1,859)	
51040-0000 - Employee Med & Hosp Insurance		<u>(48,957)</u>	
TOTAL PERSONNEL			\$ (77,285)

COMMODITIES

52000-0000 - Furn/Mach/Equip Small Value	\$	3,000	
52100-0000 - I.T. Equipment-Small Value		35,599	
52200-0000 - Operating Supplies & Materials		<u>4,401</u>	
			\$ 43,000

CONTRACTUAL

53500-0000 - Mileage Expense	\$	200	
53510-0000 - Travel Expense		4,000	
53600-0000 - Dues & Memberships		1,200	
53610-0000 - Instruction & Schooling		2,235	
53800-0000 - Printing		100	
53807-0000 - Software Maint Agreements		10,000	
53815-0006 - CsbG Disaster Assistance		31,340	
53820-0000 - Grant Services		66,092	
53830-0000 - Other Contractual Expenses		<u>51,000</u>	
TOTAL CONTRACTUAL			\$ <u>166,167</u>

TOTAL ADDITIONAL APPROPRIATION	\$	<u><u>131,882</u></u>	
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ATTACHMENT II



Illinois
Department of Commerce
& Economic Opportunity
OFFICE OF COMMUNITY ASSISTANCE
JB Pritzker, Governor

COMMUNITY SERVICES BLOCK GRANT PROGRAM

Notice of Grant Allocation Modification

DuPage County Department of Community Services

PY24 Initial Allocation Amount:	\$1,269,609
Total Modification Increase:	\$131,882
New Modified Budget Total:	\$1,401,491

Modification Breakdown

PY25 Allocation Change:	\$0
PY24 Carryover:	\$131,882
Discretionary Funds Awarded:	\$0
Total Modification Increase:	\$131,882

Funds NOT Eligible for Carryover

PY24 Unspent Discretionary:	\$0
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AMENDMENT TO THE GRANT AGREEMENT



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

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

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

ILLINOIS DEPARTMENT OF COMMERCE AND
ECONOMIC OPPORTUNITY

DuPage County

By: _____
Signature of Kristin A. Richards, Director

By: _____
Signature of Authorized Representative

Date: _____

Date: _____

By: _____
Signature of Designee

Printed Name: _____

Printed Title: _____

Date: _____

Email: _____

Printed Name: _____

Printed Title: _____
Designee

By: _____
Signature of Second Grantor Approver, if applicable

By: _____
Signature of Second Grantee Approver, if applicable

Date: _____

Date: _____

Printed Name: _____

Printed Name: _____

Printed Title: _____
Second Grantor Approver

Printed Title: _____
Second Grantee Approver
(optional at Grantee's discretion)

By: _____
Signature of Third Grantor Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____
Third Grantor Approver

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ARTICLE I
AWARD AND AMENDMENT INFORMATION AND CERTIFICATION

1.1. Original Agreement. The Agreement, numbered **25-231028**, has an original term from **01/01/2025** to **12/31/2025**.

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

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

1.3. Current Agreement Term. The Agreement expires on **12/31/2025**, unless terminated pursuant to the Agreement.

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

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

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

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

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ARTICLE II
AMENDMENTS

- 2.1. Award Term Changes. Paragraph 2.1 of the Agreement is amended to expire on 06/30/2026, unless terminated pursuant to the Agreement.
- 2.2. Award Amount Changes. The first sentence of Paragraph 2.2 of the Agreement is amended as follows: Grant Funds shall not exceed \$1,401,491.00, of which \$1,401,491.00 are federal funds.
- 2.3. Budget Changes. The Budget is revised by modifying the line items as detailed in the attached revised Budget.

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HS Requisition \$30,000 and Over

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

File #: HS-P-0028-25

Agenda Date: 7/1/2025

Agenda #: 6.B.

AWARDING RESOLUTION
ISSUED TO ARCOS ENVIRONMENTAL SERVICES, INC.,
TO PROVIDE MECHANICAL (HVAC) AND ARCHITECTURAL
WEATHERIZATION LABOR AND MATERIALS FOR THE COMMUNITY SERVICES
WEATHERIZATION PROGRAM
(CONTRACT TOTAL AMOUNT: \$135,000)

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

WHEREAS, Contractor and COUNTY have agreed on terms for the second and final year of a maximum of one renewal to the original agreement; and

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract purchase order to provide mechanical (HVAC) and architectural weatherization labor and materials for Community Services, for the period July 1, 2025 through June 30, 2026, under the PY25/26 Weatherization Program Grants.

NOW, THEREFORE, BE IT RESOLVED that covering said contract to provide mechanical (HVAC) and architectural weatherization labor and materials, for the period July 1, 2025 through June 30, 2026, for Community Services, under the PY25/26 Weatherization Program Grants, per RFP #24-099-WEX, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Arcos Environmental Services, Inc., Attn: Aaron Villegas, 18500 Spring Creek Drive, Tinley Park, Illinois, 60477, for a contract total not to exceed \$135,000.

Enacted and approved this 8th day of July, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 24-099-WEX	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$866,434.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,001,434.00
	CURRENT TERM TOTAL COST: \$135,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: ARCOS ENVIRONMENTAL SERVICES, INC	VENDOR #: 12953	DEPT: COMMUNITY SERVICES	DEPT CONTACT NAME: GINA STRAFFORD-AHMED
VENDOR CONTACT: AARON VILLEGAS	VENDOR CONTACT PHONE: 708-444-0500	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: GINA.STRAFFORD@DUPAGECOUNTY.GOV
VENDOR CONTACT EMAIL: AARON.ARCOSENVIROMENTAL.COM	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Architectural & Mechanical services for Weatherization Program (grant funded). RFP with predetermined prices from State Market Analysis.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Weatherization program provides energy efficiency upgrades and health and safety measures to eligible low-income households.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

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

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

SECTION 5: Purchase Requisition Information			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: ARCOS ENVIRONMENTAL SERVICES, INC	Vendor#: 12953	Dept: COMMUNITY SERVICES	Division: INTAKE & REFERRAL
Attn: AARON VILLEGAS	Email: AARON@ARCOSENVIRONMENTAL.COM	Attn: GINA STRAFFORD-AHMED	Email: GINA.STRAFFORD@DUPAGECOUNTY.GOV
Address: 18500 SPRING CREEK DRIVE	City: TINLEY PARK	Address: 421 N COUNTY FARM ROAD	City: WHEATON
State: IL	Zip: 60477	State: IL	Zip: 60187
Phone: 708-444-0500	Fax:	Phone: 630-407-6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jul 1, 2025	Contract End Date (PO25): Jun 30, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		ARCH & MECH 23-461028		5000	1400	53090	23-461028	31,000.00	31,000.00
2	1	EA		ARCH & MECH 25-221028		5000	1430	53090	25-221028	51,000.00	51,000.00
3	1	EA		ARCH & MECH 26-251028		5000	1490	53090	26-251028	30,000.00	30,000.00
4	1	EA		ARCH & MECH RETROFITS25		5000	1555	53090	RETROFITS 25	23,000.00	23,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 135,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



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

CONTRACT RENEWAL AGREEMENT

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Arcos Environmental Services, Inc. located at 18500 Spring Creek Drive, Tinley Park, IL 60477, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #24-099-WEX which became effective on 10/22/2024 and which will expire 6/30/2025. The contract is subject to the first and final option to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 6/30/2026.

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

THE COUNTY OF DUPAGE

SIGNATURE

Sara Rogers

PRINTED NAME

Buyer I

PRINTED TITLE

DATE

CONTRACTOR

Signature on File

SIGNATURE

Aaron A Villegas

PRINTED NAME

President

PRINTED TITLE

5/20/2025

DATE



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
WEATHERIZATION SERVICES (ARCHITECTURAL AND MECHANICAL) FOR SINGLE FAMILY HOMES 24-099-WEX
BID TABULATION

		✓	✓	✓	✓	
Criteria	Available Points	My Green House HVAC, LLC	Arcos Environmental Services Inc.	Healthy Air Heating & Air, Inc.	Comfort 1st Insulation & Energy Solutions Inc.	Nortek Environmental Inc.
Firm Qualifications	20	19	18	17	15	11
Key Qualifications	50	45	43	43	41	34
Project Understanding	30	30	30	29	29	23
Total	100	94	91	89	85	68

NOTES

1. NM Enterprise Inc. has been deemed non-responsive due to not providing required documentation.
2. Parliament Builders Inc. has been deemed non-responsive due to not providing required documentation.

RFP Posted on 08/15/2024 Bid Opened On 09/11/2024, 2:30 PM by	DW,BR
Invitations Sent	77
Total Requesting Documents	1
Total Bid Responses Received	7

**PROPOSAL FORM
WEATHERIZATION SERVICES (ARCHITECTURAL & MECHANICAL) FOR SINGLE FAMILY HOMES
24-099-WEX**

Full Name of Offeror	Arcos Environmental Services, Inc.
Main Business Address	18500 Spring Creek Drive
City, State, Zip Code	Tinley Park, IL 60477
Telephone Number	(708) 444-0500
Fax Number	(708) 444-0502
Proposal Contact Person	Steve Howard
Email Address	steve@arcosenvironmental.com

The undersigned certifies that he is:

☐

the Owner/Sole
Proprietor

☐

a Member of the
Partnership

☒

an Officer of the
Corporation

☐

a Member of the
Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Aaron A Villegas

(President or Partner)

Partner)

Aaron A Villegas

(Vice-President or

Aaron A Villegas

(Secretary or Partner)

Aaron A Villegas

(Treasurer or Partner)

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

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

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

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

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

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.) Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

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

Signature on File

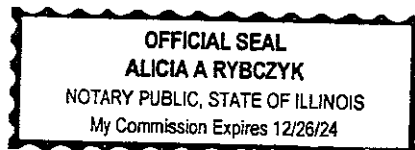
X _____ President
(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this 23rd day of August AD, 2024
Signature on File

My Commission Expires: 12/26/24
(Notary Public)



**DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
AGREEMENT TO WORK FOR BID PRICES**

I, Arcos Environmental Services, Inc. (contractor) agree to work for the prices that have been agreed upon by the DuPage County Community Services Weatherization Program and current contractors. I have been given a catalog of the prices and have submitted all of the required paperwork.

Energy Coordinator, DCCSWP
Signature on File

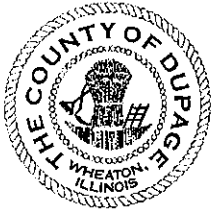
Date

8/23/24

Date

Contr.....

U



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	24-099-WEX
COMPANY NAME:	Arcos Environmental Services, Inc.
CONTACT PERSON:	Aaron A Villegas
CONTACT EMAIL:	aaron@arcosenvironmental.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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


https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Signature on File

Printed Name: Aaron A Villegas

Signature: 

Title: President

Date: 5/20/2025



HS Requisition \$30,000 and Over

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

File #: HS-P-0029-25

Agenda Date: 7/1/2025

Agenda #: 6.C.

AWARDING RESOLUTION
ISSUED TO CHICAGO UNITED INDUSTRIES, LTD.
TO FURNISH, DELIVER, AND INSTALL ENERGY STAR APPLIANCES FOR THE
WEATHERIZATION PROGRAM IN COMMUNITY SERVICES
(CONTRACT TOTAL AMOUNT: \$238,000)

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

WHEREAS, Contractor and COUNTY have agreed on terms for the third and final renewal of a maximum of three renewals to the original agreement; and

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract purchase order to furnish, deliver, and install Energy Star appliances for Community Services, for the period July 1, 2025 through June 30, 2026, under the PY25/26 Weatherization Program Grants.

NOW, THEREFORE, BE IT RESOLVED that covering said contract to furnish, deliver, and install Energy Star appliances, for the period July 1, 2025 through June 30, 2026, for Community Services, under the PY25/26 Weatherization Program Grants, per RFP #22-065-CS be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Chicago United Industries, Ltd., Attn: Gabriela Jaime 505 N. Lake Shore Dr Suite 205, Chicago, Illinois 60611, for a contract total not to exceed \$238,000.

Enacted and approved this 8th day of July, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 22-065-CS	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$67,367.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$440,101.00
	CURRENT TERM TOTAL COST: \$238,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL
Vendor Information		Department Information	
VENDOR: CHICAGO UNITED INDUSTRIES, LTD.	VENDOR #: 32599	DEPT: COMMUNITY SERVICES	DEPT CONTACT NAME: GINA STRAFFORD-AHMED
VENDOR CONTACT: GABRIELA JAIME	VENDOR CONTACT PHONE: 312-786-1471	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: GINA.STRAFFORD@DUPAGECOUNTY.GOV
VENDOR CONTACT EMAIL: GJAIME@CUILTD.COM	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Furnish, deliver, and install Energy Star rated appliances with proper disposal for the grant funded Weatherization program.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Weatherization program provides energy efficiency upgrades to eligible low-income households.			

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.
RENEWAL OF RFP	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. RFP #22-065-CS
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). Approve the change order increase as requested. Do not approve the change order and reduce the ability to assist clients in need. Award the funding to a different vendor without the same qualifications

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: CHICAGO UNITED INDUSTRIES, LTD	Vendor#: 32599	Dept: COMMUNITY SERVICES	Division: INTAKE & REFERRAL
Attn: GABRIELA JAIME	Email: GJAIME@CUILTD.COM	Attn: GINA STRAFFORD-AHMED	Email: GINA.STRAFFORD@DUPAGECOUNTY.GOV
Address: 505 N LAKE SHORE DRIVE, SUITE 205	City: CHICAGO	Address: 421 N COUNTY FARM ROAD	City: WHEATON
State: IL	Zip: 60611	State: IL	Zip: 60187
Phone: 312-786-1471	Fax:	Phone: 630-407-6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jul 1, 2025	Contract End Date (PO25): Sep 30, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		APPLIANCES		5000	1430	53090	25-221028	149,000.00	149,000.00
2	1	EA		APPLIANCES		5000	1490	53090	26-251028	89,000.00	89,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 238,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



AMENDMENT FOR CONTRACT RENEWAL

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Chicago United Industries, Ltd. located at 505 N. Lake Shore Drive, Suite 205, Chicago, IL 60611, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #22-065-CS which became effective on 7/12/2022 and which will expire 6/30/2025. The contract is subject to a third and final 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 6/30/2026.

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

CONTRACTOR

Signature on File

SIGNATURE

PRINTED NAME

PRINTED TITLE

DATE

GABRIELA JAIME

GENERAL MANAGER

5/22/2025

THE COUNTY OF DUPAGE

SIGNATURE

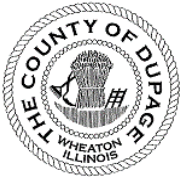
Sara Rogers

PRINTED NAME

Buyer I

PRINTED TITLE

DATE



**THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
APPLIANCES FOR ILLINOIS HOME WEATHERIZATION
ASSISTANCE PROGRAM 22-065-CS
BID TABULATION**



					Chicago United Industries Ltd.	
NO.	ITEM	UOM	QTY	MODEL #	PRICE	EXTENDED PRICE
Refrigerator (Energy Star Rated)						
1	15.0 - 15.9 cubic foot (White/Black, Top Freezer)	EA	4	GTE17GT NRWH	\$ 1,349.00	\$ 5,396.00
2	16.0 - 16.9 cubic foot (White/Black, Top Freezer)	EA	6	GTE17GT NRWH	\$ 1,349.00	\$ 8,094.00
3	18.0 - 18.9 cubic foot (White/Black, Top Freezer)	EA	10	Frigidaire FFHT1814WB	\$ 1,298.00	\$ 12,980.00
4	20.0 - 20.9 cubic foot (White/Black, Top Freezer)	EA	14	Frigidaire FFHT2045WV	\$ 1,581.00	\$ 22,134.00
Upright Freezer (Energy Star Rated)						
5	17.0 - 17.9 cubic foot (White, upright)	EA	3	GE 17.3 cu ft FUF17DLRWW	\$ 1,382.00	\$ 4,146.00
6	20.0 - 20.9 cubic foot (White, Upright)	EA	3	GE 21.3 cu ft FUF21DLRWW	\$ 1,613.00	\$ 4,839.00
Chest Freezer (Energy Star Rated)						
7	10.0 - 10.9 cubic foot (White)	EA	3	Frigidaire FFCS0922AW	\$ 727.00	\$ 2,181.00
Gas Range						
8	30" Freestanding (White/Black)	EA	5	GE JGBS60DEKWW	\$ 1,055.00	\$ 5,275.00
Electric Range						
9	30" Freestanding (White/Black)	EA	2	GE JB645DKWW	\$ 1,161.00	\$ 2,322.00
GRAND TOTAL						\$ 67,367.00

NOTES

- Chicago United Industries Ltd advises that Item 2 as specified is not available, and the proposed substitute is the same as Item 1.
- Chicago United Industries Ltd. advises that Item 7 is not Energy Star Rated.

Bid Opening 06/03/2022 @ 2:30 PM	DW,NE
Invitations Sent	78
Total Vendors Requesting Documents	1
Total Bid Responses	1

**SECTION 9 - REQUIRED FORMS TO BE SUBMITTED
BID FORM**

APPLIANCES FOR ILLINOIS HOME WEATHERIZATION ASSISTANCE PROGRAM 22-065-CS

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	CHICAGO UNITED INDUSTRIES, LTD.		
Main Business Address	505 N. LAKE SHORE DRIVE, SUITE 205		
City, State, Zip Code	CHICAGO, ILLINOIS 60611		
Telephone Number	312-786-1471	Email Address	jame@witd.com
Bid Contact Person	NICK MASSARELLA		

The undersigned certifies that he is:

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

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

Signature on File

President or Partner
Signature on File 1

(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

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

Addenda No. 1, 2, and 3 issued thereto.

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

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

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

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

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

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

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

CONTRACT ADMINISTRATION INFORMATION:

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME	Chicago United Industries	NAME	Chicago United Industries, LLC
CONTACT	NICK MASSARELLA	CONTACT	NICK MASSARELLA
ADDRESS	505 N. Lake Shore Dr., Suite 205	ADDRESS	505 N. Lake Shore Dr., Suite 205
CITY ST ZIP	CHICAGO, IL 60611	CITY ST ZIP	CHICAGO, IL 60611
TX		TX	
FX		FX	
EMAIL	njm@cuihd.com	EMAIL	njm@cuihd.com
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage County Community Service 421 North County Farm Road Wheaton, IL 60187 TX: (630) 407-6193		DuPage County 421 North County Farm Road Wheaton, IL 60187 TX: (630) 407-6469 EMAIL: david.watkins@dupageco.org	

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

SECTION 7 - BID FORM PRICING

NO	ITEM	UOM	QTY	MODEL#	PRICE	EXTENDED PRICE
Refrigerator (Energy Star Rated)						
1	15.0 - 15.9 cubic foot (White/Black, Top Freezer)	EA	4	GTE17GT NRWH	\$ 1,349.00	\$ 5,396.00
2	16.0 - 16.9 cubic foot (White/Black, Top Freezer)	EA	6	GTE17GT NRWH	\$ 1,349.00	\$ 8,094.00
3	18.0 - 18.9 cubic foot (White/Black, Top Freezer)	EA	10	Frigidaire FFHT1814 WB	\$ 1,298.00	\$ 12,980.00
4	20.0 - 20.9 cubic foot (White/Black, Top Freezer)	EA	14	Frigidaire FFHT2045 VW	\$ 1,581.00	\$ 22,134.00
Upright Freezer (Energy Star Rated)						
5	17.0 - 17.9 cubic foot (White, upright)	EA	3	GE 17.3 cu ft FUF17DLRWW	\$ 1,382.00	\$ 4,146.00
6	20.0 - 20.9 cubic foot (White, Upright)	EA	3	GE 21.3 cu ft FUF21DLRWW	\$ 1,613.00	\$ 4,839.00
Chest Freezer (Energy Star Rated)						
7	10.0 - 10.9 cubic foot (White)	EA	3	Frigidaire FFCS0922AN	\$ 727.00	\$ 2,181.00
Gas Range						
8	30" Freestanding (White/Black)	EA	5	GE JGBS00DKWW	\$ 1,055.00	\$ 5,275.00
Electric Range						
9	30" Freestanding (White/Black)	EA	2	GE JGB45DKWW	\$ 1,161.00	\$ 2,322.00
GRAND TOTAL						\$67,367.00
GRAND TOTAL SIXTY SEVEN THOUSAND THREE HUNDRED SIXTY SEVEN (In words) 00/100 —						

NOTES: ITEM #1 - NOT AVAILABLE IN THIS SIZE. WE ARE QUOTING SAME AS ITEM #2.

Item #7 - THIS ITEM IS NOT E-STAR

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

General 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 2nd day of June AD, 2022

Signature on File

Michelle Power My Commission Expires: 2/15/2026
(Notary Public)

"OFFICIAL SEAL"
MICHELLE POWER
Notary Public, State of Illinois
My Commission Expires 02/15/2026

SEAL



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	22-065-CS
COMPANY NAME:	CHICAGO UNITED INDUSTRIES, LTD
CONTACT PERSON:	GABRIELA JAIME
CONTACT EMAIL:	gjajime@cuiltl.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Signature on File

Printed Name: GABRIELA JAIME

Signature: [Signature]

Title: GENERAL MANAGER

Date: 5/22/2025



HS Requisition \$30,000 and Over

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

File #: HS-P-0030-25

Agenda Date: 7/1/2025

Agenda #: 6.D.

AWARDING RESOLUTION
ISSUED TO HEALTHY AIR HEATING & AIR, INC.
TO PROVIDE MECHANICAL (HVAC) AND ARCHITECTURAL
WEATHERIZATION LABOR AND MATERIALS FOR THE COMMUNITY SERVICES
WEATHERIZATION PROGRAM
(CONTRACT TOTAL AMOUNT: \$135,000)

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

WHEREAS, Contractor and COUNTY have agreed on terms for the second and final year of a maximum of one renewal to the original agreement; and

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract purchase order to provide mechanical (HVAC) and architectural weatherization labor and materials for Community Services, for the period July 1, 2025 through June 30, 2026, under the PY25/26 Weatherization Program Grants.

NOW, THEREFORE, BE IT RESOLVED that covering said contract to provide mechanical (HVAC) and architectural weatherization labor and materials, for the period July 1, 2025 through June 30, 2026, for Community Services under the PY25/26 Weatherization Program Grants, per RFP renewal #24-099-WEX, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Healthy Air Heating & Air, Inc., Attn: Piotr Blaszczyk, 124 N. Bloomingdale Road, Bloomingdale, Illinois 60108, for a contract total not to exceed \$135,000.

Enacted and approved this 8th day of July, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 24-099-WEX	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$866,434.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,001,434.00
	CURRENT TERM TOTAL COST: \$135,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: HEALTHY AIR HEATING & AIR INC	VENDOR #: 14166	DEPT: COMMUNITY SERVICES	DEPT CONTACT NAME: GINA STRAFFORD-AHMED
VENDOR CONTACT: PIOTR BLASZCZYK	VENDOR CONTACT PHONE: 630-980-4575	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: GINA.STRAFFORD@DUPAGECOUNTY.GOV
VENDOR CONTACT EMAIL: HEALTHYAIRHEATINGANDAIR@GM AIL.COM	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Architectural & Mechanical services for Weatherization Program (grant funded). RFP with predetermined prices from State Market Analysis.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Weatherization program provides energy efficiency upgrades and health and safety measures to eligible low-income households.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

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

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

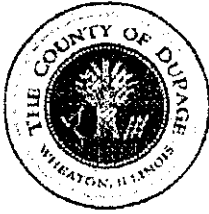
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer,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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: HEALTHY AIR HEATING & AIR, INC	Vendor#: 14166	Dept: COMMUNITY SERVICES	Division: INTAKE & REFERRAL
Attn: PIOTR BLASZCZYK	Email: HEALTHYAIRHEATINGANDAIR@GM AIL.COM	Attn: GINA STRAFFORD-AHMED	Email: GINA.STRAFFORD@DUPAGECOUNT Y.GOV
Address: 124 N BLOOMINGDALE ROAD	City: BLOOMINGDALE	Address: 421 N COUNTY FARM ROAD	City: WHEATON
State: IL	Zip: 60108	State: IL	Zip: 60187
Phone: 630-980-4575	Fax: 630-980-5577	Phone: 630-407-6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jul 1, 2025	Contract End Date (PO25): Jun 30, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		ARCH & MECH 23-461028		5000	1400	53090	23-461028	31,000.00	31,000.00
2	1	EA		ARCH & MECH 25-221028		5000	1430	53090	25-221028	51,000.00	51,000.00
3	1	EA		ARCH & MECH 26-251028		5000	1490	53090	26-251028	30,000.00	30,000.00
4	1	EA		ARCH & MECH RETROFITS25		5000	1555	53090	RETROFITS 25	23,000.00	23,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 135,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



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

CONTRACT RENEWAL AGREEMENT

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Healthy Air Heating & Air, Inc., located at 124 N. Bloomingdale Rd., Bloomingdale, IL 60108 hereinafter called the "CONTRACTOR", witnesseth:

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #24-099-WEX which became effective on 10/22/2024 and which will expire 6/30/2025. The contract is subject to the first and final option to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 6/30/2026.

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

THE COUNTY OF DUPAGE

CONTRACTOR

Signature on File

SIGNATURE

SIGNATURE

Sara Rogers

Piotr Blaszczyk

PRINTED NAME

PRINTED NAME

Buyer I

President

PRINTED TITLE

PRINTED TITLE

DATE

6/13/2025

DATE



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
WEATHERIZATION SERVICES (ARCHITECTURAL AND MECHANICAL) FOR SINGLE FAMILY HOMES 24-099-WEX
BID TABULATION

Criteria	Available Points	My Green House HVAC, LLC	Arcos Environmental Services Inc.	Healthy Air Heating & Air, Inc.	Comfort 1st Insulation & Energy Solutions Inc.	Nortek Environmental Inc.
Firm Qualifications	20	19	18	17	15	11
Key Qualifications	50	45	43	43	41	34
Project Understanding	30	30	30	29	29	23
Total	100	94	91	89	85	68

NOTES

1. NM Enterprise Inc. has been deemed non-responsive due to not providing required documentation.
2. Parliament Builders Inc. has been deemed non-responsive due to not providing required documentation.

RFP Posted on 08/15/2024 Bid Opened On 09/11/2024, 2:30 PM by	DW,BR
Invitations Sent	77
Total Requesting Documents	1
Total Bid Responses Received	7

PROPOSAL FORM
WEATHERIZATION SERVICES (ARCHITECTURAL & MECHANICAL) FOR SINGLE FAMILY HOMES
24-099-WEX

Full Name of Offeror	Healthy Air Heating & Air, Inc.
Main Business Address	124 N Bloomingdale Rd
City, State, Zip Code	BLOOMINGDALE, IL 60108
Telephone Number	630-980-4575
Fax Number	630-980-5577
Proposal Contact Person	PIOTR BLASZCZYK
Email Address	healthyairheatingandair@gmail.com

The undersigned certifies that he is:

☐ the Owner, Sole Proprietor
 ☐ a Member of the Partnership
 ☒ an Officer of the Corporation
 ☐ a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

PIOTR BLASZCZYK
 (President or Partner)
 Partner)

 (Secretary or Partner)

 (Vice-President or
 Treasurer or Partner)

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

Further, the undersigned proposes and agrees, if this Proposal is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed. Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Offeror and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Offeror and is true and accurate.

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

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

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.) Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

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

Signature on File

X_ PRESIDENT
(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this 21 day of August AD, 2024

My Commission Expires: _____
(Notary Public)

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
AGREEMENT TO WORK FOR BID PRICES

I, PIOTR BLASZCZYK (contractor) agree to work for the prices that have been agreed upon by the DuPage County Community Services Weatherization Program and current contractors. I have been given a catalog of the prices and have submitted all of the required paperwork.

Energy Coordinator, DCCSWP
Signature on File

Date

8/21/24

Contractor

Date



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	24-099-WEX
COMPANY NAME:	Healthy Air Heating & Air, Inc.
CONTACT PERSON:	Piotr Blaszczyk
CONTACT EMAIL:	healthyairheatingandair@gmail.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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


https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Signature on File

Printed Name: Piotr Blaszczyk

Signature: 

Title: President

Date: 6/13/2025



HS Requisition \$30,000 and Over

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

File #: HS-P-0031-25

Agenda Date: 7/1/2025

Agenda #: 6.E.

AWARDING RESOLUTION
ISSUED TO MY GREEN HOUSE HVAC, LLC.
TO PROVIDE MECHANICAL (HVAC) AND ARCHITECTURAL
WEATHERIZATION LABOR AND MATERIALS FOR THE WEATHERIZATION PROGRAM IN
COMMUNITY SERVICES
(CONTRACT TOTAL AMOUNT: \$135,000)

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

WHEREAS, Contractor and COUNTY have agreed on terms for the second and final year of a maximum of one renewal to the original agreement; and

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract purchase order to provide mechanical (HVAC) and architectural weatherization labor and materials for Community Services, for the period July 1, 2025 through June 30, 2026, under the PY25/26 Weatherization Program Grants.

NOW, THEREFORE, BE IT RESOLVED that covering said contract to provide mechanical (HVAC) and architectural weatherization labor and materials, for the period July 1, 2025 through June 30, 2026, for Community Services, under the PY25/26 Weatherization Program Grants, per RFP renewal #24-099-WEX, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to My Green House HVAC, LLC, Attn: Jose Perez, 5145 S. Archer Avenue, Chicago, IL 60632, for a contract total not to exceed \$135,000.

Enacted and approved this 8th day of July, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 24-099-WEX	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$866,434.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,001,434.00
	CURRENT TERM TOTAL COST: \$135,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: MY GREEN HOUSE HVAC, LLC	VENDOR #: 45320	DEPT: COMMUNITY SERVICES	DEPT CONTACT NAME: GINA STRAFFORD-AHMED
VENDOR CONTACT: JOSE PEREZ	VENDOR CONTACT PHONE: 708-577-9510	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: GINA.STRAFFORD@DUPAGECOUNTY.GOV
VENDOR CONTACT EMAIL: MYGREENHOUSEHVAC@GMAIL.COM	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Architectural & Mechanical services for Weatherization Program (grant funded). RFP with predetermined prices from State Market Analysis.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Weatherization program provides energy efficiency upgrades and health and safety measures to eligible low-income households.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

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

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

SECTION 5: Purchase Requisition Information			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: MY GREEN HOUSE HVAC, LLC	Vendor#: 45320	Dept: COMMUNITY SERVICES	Division: INTAKE & REFERRAL
Attn: JOSE PEREZ	Email: mygreenhousehvac@gmail.com	Attn: GINA STRAFFORD-AHMED	Email: GINA.STRAFFORD@DUPAGECOUNTY.GOV
Address: 5145 S. ARCHER AVE	City: CHICAGO	Address: 421 N COUNTY FARM ROAD	City: WHEATON
State: IL	Zip: 60632	State: IL	Zip: 60187
Phone: 708-577-9510	Fax:	Phone: 630-407-6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jul 1, 2025	Contract End Date (PO25): Jun 30, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		ARCH & MECH 23-461028		5000	1400	53090	23-461028	31,000.00	31,000.00
2	1	EA		ARCH & MECH 25-221028		5000	1430	53090	25-221028	51,000.00	51,000.00
3	1	EA		ARCH & MECH 26-251028		5000	1490	53090	26-251028	30,000.00	30,000.00
4	1	EA		ARCH & MECH RETROFITS25		5000	1555	53090	RETROFITS 25	23,000.00	23,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 135,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



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

CONTRACT RENEWAL AGREEMENT

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and My Green House HVAC, LLC located at 5145 S Archer Avenue, Chicago, IL 60632 hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #24-099-WEX which became effective on 10/22/2024 and which will expire 6/30/2025. The contract is subject to the first and final option to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 6/30/2026.

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

THE COUNTY OF DUPAGE

CONTRACTOR
Signature on File

SIGNATURE

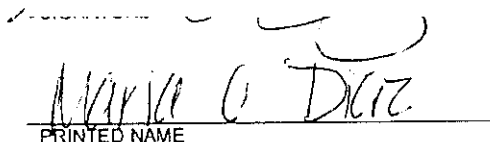
Sara Rogers

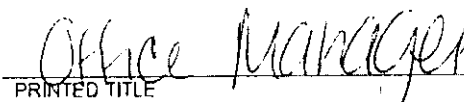
PRINTED NAME

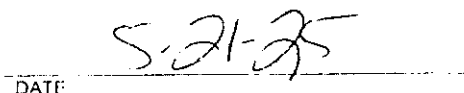
Buyer I

PRINTED TITLE

DATE


PRINTED NAME


PRINTED TITLE


DATE



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
WEATHERIZATION SERVICES (ARCHITECTURAL AND MECHANICAL) FOR SINGLE FAMILY HOMES 24-099-WEX
BID TABULATION

		✓	✓	✓	✓	
Criteria	Available Points	My Green House HVAC, LLC	Arcos Environmental Services Inc.	Healthy Air Heating & Air, Inc.	Comfort 1st Insulation & Energy Solutions Inc.	Nortek Environmental Inc.
Firm Qualifications	20	19	18	17	15	11
Key Qualifications	50	45	43	43	41	34
Project Understanding	30	30	30	29	29	23
Total	100	94	91	89	85	68

NOTES

1. NM Enterprise Inc. has been deemed non-responsive due to not providing required documentation.
2. Parliament Builders Inc. has been deemed non-responsive due to not providing required documentation.

RFP Posted on 08/15/2024	
Bid Opened On 09/11/2024, 2:30 PM	DW,BR
by	
Invitations Sent	77
Total Requesting Documents	1
Total Bid Responses Received	7

PROPOSAL FORM
WEATHERIZATION SERVICES (ARCHITECTURAL & MECHANICAL) FOR SINGLE FAMILY HOMES
24-099-WEX

Full Name of Offeror	Jose Perez
Main Business Address	My Green House HVAC, LLC.
	5145 S. Archer Ave
City, State, Zip Code	Chicago, IL 60632
Telephone Number	708-577-9510
Fax Number	N/A
Proposal Contact Person	Jose Perez
Email Address	mygreenhousehvac@gmail.com

The undersigned certifies that he is:



the Owner/Soie
Proprietor



a Member of the
Partnership



an Officer of the
Corporation



a Member of the
Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation
are as follows:

Signature on File

(President or Partner)
Partner)

(Vice-President or

(Secretary or Partner)

(Treasurer or Partner)

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

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

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

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

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

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.) Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

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

Signature on File

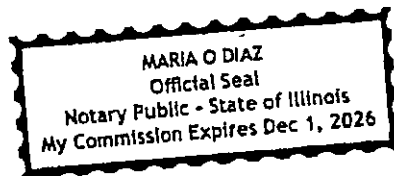
X [Signature]
(Signature and Title) ✓

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this 29 day of August AD, 2024
Signature on File

My Commission Expires: Dec. 1, 2026
(Notary Public)



DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
AGREEMENT TO WORK FOR BID PRICES

I, Jose Perez - MyGreenHouse HVAC LLC (contractor) agree to work for the prices that have been agreed upon by the DuPage County Community Services Weatherization Program and current contractors. I have been given a catalog of the prices and have submitted all of the required paperwork.

Energy Coordinator DCCSWP
Signature on File

Date

8-29-24

Contractor

Date



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	24-099-WEX
COMPANY NAME:	My Green House HVAC, LLC.
CONTACT PERSON:	Jose Perez or Maria O. Diaz
CONTACT EMAIL:	mygreenhousehvac@gmail.com or mygreenhousehvac@att.net

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Signature on File

Printed Name: Maria O. Diaz

Signature: 

Title: Office Manager

Date: 5-19-25



HS Requisition under \$30,000

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

File #: 25-1644

Agenda Date: 7/1/2025

Agenda #: 6.F.



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 24-099-WEX	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$50,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$65,000.00
	CURRENT TERM TOTAL COST: \$15,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: COMFORT 1ST INSULATION & ENERGY SOLUTIONS INC	VENDOR #: 43174	DEPT: COMMUNITY SERVICES	DEPT CONTACT NAME: GINA STRAFFORD-AHMED
VENDOR CONTACT: MICHAEL CALLAHAN	VENDOR CONTACT PHONE: 815-986-8586	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: GINA.STRAFFORD@DUPAGECOUNTY.GOV
VENDOR CONTACT EMAIL: INFO@COMFORT1STINSULATION.COM	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Architectural services for Weatherization Program (grant funded). RFP with predetermined prices from State Market Analysis.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Weatherization program provides energy efficiency upgrades and health and safety measures to eligible low-income households.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

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

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Comfort 1st Insulation & Energy Solutions, Inc.	Vendor#: 43174	Dept: COMMUNITY SERVICES	Division: INTAKE & REFERRAL
Attn: Michael Callahn	Email: info@Comfort1stInsulation.com	Attn: GINA STRAFFORD-AHMED	Email: GINA.STRAFFORD@DUPAGECOUNTY.GOV
Address: 612 Harrison Ave	City: Rockford	Address: 421 N COUNTY FARM ROAD	City: WHEATON
State: IL	Zip: 61104	State: IL	Zip: 60187
Phone: 815-986-8586	Fax:	Phone: 630-407-6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jul 1, 2025	Contract End Date (PO25): Jun 30, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		ARCH 23-461028		5000	1400	53090	23-461028	5,000.00	5,000.00
2	1	EA		ARCH 25-221028		5000	1430	53090	25-221028	4,000.00	4,000.00
3	1	EA		ARCH 26-251028		5000	1490	53090	26-251028	4,000.00	4,000.00
4	1	EA		ARCH RETROFITS25		5000	1555	53090	RETROFITS 25	2,000.00	2,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 15,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



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

CONTRACT RENEWAL AGREEMENT

This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Comfort 1st Insulation & Energy Solutions located at 612 Harrison Avenue, Rockford, IL 61104 hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #24-099-WEX which became effective on 10/22/2024 and which will expire 6/30/2025. The contract is subject to the first and final option to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 6/30/2026.

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

THE COUNTY OF DUPAGE

CONTRACTOR

Signature on File

SIGNATURE

SIGNATURE

Sara Rogers

Michael Callahan

PRINTED NAME

PRINTED NAME

Buyer I

President/owner

PRINTED TITLE

PRINTED TITLE

DATE

DATE

May 22, 2025



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
WEATHERIZATION SERVICES (ARCHITECTURAL AND MECHANICAL) FOR SINGLE FAMILY HOMES 24-099-WEX
BID TABULATION

Criteria	Available Points	✓ My Green House HVAC, LLC	✓ Arcos Environmental Services Inc.	✓ Healthy Air Heating & Air, Inc.	✓ Comfort 1st Insulation & Energy Solutions Inc.	Nortek Environmental Inc.
Firm Qualifications	20	19	18	17	15	11
Key Qualifications	50	45	43	43	41	34
Project Understanding	30	30	30	29	29	23
Total	100	94	91	89	85	68

NOTES

1. NM Enterprise Inc. has been deemed non-responsive due to not providing required documentation.
2. Parliament Builders Inc. has been deemed non-responsive due to not providing required documentation.

RFP Posted on 08/15/2024 Bid Opened On 09/11/2024, 2:30 PM by	DW,BR
Invitations Sent	77
Total Requesting Documents	1
Total Bid Responses Received	7

PROPOSAL FORM
WEATHERIZATION SERVICES (ARCHITECTURAL & MECHANICAL) FOR SINGLE FAMILY HOMES
24-099-WEX

Full Name of Offeror	<i>Michael Callahan</i>
Main Business Address	<i>612 Harrison Ave</i>
City, State, Zip Code	<i>Rockford, IL 61104</i>
Telephone Number	<i>815-986-8586</i>
Fax Number	<i>N/A</i>
Proposal Contact Person	<i>Michael Callahan</i>
Email Address	<i>Info@Comfort1stinsulation.com</i>

The undersigned certifies that he is:

☒ the Owner/Sole Proprietor
 ☐ a Member of the Partnership
 ☐ an Officer of the Corporation
 ☐ a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows.

Signature on File

_____ *N/A* _____
 (President or Partner) (Vice-President or Partner)
 Partner)

_____ *N/A* _____
 (Secretary or Partner) (Treasurer or Partner)

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

Further, the undersigned proposes and agrees, if this Proposal is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed. Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Offeror and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Offeror and is true and accurate.

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

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

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.) Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

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

Signature on File

X
(Signature and Title)

Resident

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this 28th day of August AD, 2024
Signature on File

My Commission Expires: 12/1/24
(Notary Public)



DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES

WEATHERIZATION PROGRAM

AGREEMENT TO WORK FOR BID PRICES

I, Michael Callahan (contractor) agree to work for the prices that have been agreed upon by the DuPage County Community Services Weatherization Program and current contractors. I have been given a catalog of the prices and have submitted all of the required paperwork.

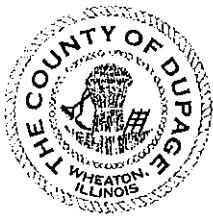
Energy Coordinator, DCCSWP
Signature on File

Date

8/28/24

Contractor

Date



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	#24-099-WEX
COMPANY NAME:	Comfort 1st Insulation
CONTACT PERSON:	Michael Callahan
CONTACT EMAIL:	Info@Comfort1stInsulation.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Signature on File

Printed Name: Michael Callahan

Signature: _____

Title: President / Owner

Date: May 23, 2025



Change Order

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

File #: 25-1645

Agenda Date: 7/1/2025

Agenda #: 6.G.

HS-P-0009A-25

AMENDMENT TO RESOLUTION HHS-P-0009-25
ISSUED TO DU PAGE HOME OWNERSHIP CENTER DBA H.O.M.E. DU PAGE
TO PROVIDE FINANCIAL COUNSELING AND WORKSHOPS TO LOW INCOME RESIDENTS IN DU
PAGE COUNTY
(INCREASE ENCUMBRANCE \$40,000.00)

WHEREAS, Resolution HS-P-0009-25 was approved and adopted by the County Board on February 11, 2025; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to increase contract 7541-0001-SERV in the amount of \$40,000, to the original contract amount of \$46,888 issued to H.O.M.E. DuPage to provide financial counseling and workshops to low-income residents in DuPage County with additional funding to Community Services from the Illinois Department of Commerce and Economic Opportunity (ILDCEO).

NOW, THEREFORE BE IT RESOLVED, that the County Board adopts the Change Order Notice, dated June 23, 2025 to County Contract 7541-0001-SERV, issued to H.O.M.E. DuPage, to increase the encumbrance in the amount of \$40,000 resulting in an amended contract total of \$86,888, an increase of 85.31%.

Enacted and approved this 8th day of July, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Jun 23, 2025

MinuteTraq (IQM2) ID #:

HS 711
FI+CB 7/8

Purchase Order #: 7541	Original Purchase Order Date: Jan 1, 2025	Change Order #: 1	Department: Community Services
Vendor Name: DuPage Homeownership Center		Vendor #: 32752	Dept Contact: Mary Keating
Background and/or Reason for Change Order Request:	Add \$40,000 to line 1 (5000 1650 53820 25-231028). The new contract total is now increased to \$86,888.		
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	\$46,888.00
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$46,888.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$40,000.00
E	New contract amount (C + D)	\$86,888.00
F	Percent of current contract value this Change Order represents (D / C)	85.31%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	85.31%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

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

Lan	6131	Jun 23, 2025		6457	6/24/25
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Buyer	Date	Procurement Officer	Date	6/26/2025	
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date		

**AMENDMENT TO AGREEMENT BETWEEN
THE COUNTY OF DUPAGE AND H.O.M.E. DUPAGE, INC. FOR COMMUNITY SERVICE
BLOCK GRANT FUNDS**

The following amendments are attached and made a part of the contract between the COUNTY OF DUPAGE, ILLINOIS ("COUNTY") and H.O.M.E. DUPAGE, INC. (the "SUBGRANTEE") and shall be considered a part of a certain Agreement entitled "AGREEMENT BETWEEN THE COUNTY OF DUPAGE AND H.O.M.E. DUPAGE, INC. FOR COMMUNITY SERVICE BLOCK GRANT FUNDS," and with the amendments included herein, shall constitute the entire Agreement between the parties.

A. In lieu of Section I of the Agreement, titled "Statement of Purpose," it is agreed that the following paragraph is hereby substituted:

The COUNTY has applied for and received federal Community Service Block Grant ("CSBG") Funds as provided by the Community Services Block Grant Program Act (42 U.S.C.A. § 9901, *et. seq.*) and administered by the Illinois Department of Commerce and Economic Opportunity ("DCEO"), pursuant to Illinois Economic Opportunity Act (20 ILCS 625/1 *et. seq.*). SUBGRANTEE desires and hereby elects to participate as a SUBGRANTEE of the aforesaid CSBG Funds allocated to COUNTY. COUNTY has considered and approved the application of the SUBGRANTEE and hereby agrees to distribute to SUBGRANTEE funding in the amount and under the conditions hereafter provided.

B. In lieu of Section II of the Agreement, titled "Statement of Purpose," it is agreed that the following is hereby substituted:

In consideration of receiving CSBG funds from the COUNTY, the SUBGRANTEE shall perform the following activities for the benefit of the COUNTY in a timely fashion:

1. Conduct outreach to notify the community of programs.
2. Accept referred clients from DuPage County Department of Community Services, CSBG Sub-grantees, and community agencies to provide financial fitness workshops, budgeting seminars, and credit repair services to DuPage County residents.
3. Counselors will develop goals, prescribe workshops, establish a budget, and develop an action plan with clients.
4. Counselors will meet with clients regularly to monitor progress and provide guidance.
5. Provide workshops and/or training on financial literacy, credit repair, and income management.
6. Provide individual financial counseling and income management counseling to referred clients.
7. Provide new credit repair program: obtain credit reports, create credit action plan, assist with disputing inaccuracies, and negotiate with creditors.
8. Maintain CSBG files with 30-day income, proof of household members, self-sufficiency scale, and proof of DuPage County residency.
9. Provide DuPage County Department of Community Services with intake sheets within 30 days of enrollment and recertify clients at 1-year anniversary date of enrollment if still active in program.
10. Provide DuPage County Department of Community Services quarterly updates on client milestones and outcomes.

11. Provide DuPage County Department of Community Services with the Agency's Annual audit and provide proof of Unique Entity ID generated by SAMS.gov.
12. Participate in the DuPage County Department of Community Service's CSBG Needs Assessment via client surveys, focus groups, client data and agency/board surveys.
13. Invoice DuPage County Department of Community Services, at least, quarterly for services, invoice must provide details of costs.
14. Sign Sub-grantee agreement with DuPage County Department of Community Services to provide CSBG services.
15. Update 211dupage.gov annually with agency referral information by 4/1/25.

C. In lieu of Section III of the Agreement, titled "Amount of Grant," it is agreed that the following paragraph is hereby substituted:

The COUNTY shall grant to SUBGRANTEE, as full payment for all activities to be performed by SUBGRANTEE pursuant to this AGREEMENT, a maximum compensation of \$86,888.00 for program support and direct client assistance. Invoices must be submitted at least quarterly, by April 15th, July 15th, October 15th, and must include supporting documentation for expenses billed. Final invoice must be submitted by January 16, 2026.

IN THE WITNESS, WHEREOF, each party to this Amendment has caused it to be executed on the date(s) indicated below.

County of DuPage
("COUNTY")

H.O.M.E. DUPAGE, INC.
("SUBGRANTEE")

Signature on File

SIGNED: _____

SIGNED: _____

BY: _____

BY: Maria Luengas

TITLE: _____

TITLE: Executive Director

DATE: _____

DATE: 6/18/25



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	DuPage Homeownership Center dba Home Dupage
CONTACT PERSON:	Anne O'Day
CONTACT EMAIL:	Anne@homedupage.org

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Signature on File

Printed Name: Ann O'Donoghue

Signature: [Signature]

Title: Director of Strategic Partnerships

Date: 6/17/25



Change Order

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

File #: 25-1646

Agenda Date: 7/1/2025

Agenda #: 6.H.

HS-P-0005A-25

AMENDMENT TO RESOLUTION HS-P-0005-25
ISSUED TO GARDENWORKS PROJECT
TO PLAN, BUILD, PROMOTE, AND SUSTAIN COMMUNITY GARDENS
IN DUPAGE COUNTY
(INCREASE ENCUMBRANCE \$4,992.00)

WHEREAS, Resolution HS-P-0005-25 was approved and adopted by the County Board on February 11, 2025; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to increase contract 7531-0001-SERV in the amount of \$4,992, to the original contract amount of \$70,000 issued to Gardenworks Project, to plan, promote, and sustain community gardens in DuPage County with additional funding to Community Services from the Illinois Department of Commerce and Economic Opportunity (ILDCEO).

NOW, THEREFORE BE IT RESOLVED, that the County Board adopts the Change Order Notice, dated June 23, 2025 to County Contract 7531-0001-SERV, issued to Gardenworks Project, to increase the encumbrance in the amount of \$4,992 resulting in an amended contract total of \$74,992, an increase of 7.13%.

Enacted and approved this 8th day of July, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: 06/23/255

MinuteTraq (IQM2) ID #: _____

Purchase Order #: 7531	Original Purchase Order Date: Jan 1, 2025	Change Order #: 2	Department: Community Service
Vendor Name: Gardenworks Project		Vendor #: 42556	Dept Contact: Mary Keating
Background and/or Reason for Change Order Request:	Add \$4,992 to line 1 (5000 1650 53820 25-231028). The new contract total is now increased to \$74,992. Revised budget is attached with this change order.		
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	\$70,000.00
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$70,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$4,992.00
E	New contract amount (C + D)	\$74,992.00
F	Percent of current contract value this Change Order represents (D / C)	7.13%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	7.13%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

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

Lan Nguyen	6131	Jun 23, 2025		6457	6/24/25
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Buyer	Date		Procurement Officer	Date	6/26/2025
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date		

**AMENDMENT TO AGREEMENT BETWEEN
THE COUNTY OF DUPAGE AND GARDENWORKS PROJECT FOR COMMUNITY SERVICE
BLOCK GRANT FUNDS**

The following amendments are attached and made a part of the contract between the COUNTY OF DUPAGE, ILLINOIS ("COUNTY") and GARDENWORKS PROJECT (the "SUBGRANTEE") and shall be considered a part of a certain Agreement entitled "AGREEMENT BETWEEN THE COUNTY OF DUPAGE AND GARDENWORKS PROJECT FOR COMMUNITY SERVICE BLOCK GRANT FUNDS," and with the amendments included herein, shall constitute the entire Agreement between the parties.

A. In lieu of Section I of the Agreement, titled "Statement of Purpose," it is agreed that the following paragraph is hereby substituted:

The COUNTY has applied for and received federal Community Service Block Grant ("CSBG") Funds as provided by the Community Services Block Grant Program Act (42 U.S.C.A. § 9901, *et. seq.*) and administered by the Illinois Department of Commerce and Economic Opportunity ("DCEO"), pursuant to Illinois Economic Opportunity Act (20 ILCS 625/1 *et. seq.*). SUBGRANTEE desires and hereby elects to participate as a SUBGRANTEE of the aforesaid CSBG Funds allocated to COUNTY. COUNTY has considered and approved the application of the SUBGRANTEE and hereby agrees to distribute to SUBGRANTEE funding in the amount and under the conditions hereafter provided.

B. In lieu of Section II of the Agreement, titled "Statement of Purpose," it is agreed that the following is hereby substituted:

In consideration of receiving CSBG funds from the COUNTY, the SUBGRANTEE shall perform the following activities for the benefit of the COUNTY in a timely fashion:

1. SUBGRANTEE will conduct outreach to notify community of program.
2. SUBGRANTEE will purchase supplies and materials needed to install 2 Community Gardens.
3. SUBGRANTEE will install 2 Community Gardens in identified Communities.
4. SUBGRANTEE will oversee management of the gardens with the aim for self-sufficiency by year 3 through leadership and volunteer development.
5. SUBGRANTEE will create a plan for distribution of food from the 2 Community Gardens.
6. SUBGRANTEE will create educational material and establish the "Grown a Row" Program to spread awareness.
7. SUBGRANTEE will promote awareness of Fresh Food Connect App connecting local gardeners to hunger relief organizations.
8. SUBGRANTEE will ensure partners continue to meet quarterly to plan for the next 2 Community Gardens.
9. SUBGRANTEE will submit quarterly progress reports to COUNTY on progress of the program.
10. SUBGRANTEE will invoice COUNTY quarterly for services, invoice must provide details of costs incurred.

11. SUBGRANTEE will provide COUNTY SUBGRANTEE's annual audit and proof of enrollment with SAM.gov/Unique Entity ID.
12. SUBGRANTEE will participate in the DuPage County Department of Community Service's CSBG Needs Assessment via client surveys, focus groups, client data and agency/board surveys.
13. SUBGRANTEE will update 211dupage.gov annually with agency referral information by 12/31/2025.
14. SUBGRANTEE will comply with all assurances as further detailed in Exhibit "A," attached hereto and incorporated herein as part of this Agreement.

C. In lieu of Section III of the Agreement, titled "Amount of Grant," it is agreed that the following paragraph is hereby substituted:

The COUNTY shall grant to SUBGRANTEE, as full payment for all activities to be performed by SUBGRANTEE pursuant to this AGREEMENT, a maximum compensation of \$74,992.00 for program support. Invoices must be submitted at least quarterly, by April 15th, July 15th, October 15th, and must include supporting documentation for expenses billed. Final invoice must be submitted by January 16, 2026.

IN THE WITNESS, WHEREOF, each party to this Amendment has caused it to be executed on the date(s) indicated below.

County of DuPage
(**"COUNTY"**)

GARDENWORKS PROJECT
(**"SUBGRANTEE"**)

Signature on File

SIGNED: _____

SIGNED: _____

BY: _____

BY: Teri Wood

TITLE: _____

TITLE: Executive Director

DATE: _____

DATE: 6/18/25



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	PO#7531
COMPANY NAME:	The GardenWorks Project
CONTACT PERSON:	Teri Wood
CONTACT EMAIL:	teri@gardenworksproject.org

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

Rev. 1-2025

All contractors and vendors who have obtained or are seeking contracts with the County shall disclose the names and

contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county officers or employees in relation to the contractor bid and shall update such disclosure with any changes that may occur.

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Signature on File

Printed Name: Teri Wood Signature: _____

Title: Executive Director Date: 6/18/2025



Change Order

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

File #: 25-1647

Agenda Date: 7/1/2025

Agenda #: 6.I.

HS-P-0008A-25

AMENDMENT TO RESOLUTION HS-P-0008-25
ISSUED TO OUTREACH COMMUNITY SERVICES
TO PROVIDE JOB SKILL TRAINING TO LOW INCOME YOUTH
RESIDING IN DUPAGE COUNTY
(INCREASE ENCUMBRANCE \$15,000.00)

WHEREAS, Resolution HS-P-0008-25 was approved and adopted by the County Board on February 11, 2025; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to increase contract 7522-0001-SERV in the amount of \$15,000, to the original contract amount of \$100,000 issued to Outreach Community Services, to provide job skill training to low-income youth residing in DuPage County with additional funding to Community Services from the Illinois Department of Commerce and Economic Opportunity (ILDCEO).

NOW, THEREFORE BE IT RESOLVED, that the County Board adopts the Change Order Notice, dated June 23, 2025 to County Contract 7522-0001-SERV, issued to Outreach Community Services, to increase the encumbrance in the amount of \$15,000, resulting in an amended contract total of \$115,000, an increase of 15%.

Enacted and approved this 8th day of July, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

HS 7/1
FI+CB 7/8



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Jun 23, 2025

MinuteTraQ (IQM2) ID #:

Purchase Order #: 7522	Original Purchase Order Date: Jan 1, 2025	Change Order #: 1	Department: Community Service
Vendor Name: OUTREACH COMMUNITY		Vendor #: 10224	Dept Contact: Mary Keating
Background and/or Reason for Change Order Request:	Add \$15,000 to line 1 (5000 1650 53820 25-231028). The contract is now increased to \$115,000.		
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	\$100,000.00
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$100,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$15,000.00
E	New contract amount (C + D)	\$115,000.00
F	Percent of current contract value this Change Order represents (D / C)	15.00%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	15.00%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

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

Lan Nguyen	6131	Jun 23, 2025		6457	6/24/25
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		

AMENDMENT TO AGREEMENT BETWEEN
THE COUNTY OF DUPAGE AND OUTREACH COMMUNITY SERVICES FOR COMMUNITY
SERVICE BLOCK GRANT FUNDS

The following amendments are attached and made a part of the contract between the COUNTY OF DUPAGE, ILLINOIS ("COUNTY") and OUTREACH COMMUNITY SERVICES (the "SUBGRANTEE"), and shall be considered a part of a certain Agreement entitled "AGREEMENT BETWEEN THE COUNTY OF DUPAGE AND OUTREACH COMMUNITY SERVICES FOR COMMUNITY SERVICE BLOCK GRANT FUNDS," and with the amendments included herein, shall constitute the entire Agreement between the parties.

A. In lieu of Section I of the Agreement, titled "Statement of Purpose," it is agreed that the following paragraph is hereby substituted:

The COUNTY has applied for and received federal Community Service Block Grant ("CSBG") Funds as provided by the Community Services Block Grant Program Act (42 U.S.C.A. § 9901, et. seq.) and administered by the Illinois Department of Commerce and Economic Opportunity ("DCEO"), pursuant to Illinois Economic Opportunity Act (20 ILCS 625/1 et. seq.). SUBGRANTEE desires and hereby elects to participate as a SUBGRANTEE of the aforesaid CSBG Funds allocated to COUNTY. COUNTY has considered and approved the application of the SUBGRANTEE and hereby agrees to distribute to SUBGRANTEE funding in the amount and under the conditions hereafter provided.

B. In lieu of Section II of the Agreement, titled "Statement of Purpose," it is agreed that the following is hereby substituted:

In consideration of receiving CSBG funds from the COUNTY, the SUBGRANTEE shall perform the following activities for the benefit of the COUNTY in a timely fashion:

1. SUBGRANTEE will conduct outreach to notify community of program.
2. SUBGRANTEE determines eligibility and enroll 22 participants in program.
3. SUBGRANTEE will provide supportive services, counseling, job skill training, work readiness training, work experience and other referrals as needed.
4. SUBGRANTEE will follow progress of participant for up to 48 months.
5. SUBGRANTEE will maintain client file which will contain 30-day income, proof of DuPage County residency, proof of household members, documentation of trainings, self-sufficiency scale, and outcomes.
6. SUBGRANTEE will provide COUNTY with intake sheets as clients are enrolled and recertify clients at 1-year anniversary date of enrollment, if still in program.
7. SUBGRANTEE will partner with H.O.M.E. DuPage to provide financial literacy to clients enrolled in program.
8. SUBGRANTEE will provide COUNTY quarterly updates on client milestones and outcomes.
9. SUBGRANTEE will invoice COUNTY, at least, quarterly for services, invoice must provide details of costs.
10. SUBGRANTEE participates in the COUNTY CSBG Community Needs Assessment via client surveys, focus groups, client data and agency/board surveys.

11. SUBGRANTEE will complete annual 211dupage.gov update by 10/1/2025.
12. SUBGRANTEE will provide DuPage County Department of Community Services with the Agency's Annual audit and provide proof of Unique Entity ID generated by SAMS.gov.
13. SUBGRANTEE will comply with all assurances as further detailed in Exhibit "A," attached hereto and incorporated herein as part of this Agreement.

C. In lieu of Section III of the Agreement, titled "Amount of Grant," it is agreed that the following paragraph is hereby substituted:

The COUNTY shall grant SUBGRANTEE, as full payment for all activities to be performed by SUBGRANTEE pursuant to this AGREEMENT, a maximum compensation of \$115,000.00. Invoices must be submitted at least quarterly, by April 15th, July 15th, October 15th, and must include supporting documentation for expenses billed. All 22 clients must be documented to be paid in full. The final invoice must be submitted no later than January 16, 2026.

IN THE WITNESS, WHEREOF, each party to this Amendment has caused it to be executed on the date(s) indicated below.

County of DuPage
("COUNTY")

Outreach Community Services
("SUBGRANTEE")

Signature on File

SIGNED: _____

SIGNED: _____

BY: Mary A. Keating

BY: Vanessa Roth

TITLE: Director of Community Services

TITLE: Chief Operating Officer

DATE: _____

DATE: 6/23/2025



REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	Outreach Community Services
CONTACT PERSON:	Vanessa Roth
CONTACT EMAIL:	Vroth@weareoutreach.org

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Signature on File

Printed Name: Vanessa Roth

Signature: _____

Title: Chief Operating Officer

Date: 6/23/25



Care Center Requisition Under \$30,000

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

File #: 25-1648

Agenda Date: 7/1/2025

Agenda #: 7.A.



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-1576	RFP, BID, QUOTE OR RENEWAL #: 25-062-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$18,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$36,000.00
	CURRENT TERM TOTAL COST: \$18,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Alco Sales & Service Company	VENDOR #: 10056	DEPT: DuPage Care Center	DEPT CONTACT NAME: Karen Cerny
VENDOR CONTACT: Megan Hodge	VENDOR CONTACT PHONE: 630-366-2273	DEPT CONTACT PHONE #: 630-784-4402	DEPT CONTACT EMAIL: karen.cerny@dupagecounty.gov
VENDOR CONTACT EMAIL: megans@alcosales.com	VENDOR WEBSITE:	DEPT REQ #: 7516	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Wheelchair parts, supplies and accessories, for the DuPage Care Center, for the period covering August 6, 2025 through August 5, 2027, for a total contract amount not to exceed \$18,000.00, per bid #25-062-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement parts, supplies and accessories for the wheelchairs utilized by the Residents at the DPCC.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

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

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

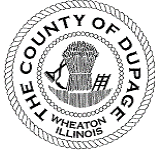
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, 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: Alco Sales & Service Company	Vendor#: 10056	Dept: DuPage Care Center	Division: Rehab & Therapy Services
Attn: Megan Hodge	Email: megans@alcosales.com	Attn: Karen Cerny	Email: karen.cerny@dupagecounty.gov
Address: 6851 High Grove Blvd	City: Burr Ridge	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60527	State: IL	Zip: 60187
Phone: 630-366-2273	Fax:	Phone: 630-784-4402	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Alco Sales & Service Company	Vendor#: 10056	Dept: DuPage Care Center	Division: Rehab & Therapy Services
Attn: Eleanor Patenaude	Email: epatenaude@alcosales.com	Attn: Karen Cerny	Email: karen.cerny@dupagecounty.gov
Address: 6851 High Grove Blvd	City: Burr Ridge	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60527	State: IL	Zip: 60187
Phone: 630-366-2245	Fax:	Phone: 630-784-4402	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): August 6, 2025	Contract End Date (PO25): August 5, 2027

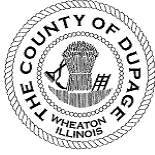
Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Wheelchair parts, supplies and accessories	FY25	1200	2060	52200		4,500.00	4,500.00
2	1	EA		Wheelchair parts, supplies and accessories	FY26	1200	2060	52200		9,000.00	9,000.00
3	1	EA		Wheelchair parts, supplies and accessories	FY27	1200	2060	52200		4,500.00	4,500.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 18,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Wheelchair parts, supplies and accessories, for the DuPage Care Center, for the period covering August 6, 2025 through August 5, 2027, for a total contract amount not to exceed \$18,000.00, per bid #25-062-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. July 1, 2025 Human Services Committee
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



**THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
WHEELCHAIR PARTS, SUPPLIES, AND ACCESSORIES 25-062-DCC
BID TABULATION**

NO.	ITEM	UOM	QTY	ALCO Sales & Service Co.		Saify Traders LLC	
				PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
1	8X1" 8-Spoke black plastic wheel 7/16" ID - Hub 2-3/8" W	10	EA	\$ 11.96	\$ 119.60	\$ 26.00	\$ 260.00
2	Rear Anti-Tippers Adjustable Low Profile - like Invacare #1360A	5	PR	\$ 27.18	\$ 135.90	\$ 38.21	\$ 191.05
3	6" Steel Lock Extensions Crimped w/ Black Tip	10	PR	\$ 8.76	\$ 87.60	\$ 13.53	\$ 135.30
4	6" Steel Lock Extensions Crimped w/ High Visability Yellow Tip	10	PR	\$ 40.28	\$ 402.80	\$ 39.98	\$ 399.80
5	5/8" Diamater Black Round Rubber Tip for Lock extensions	10	EA	\$ 2.36	\$ 23.60	\$ 4.98	\$ 49.80
6	Safe-T-Mate model SM2-3 Anti-Rollback Device	3	EA	\$ 161.10	\$ 483.30	\$ 202.21	\$ 606.63
7	Safe-T-Mate model SM2-3W Anti-Rollback Device	3	EA	\$ 170.10	\$ 510.30	\$ 202.21	\$ 606.63
8	Universal Padded Full length (13-7/8") armpads Black	10	PR	\$ 11.16	\$ 111.60	\$ 16.89	\$ 168.90
9	Universal Padded Desk length 10-1/8" armpads Black	10	PR	\$ 11.16	\$ 111.60	\$ 16.89	\$ 168.90
10	Calf Pads 1-1/2" Hole spacing Padded Black Vinyl	10	PR	\$ 9.56	\$ 95.60	\$ 16.21	\$ 162.10
11	24" Black Plastic wheel - solid rubber tire - composite handrim 7/16" ID bearing & 2-1/4" Hub	10	EA	\$ 39.20	\$ 392.00	\$ 95.00	\$ 950.00
12	24" Black Plastic wheel - Handrim - Urethane Tire 5/8" ID bearing 2-3/16" hub	10	EA	\$ 71.20	\$ 712.00	\$ 96.21	\$ 962.10
13	Smart Leg Articulating legrest 1-3/8" spacing	2	PR	\$ 199.20	\$ 398.40	\$ 288.89	\$ 577.78
14	Elevating leg rest 1-3/8" spacing	2	PR	\$ 63.20	\$ 126.40	\$ 159.53	\$ 319.06
15	18"w x 16"d x 3" foam cushion w/ strap	10	EA	\$ 35.51	\$ 355.10	\$ 50.21	\$ 502.10
16	L.H. Push to Lock bolt on style 7/8" tubing Heavy Duty Wheel Lock for Inva 9000XT	1	EA	\$ 23.96	\$ 23.96	\$ 38.98	\$ 38.98
17	R.H. Push to Lock bolt on style 7/8" tubing Heavy Duty Wheel Lock for Inva 9000XT	1	EA	\$ 23.96	\$ 23.96	\$ 48.53	\$ 48.53



**THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
WHEELCHAIR PARTS, SUPPLIES, AND ACCESSORIES 25-062-DCC
BID TABULATION**

				ALCO Sales & Service Co.		Saify Traders LLC	
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
18	Heavy Duty Wheel Lock bolt on style for Invacare 9000 XDT	1	EA	\$ 78.36	\$ 78.36	\$ 201.89	\$ 201.89
19	Broda PAB17 600N Recliner Gas Cylinder	1	EA	\$ 133.30	\$ 133.30	\$ 55.00	\$ 55.00
20	Broda Double cable handle assembly 48"	1	EA	\$ 84.00	\$ 84.00	\$ 35.21	\$ 35.21
21	18" x 16' Black Padded Nylon Seat Upholstery	4	EA	\$ 40.76	\$ 163.04	\$ 35.21	\$ 140.84
22	18" x 16' Black Embossed Vinyl Seat Upholstery	4	EA	\$ 18.36	\$ 73.44	\$ 35.21	\$ 140.84
23	48" x 2" Webbing Airline Seat Belt	4	EA	\$ 19.96	\$ 79.84	\$ 2.89	\$ 11.56
24	7/8" Tubing Black Plastic Plug Buttons	50	EA	\$ 1.56	\$ 78.00	\$ 2.89	\$ 144.50
25	Joystick Knob for PG Drive Joystick Controllers (VSI, VR, Q-Logic)	10	EA	\$ 45.90	\$ 459.00	\$ 23.21	\$ 232.10
26	Sealed Caster Bearings 7/16" ID x 29/32"OD with 1-1/32" Flange	50	EA	\$ 3.16	\$ 158.00	\$ 30.98	\$ 1,549.00
27	Broda 5" Total Lock Caster	2	EA	\$ 48.80	\$ 97.60	\$ 68.89	\$ 137.78
28	Broda 5" Directional Locking Caster w/ Sleeve	2	EA	\$ 57.60	\$ 115.20	\$ 74.53	\$ 149.06
29	Broda Seat Pad 17" with Removable cover	1	EA	\$ 87.20	\$ 87.20	\$ 55.53	\$ 55.53
30	Clamp-on Adjustable Height Rear Tipper for 1" Tubing	1	PR	\$ 49.95	\$ 49.95	\$ 75.98	\$ 75.98
GRAND TOTAL				\$ 5,770.65			\$ 9,076.95

NOTES

- Saify Traders LLC Bid Tab was adjusted to correct for submission errors:
 - NO. 23, when multiplied, (\$2.89 x 4 = \$11.56), resulted in a decrease of (\$132.94).
 - GRAND TOTAL was corrected from \$9,210.00 to \$9,076.95.
- Direct Supply, Inc. has been deemed non-responsive for not including required document(s).

Bid Opening 6/16/2025 @ 2:30 PM	HK, SR
Invitations Sent	43
Total Vendors Requesting Documents	3
Total Bid Responses	3

BID PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-062-DCC
COMPANY NAME:	ALCO Sales & Service Co.
CONTACT PERSON:	Mark Herman
CONTACT EMAIL:	mdherman@alcosales.com

Section II: Pricing

Quantities listed are canvassing quantities and intended to establish pricing. All goods shall be shipped F.O.B. Destination.

NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	8 x 1" 8-Spoke black plastic wheel 7/16" ID - Hub 2-3/8" W	EA	10	\$ 11.96	\$ 119.60
2	Rear Anti-Tippers Adjustable Low Profile - Invacare #1360A or Equal Model	PR	5	\$ 27.18	\$ 135.90
3	6" Steel Lock Extensions Crimped w/ Black Tip	PR	10	\$ 8.76	\$ 87.60
4	6" Steel Lock Extensions Crimped w/ High Visibility Yellow Tip	PR	10	\$ 40.28	\$ 402.80
5	5/8" Diameter Black Round Rubber Tip for Lock extensions	EA	10	\$ 2.36	\$ 23.60
6	Safe-T-Mate model SM2-3 Anti-Rollback Device	EA	3	\$ 161.10	\$ 483.30
7	Safe-T-Mate model SM2-3W Anti-Rollback Device	EA	3	\$ 170.10	\$ 510.30
8	Universal Padded Full length (13-7/8") armpads Black	PR	10	\$ 11.16	\$ 111.60
9	Universal Padded Desk length 10-1/8" armpads Black	PR	10	\$ 11.16	\$ 111.60
10	Calf Pads 1-1/2" Hole spacing Padded Black Vinyl	PR	10	\$ 9.56	\$ 95.60
11	24" Black Plastic wheel - solid rubber tire - composite handrim 7/16" ID bearing & 2-1/4" Hub	EA	10	\$ 39.20	\$ 392.00
12	24" Black Plastic wheel - Handrim - Urethane Tire 5/8" ID bearing 2-3/16" hub	EA	10	\$ 71.20	\$ 712.00
13	Smart Leg Articulating Leg-rest 1-3/8" spacing	PR	2	\$ 199.20	\$ 398.40
14	Elevating leg rest 1-3/8" spacing	PR	2	\$ 63.20	\$ 126.40

NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
15	18"w x 16"d x 3" foam cushion w/ strap	EA	10	\$ 35.51	\$ 355.10
16	L.H. Push to Lock bolt on style 7/8" tubing Heavy Duty Wheel Lock for Inva 9000XT	EA	1	\$ 23.96	\$ 23.96
17	R.H. Push to Lock bolt on style 7/8" tubing Heavy Duty Wheel Lock for Inva 9000XT	EA	1	\$ 23.96	\$ 23.96
18	Heavy Duty Wheel Lock bolt on style for Invacare 9000 XDT	EA	1	\$ 78.36	\$ 78.36
19	Broda PAB17 600N Recliner Gas Cylinder	EA	1	\$ 133.30	\$ 133.30
20	Broda Double cable handle assembly 48"	EA	1	\$ 84.00	\$ 84.00
21	18" x 16' Black Padded Nylon Seat Upholstery	EA	4	\$ 40.76	\$ 163.04
22	18" x 16' Black Embossed Vinyl Seat Upholstery	EA	4	\$ 18.36	\$ 73.44
23	48" x 2" Webbing Airline Seat Belt	EA	4	\$ 19.96	\$ 79.84
24	7/8" Tubing Black Plastic Plug Buttons	EA	50	\$ 1.56	\$ 78.00
25	Joystick Knob for PG Drive Joystick Controllers (VSI, VR, Q-Logic)	EA	10	\$ 45.90	\$ 459.00
26	Sealed Caster Bearings 7/16" ID x 29/32"OD with 1-1/32" Flange	EA	50	\$ 3.16	\$ 158.00
27	Broda 5" Total Lock Caster	EA	2	\$ 48.80	\$ 97.60
28	Broda 5" Directional Locking Caster w/ Sleeve	EA	2	\$ 57.60	\$ 115.20
29	Broda Seat Pad 17" with Removable cover	EA	1	\$ 87.20	\$ 87.20
30	Clamp-on Adjustable Height Rear Tipper for 1" Tubing	PR	1	\$ 49.95	\$ 49.95
GRAND TOTAL					\$ 5,770.65
GRAND TOTAL (In words) Five thousand, seven hundred seventy dollars and sixty-five cents					

Section III: Supplemental Items

During the contract period, additional product line supplements not specified above may be accepted as additional contracted items. The acceptance of product line supplements or additional items is at the discretion of the County. Acceptable supplement items may include items that become an upgrade of the goods offered under this contract. The County reserves the right not to award or add items for which prices are deemed high and not in the best interest of the County. Provide percentage discount / percentage mark-up for additional items from pricelist or catalog.

Bidders shall submit its net price or catalog list with discount / mark-up of other items not listed in the Pricing Form that may be purchased from the awarded contract with warranty information alongside bid.

NO.	ITEM	MARK-UP OR DISCOUNT
1	Catalog/Pricing List	20 %

Section IV: Certification

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

Printed Name: Mark Herman

Signature: _____

Signature on File

Title: Executive Vice President

Date: 6/16/2025



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

MANDATORY FORM

Section I: Contact Information

Complete the contact information below.

BID NUMBER:	25-062-DCC
COMPANY NAME:	ALCO Sales & Service Co.
MAIN ADDRESS:	6851 High Grove Blvd.
CITY, STATE, ZIP CODE:	Burr Ridge, IL 60527
TELEPHONE NO.:	630-366-2273
BID CONTACT PERSON:	Megan Hodge
CONTACT EMAIL:	megans@alcosales.com

Section II: Contract Administration Information

Complete the contract administration information below.

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME:	ALCO Sales & Service Co.	NAME:	ALCO Sales & Service Co.
CONTACT:	Mark Herman	CONTACT:	Eleanor Patenaude
ADDRESS:	6851 High Grove Blvd.	ADDRESS:	6851 High Grove Blvd.
CITY, ST., ZIP:	Burr Ridge, IL 60527	CITY, ST., ZIP:	Burr Ridge, IL 60527
PHONE NO.:	630-366-2226	PHONE NO.:	630-366-2245
EMAIL:	mdherman@alcosales.com	EMAIL:	epatenaude@alcosales.com

Section III: Certification

The undersigned certifies that they are:

☐ The Owner or Sole Proprietor

☐ A Member authorized to sign on behalf of the Partnership

☒ An Officer of the Corporation

☐ A Member of the Joint Venture

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

Alvin Herman

(President or Partner)

Mark D. Herman

(Vice-President or Partner)

Mark D. Herman

(Secretary or Partner)

Jeff Herman

(Treasurer or Partner)

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

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

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

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

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

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

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

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

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

Printed Name: Mark D. Herman

Signature:

Signature on File

Title: Executive Vice President

Date:

6/16/2025



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-062-DCC
COMPANY NAME:	ALCO Sales & Service Co.
CONTACT PERSON:	Mark D. Herman
CONTACT EMAIL:	mdherman@alcosales.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

[Ethics | DuPage Co, IL](#)

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

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

Section IV: Certification

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

Printed Name: Mark D. Herman

Signature: Signature on File

Title: Executive Vice President

Date: 6/16/2025



Care Center Requisition Under \$30,000

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

File #: 25-1649

Agenda Date: 7/1/2025

Agenda #: 7.B.



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-1570	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$16,844.99
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$16,844.99
	CURRENT TERM TOTAL COST: \$16,844.99	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: ARxIUM, Inc.	VENDOR #: 24540	DEPT: DuPage Care Center	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT: Gina Dewey	VENDOR CONTACT PHONE: 204-594-6205	DEPT CONTACT PHONE #: 630-784-4275	DEPT CONTACT EMAIL: jonathan.klimek@dupagecounty.gov
VENDOR CONTACT EMAIL: gdewey@arxium.com	VENDOR WEBSITE:	DEPT REQ #: 7515	

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Maintenance /support for the FastPak Elite medication dispensing machine, for the Pharmacy at the DuPage Care Center, for the period September 1, 2025 through August 31, 2026, per 55 ILCS 5/5-1022(c) not suitable for competitive bids. (Sole Source maintenance/support of medication dispensing machine for the Pharmacy at the DPCC)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
This machine dispenses medications for the DuPage Care Center residents and out patients. It is vital, that our machine is operational at all times, to ensure that our residents and community are able to receive their medications without any delay.
It is more cost effective to purchase the annual total of maintenance/support, rather than the quarterly invoices, which includes at least a 10-12% administrative fee to each quarterly invoice.

SECTION 2: DECISION MEMO REQUIREMENTS

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

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

SECTION 3: DECISION MEMO

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

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION	
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement. SOLE PROVIDER OF ITEMS THAT ARE COMPATIBLE WITH EXISTING EQUIPMENT, INVENTORY, SYSTEMS, PROGRAMS OR SE
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. The ARxIUM, Inc. contract is specific to the medication dispensing machine located in the pharmacy Department at the DuPage Care Center. There are no other companies which provide maintenance/support for the FastPak Elite medication dispensing machine. ARxIUM, Inc. provides a unique machine for the packaging of bulk medications.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not. We purchased the dispensing machine, per bid 15-222-GV in 2016
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: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn: Gina Dewey	Email: gdewey@arxiumcom	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 1400 Busch Parkway	City: Buffalo Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60089	State: IL	Zip: 60187
Phone: 204-594-6205	Fax:	Phone: 630-784-4275	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division:
Attn:	Email:	Attn:	Email: @dupagecounty.gov
Address: 52226 Network Place	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60673-1522	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4275	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 1, 2025	Contract End Date (PO25): August 31, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Maintenance/support for the Fast-Pak Elite medication dispensing machine	FY25	1200	2085	53370		16,844.99	16,844.99
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 16,844.99

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Maintenance /support for the FastPak Elite medication dispensing machine, for the Pharmacy at the DuPage Care Center, for the period September 1, 2025 through August 31, 2026, per 55 ILCS 5/5-1022(c) not suitable for competitive bids. (Sole Source maintenance/support of medication dispensing machine for the Pharmacy at the DPCC)
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

ARxIUM, Inc.
1000 Asbury Drive, Suite 4
Buffalo Grove, IL
USA 60089
Tel: +1-847-808-2600
Toll Free: +1-888-537-3102

Notice Number: 00008543
Support Processing Date: 2025-07-28

Contract Administrator: Gina Dewey
Phone: +1-204-594-6205
Email: gdewey@arxium.com

SUPPORT, SOFTWARE & LICENSE RENEWAL NOTICE

2025-06-10

DuPage Co. Convalescent Center
The County of DuPage
400 N. County Farm Road
Wheaton, Illinois
United States, 60187-2517

Contact Name: Jonathan Klimek
Email: jonathan.klimek@dupageco.org
Account Number: 102366

Product(s): FastPak Elite 520
Serial Number(s): 66.A1009 / 64A.R81

Product Code	Product	Quantity Purchased	Unit Price	Extended Price
SVCELITES20PREF	Equipment Support - FastPak Elite 520 - Preferred Service, 8am to 11pm Local Time, 7 Days. Includes 2 PMs	1	\$16,844.99	\$16,844.99
		Total Price In USD		\$16,844.99

Support Term: September 1, 2025 – August 31, 2026

Standard Terms

- Pricing excludes taxes. Payment due in advance.
- In the event of a conflict between the terms of this renewal notice/quote and any Agreement, the terms of this notice/quote shall take precedence. Any terms contained in a Customer purchase order that conflict with the terms of this notice/quote shall have no force or effect, even if such purchase order is signed by the parties after the date of acceptance.
- The Customer is responsible for the acquisition, installation, maintenance, and replacement of all consumables listed utilized in connection with the operation of the System. Only consumable materials authorized in writing by the Company ("Authorized Consumables") shall be used in the System, and only the Company's service personnel, Company-approved third party service providers, and Company-approved employees of the Customer who have received maintenance training ("Authorized Service Providers") may service the System. All warranties provided under this Agreement and the Company's obligation to provide service pursuant to a Service Agreement shall terminate if the Customer uses consumable materials other than Authorized Consumables or service providers other than Authorized Service Providers. The Company shall not be liable for damages incurred by the Customer or damages to the System following the Customer's first use of any such unauthorized consumables or unauthorized service providers.
- Due to the end-of-life by Microsoft, computers with Windows XP, Windows 7, Windows 8, Windows Server 2003, 2008/R2, and or 2012/R2 are also excluded. We recommend an upgrade to Windows 10 as soon as possible to mitigate this risk, please speak with your sales executive for more details. Note that Windows 10 upgrades can take 3 months or longer to schedule, and your system uptime may be impacted during this time.

Billing Location	Remit To	Summary of Changes
400 N. County Farm Road Wheaton, IL 60187-2517	ARxIUM, Inc. 52226 Network Place Chicago, IL USA, 60673-1522	Includes 2.3% CPI plus applicable age factor on equipment

Customer Signature _____

Date _____

Print Customer Signature _____

Purchase Order _____

Should you have any comments or questions please feel free to contact your contract administrator at your earliest convenience.

June 18, 2025

Christine Kliebhan
Financial Analyst II
DuPage Care Center
400 N. County Farm Road
Wheaton, IL 60187

Subject: Sole Source Letter – FastPak™ Elite Equipment

Dear Christine,

This letter is to inform you that ARxIUM, Inc. is the sole provider of the FastPak™ Elite system in the United States of America. Once implemented, the FastPak system requires support and maintenance, of which we are also the sole provider. Your FastPak system may require replacement parts from time to time, which must also be provided by us otherwise you risk voiding your equipment warranty. For equipment that is off warranty, any required repairs or replacement parts due to the use of unapproved parts or unapproved service providers would not be covered in our standard support offering.

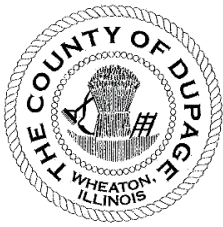
Additionally, certain consumables are specific to the FastPak system and proprietary to ARxIUM. The consumable products in question have been tested by our Quality Assurance department for the sole use with our devices. No other consumables have been approved by ARxIUM for use with your system. Similar consumable products cannot be used as replacements, as we cannot guarantee their quality and/or capabilities. Additionally, use of consumable products not approved by ARxIUM would void your warranty or service contract, as using unauthorized consumables is not in compliance with that agreement.

It is our pleasure to partner with you for all of your past, present and future pharmacy technology needs.

Regards,

Signature on File

Gina Dewey 
Senior Contracts Administrator
gdewey@arxium.com



REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	
COMPANY NAME:	ARxIUM, Inc.
CONTACT PERSON:	Gina Dewey
CONTACT EMAIL:	gdewey@arxium.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Signature on File

Printed Name: Clancy McCarthy

Signature: 

Title: Director, Finance

Date: June 17, 2025



Care Center Requisition Under \$30,000

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

File #: 25-1650

Agenda Date: 7/1/2025

Agenda #: 7.C.



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

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 25-1572	RFP, BID, QUOTE OR RENEWAL #: 1951187HS	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$15,260.60
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$15,260.60
	CURRENT TERM TOTAL COST: \$15,260.60	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Henry Schein, Incorporated	VENDOR #: 19276	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Joseph Maltese	VENDOR CONTACT PHONE: 313-515-3308	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: joseph.maltese@henryschein.com	VENDOR WEBSITE:	DEPT REQ #: 7514	
<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.). Deluxe top over bed table with base for the DuPage Care Center 2North and 2South Neighborhoods, for a period of July 2, 2025 through July 1, 2026, for a total amount not to exceed \$15,260.60, per Cooperative (DPC2-352), Government Joint Purchasing Act (30ILCS525) or GSA Pricing. (Omnia Partners contract #2021002973)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement tables for over the bed, for Neighborhoods 2North and 2South			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. quote 1951187HS and OMNIA Partners
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 replacement over bed tables for the 2North and 2South Neighborhoods, for a period of July 2, 2025 through July 1, 2026, for a total amount not to exceed \$15,260.60, per Cooperative (DPC2-352), Government Joint Purchasing Act (30ILCS525) or GSA Pricing. (Omnia Partners contract #2021002973). 2) Do not approve contract for replacement over bed tables for the 2North and 2South Neighborhoods, however, they will not match the existing over bed tables for the other newly renovated floor and would result in a higher cost, due to other vendors not being part of a Cooperative, Joint Purchasing.

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: Henry Schein, Incorporated	Vendor#: 19276	Dept: DuPage Care Center	Division:
Attn: Joseph Maltese	Email: joseph.maltese@henryschein.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 135 Duryea Road	City: Melville	Address: 400 N. County Farm Road	City: Wheaton
State: New York	Zip: 11747	State: IL	Zip: 60187
Phone: 313-515-3308	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Henry Schein, Incorporated	Vendor#: 19276	Dept: DuPage Care Center	Division:
Attn:	Email:	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: PO Box 360920	City: Pittsburgh	Address: 400 N. County Farm Road	City: Wheaton
State: PA	Zip: 15251-6920	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): July 2, 2025	Contract End Date (PO25): July 1, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1		1483211	65 Deluxe top over bed table with base and shipping and handling	FY25	1200	2000	52000		15,260.60	15,260.60
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 15,260.60

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Deluxe top over bed table with base for the DuPage Care Center 2North and 2SouthNeighborhoods, for a period of July 2, 2025 through July 1, 2026, for a total amount not to exceed \$15,260.60, per Cooperative (DPC2-352), Government Joint Purchasing Act (30ILCS525) or GSA Pricing. (Omnia Partners contract #2021002973)
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. July 1, 2025 Human Services Committee
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Color is Walnut with Black Bull-nose edge & spill Containment - includes double mirror vanity H-base in opal powder coat
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

06/09/2025

Quote #1951187 Expires 8/31/2025

Presented to: jde 1288817
DuPage Cty Convalescent Ctr
400 North County Farm Road
Wheaton, IL 60187-2517
Omnia Contract #2021002973

From: Joe Maltese
Henry Schein Medical

Qty	Part #	Description	Ea price	Extended
65	1483211	DELUXE TOP OVERBED TABLE W/ H-BASE, TOP COLOR: GUNSTOCK WALNUT W/ BLACK BULLNOSE EDGE & SPILL CONTAINMENT. INCLUDES DOUBLE MIRROR VANITY H-BASE IN OPAL POWDER COAT	\$224.44	\$14,588.60

Shipping and handling \$672

*** 30 business day lead time***

Buyer:

Seller:

Henry Schein Medical

By: _____

By: _____

Date: _____

Date: _____



As a result of Request for Proposal # 2018AO UC San Diego Medical and Surgical Supplies, attached hereto as Attachment A (the "RFP"), this Master Agreement ("Master Agreement" or "Agreement") to furnish certain goods ("Goods") and services ("Services") described herein and in the documents referenced herein is made by and between The Regents of the University of California, a California public corporation ("UC") on behalf of the University of California, San Diego and Henry Schein Medical, a division of Henry Schein, Inc. ("Supplier"). This Agreement is binding only if it is negotiated and executed by an authorized representative with the proper delegation of authority.

1. Statement of Work

Supplier agrees to provide the Goods and Services referenced in the Scope of Work section of Attachment A, the Catalog Discount Program attached hereto as Attachment B, the Market Basket attached hereto as Attachment C, and any other documents referenced in the Incorporated Documents section herein (the "Incorporated Documents"), at the prices set forth therein and any other documents referenced in the Incorporated Documents section herein. Unless otherwise provided in this Agreement, UC will not be obligated to purchase a minimum amount of Goods and/or Services from Supplier.

2. Cooperative Purchasing

Supplier agrees to extend Goods and/or Services to public agencies (state and local governmental entities, public and private primary, secondary and higher education entities, non-profit entities, and agencies for the public benefit ("Public Agencies") registered with OMNIA Partners, Public Sector ("Participating Public Agencies") under the terms of this Agreement. All contractual administration (e.g. terms, conditions, extensions, and renewals) will remain UC's responsibility except as outlined in the above referenced RFP \ Operational issues, fiduciary responsibility, payment issues and liabilities, and disputes involving individual Participating Public Agencies will be addressed, administered, and resolved by each Participating Public Agency.

3. Term of Agreement

The initial term of the Agreement will be from July 9, 2021 and through January 31, 2026 ("Initial Term") and is subject to earlier termination as provided below. UC and Supplier may renew the Agreement for 3 successive 1 -year periods upon mutual written agreement (each, a "Renewal Term"). The Initial Term and any Renewal Term shall collectively be referred to as (the "Term").

4. Purchase Order; Advance Payments

Unless otherwise provided in the Agreement, Supplier may not begin providing Goods and/or Services until UC approves a Purchase Order for the Goods and/or Services.

5. Pricing, Invoicing Method, and Settlement Method and Terms

Refer to Attachment B, Attachment C or Purchase Order for Pricing. Each UC Location will specify the Invoicing Method and Payment Options that will apply, taking into account the operational capabilities of Supplier and the UC Location. See UC's Procure to Pay Standards <http://www.ucop.edu/procurement-services/files/Matrix%20for%20website.pdf> for the options that will be considered. In the case of systemwide agreements, each UC Location will specify these terms in a Statement of Work or Purchase Order, as the case may be.

As a UC San Diego supplier payment will be issued via Virtual Credit Card. Virtual Credit Card is a card-less Visa credit card product. Credit card number and credentials are emailed to your selected Accounts Receivable contact. Terms are net 10 days. Standard credit card processing fees apply. For more information on this payment method refer to <https://ipps.ucsd.edu/supplier-resources/goods-services/payments/virtual-card.html>



For non-systemwide agreements, the Invoicing Method, and Settlement Method and Terms are addressed below:

Invoicing Method

Notwithstanding the provisions of Article 3 of the Terms and Conditions of Purchase, Supplier will submit invoices following the designated invoice method directly to UC Accounts Payable Departments at each UC Location.

Notwithstanding the provisions of Article 3 of the Terms and Conditions of Purchase, UC will pay freight and shipping/handling as follows: Supplier will pay FOB Destination Prepaid.

All invoices must clearly indicate the following information:

- California sales tax as a separate line item;
- Shipping costs as a separate line item;
- UC Purchase Order or Release Number;
- Description, quantity, catalog number and manufacturer number of the item ordered;
- Net cost of each item;
- Any pay/earned/dynamic discount;
- Reference to original order number for all credit memos issued;

Supplier will submit invoices following the designated invoice method directly to UC Accounts Payable Departments at each UC Location, unless UC notifies the Supplier otherwise by amendment to the Agreement.

Settlement Method and Terms

Notwithstanding the provisions of Article 3 of the Terms and Conditions of Purchase, the Settlement Method and Terms for any other campus will be as established by each campus location.

5. Notices

As provided in the UC Terms and Conditions of Purchase, notices may be given by email, which will be considered legal notice only if such communications include the following text in the Subject field: FORMAL LEGAL NOTICE – [insert, as the case may be, Supplier name or University of California]. If a physical format notice is required, it must be sent by overnight delivery or by certified mail with return receipt requested, at the addresses specified below.

To UC, regarding confirmed or suspected Breaches as defined under Appendix – Data Security:



To UC, regarding confirmed or suspected Breaches as defined under Appendix – Electronic Commerce:





To UC, regarding contract issues not addressed above:



To Supplier:



6. Intellectual Property, Copyright and Patents

The Goods and/or Services **do not** involve Work Made for Hire

7. Patient Protection and Affordable Care Act (PPACA)

The Services **do not** involve temporary or supplementary staffing, and they are not subject to the PPACA warranties in the T&Cs.

8. Prevailing Wages

Supplier is **not** required to pay prevailing wages when providing the Services.

9. Fair Wage/Fair Work

Supplier is **not** required to pay the UC Fair Wage (defined as \$13 per hour as of 10/1/15, \$14 per hour as of 10/1/16, and \$15 per hour as of 10/1/17) when providing the Services.

**10. Restriction Relating to Consulting Services or Similar Contracts –
Follow-on Contracts**

Please note a Supplier that is awarded a consulting services or similar contract cannot later submit a bid or be considered for any work "required, suggested, or otherwise deemed appropriate" as the end product of the Services (see Public Contract



Code Section 10515).

11. Insurance

Deliver the PDF version of the Certificate of Insurance to UC's Buyer, by email with the following text in the Subject field: CERTIFICATE OF INSURANCE – Henry Schein, Inc.

12. Service-Specific and/or Goods-Specific Provisions

- a. Pandemic response
- b. Stock arrangements
- c. Last Mile
- d. RX Products and Controlled Substances
- e. The Drug Supply Chain Security Act
- f. Discount Disclosure

Pricing Protection

Prices for the Goods and/or Services referenced in Part II of the Statement of Work must be firm for the first twelve (12) months of the Term with the exception of infection control products, pharmaceutical and IV fluid products. Price changes thereafter, if any, shall be made on an annual basis as negotiated by both parties. Supplier endeavors to use commercially reasonable efforts to provide reasonable notice on infection control products, pharmaceuticals, and IV fluid products, upon Supplier receiving notification from the applicable manufacturer. Any price changes require prior written notification and must follow the process outlined in Appendix B. In no event shall the pricing for the Goods and/or Services referenced in Attachment C be increased greater than 3% per year during the Term, provided that if the cost of any Good or Service, due to economic or supply issues, is raised over 3% to Supplier, Supplier may raise the price of such Product that same percentage upon 30 days' notice. Price increases for any agreement renewal periods must be supported by documented evidence of manufacturers' price increases. If the Supplier's catalog or list price is reduced, the University shall benefit from a corresponding price reduction.

13. Records about Individuals

Records created pursuant to the Agreement that contain personal information about individuals (including statements made by or about individuals) may become subject to the California Information Practices Act of 1977 ("CIPA"), which includes a right of access by the subject individual. Supplier agrees to work with UC in good faith to assist UC in responding to requests by individuals for personal information about individuals that Supplier has collected in connection with this Master Agreement. When collecting the information, Supplier must inform the individual that the record is being made, and the purpose of the record. Use of recording devices in discussions with employees is permitted by Supplier in connection with customer service calls, provided that the employee is notified of such recording.

14. Piggyback UC

Supplier agrees to extend the pricing basis, terms and conditions of the Agreement to all UC Locations. Supplier will make available to any UC Location its improved pricing basis, terms or conditions resulting from increased usage or aggregation of activity by multiple UC Locations. All contractual administration issues (e.g. terms and conditions, extensions, and renewals), operational issues, fiduciary responsibility, payment issues, performance issues and liabilities, and disputes involving individual UC Locations will be addressed, administered, and resolved by each UC Location. Any delay in payment or other operational issue involving one UC Location will not adversely affect any other UC Location.

15. Incorporated Documents

This Agreement and the Incorporated Documents, in order of the below precedent, contain the entire agreement between the parties concerning the subject matter hereof and shall supersede all prior or other agreements, oral and written declarations of intent and other legal arrangements (whether binding or non-binding) made by the parties in respect thereof.

- a. Attachment A: UC San Diego Medical and Surgical Supplies RFP #2018AO
- b. Appendix A: UC Terms and Conditions of Purchase



- c. Attachment B: Catalog Discount Program
- d. Attachment C: Market Basket
- e. Appendix B: UC Appendix—Electronic Commerce
- f. Appendix C: Federal Government Contracts Special Terms and Conditions
- g. Appendix D: Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
- h. Appendix E: Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions



- i. Appendix F: Certification Regarding Debarment, Suspension, Proposed Debarment, and Other responsibility Matters (First Tier Subcontractor)
- j. Appendix G: UC FEMA Appendix
- k. Exhibit A: Response for National Cooperative Contract
- l. Exhibit F: Federal Funds Certifications
- m. Exhibit G: New Jersey Business Compliance
- n. Exhibit I: Henry Schein Return Policy

16. Additional Terms and Conditions

RX PRODUCTS & CONTROLLED SUBSTANCES. UC understands that regulations require Supplier to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. UC shall furnish to Supplier with a copy of UC's state and federal registrations including any updated state and federal registrations during the Term verifying the applicable shipping location of UC. UC understands that all orders for controlled substances are subject to a due diligence review process by Supplier. UC understands Schedule II controlled substances can be ordered electronically or by mail. To the extent UC requires additional information on Supplier Controlled Substance Ordering System the UC shall visit www.henryschein.com/e222. To the extent and applicable to UC location, if UC prefer to use Federal 222 Forms to order Schedule II controlled substances, the UC shall mail the form to: Henry Schein, Inc. 5315 West 74th Street, Indianapolis, IN 46268. UC understand and agrees that Supplier restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our Supplier manufacturer agreements. The products Supplier sells hereunder are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA). (MN, DM, WH, M2) UC understands The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on Supplier's website www.HenrySchein.com/pedigree. If UC has any problems accessing Supplier's website or would like to receive a copy of DSCSA documentation via fax, mail or email, UC shall contact Supplier's customer service department at 1-800-472-4346.

The parties agree that in carrying out their duties and responsibilities under this Master Agreement, they will neither undertake nor cause nor permit to be undertaken, any activity which either is illegal under any applicable laws, decrees, rules, or regulations. The parties acknowledge and agree that (i) the exclusive purpose of this Master Agreement is for the sale and purchase of Goods and Services for use for public agency and research purposes that do not include procedures or treatment paid for in whole or in part under Medicare, Medicaid or any other Federal health care programs; and (ii) Supplier shall not be required to sell any Product to UC or any Participating Public Agencies, under this Master Agreement, to the extent Supplier has actual knowledge that such Product will be used in procedures or treatment that is paid in whole or in part under Medicare, Medicaid or any other Federal health care programs.

All purchases for Goods will be subject to Henry Schein's Return Policy outlined in Exhibit I hereto.

17. Entire Agreement

The Agreement and the Incorporated Documents contain the entire agreement between the parties and supersede all prior written or oral agreements with respect to the subject matter herein.

This Agreement can only be signed by an authorized representative with the proper delegation of authority.



UNIVERSITY
OF
CALIFORNIA

Purchasing Agreement # 2021002973

THE REGENTS OF THE
UNIVERSITY OF CALIFORNIA

HENRY SCHEIN MEDICAL, A DIVISION OF
HENRY SCHEIN, INC.

(Signature)
Signature on File

(Printed Name, Title)

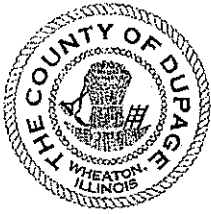
June 25, 2021

(Signature) Signature on File

(Printed Name, Title) Jeff Klingler

VP & GM, Enterprise Health

June 25, 2021



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

REQUIRED VENDOR ETHICS DISCLOSURE STATEMENT

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	1951187
COMPANY NAME:	Henry Schein Inc
CONTACT PERSON:	Joe Maltese
CONTACT EMAIL:	joe.maltese@henryschein.com

Section II: Procurement Ordinance Requirements

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

Has the Bidder made contributions as described above?

☐ Yes

☒ No

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

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

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

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

☐ Yes

☒ No

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

NAME	PHONE	EMAIL

Section III: Violations

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

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

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

http://www.dupagecounty.gov/government/county_board/ethics_at_the_county/

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

https://www.dupagecounty.gov/government/departments/finance/procurement/procurement_ordinance_and_guiding_principles.php

Section IV: Certification

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

Printed Name: Joe Maltese

Signature: [Redacted Signature]

Title: Capital Equipment Specialist

Date: 6/23/25