



RFP-25-064-SHF
Supplemental Staffing for
DuPage County Sheriff's Office



Price Proposal

Keenan Driver
Chief Sales Officer

 765-432-1681

 kdriver@favoritestaffing.com
rfp@favoritestaffing.com

PROPOSAL PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-064-SHF
COMPANY NAME:	Favorite Healthcare Staffing, LLC
CONTACT PERSON:	Keenan Driver
CONTACT EMAIL:	rfp@favoritestaffing.com

Section II: Pricing

All goods and services shall be shipped F.O.B. Destination. The quantities listed below are canvassing quantities and do not represent the number of hours required to fulfill the contract.

Year 1

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$78.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$78.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$78.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$78.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$117.00
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$117.00
7	Medical Director	HR	1	\$
8	Medical Director (On-Call)	HR	1	\$
9	Psychiatrist	HR	1	\$
10	Psych Staff	HR	1	\$
11	Dentist	HR	1	\$
12	Director of Nursing	HR	1	\$83.00

13	Nurse Practitioner	HR	1	\$112.00
YEAR 1 - GRAND TOTAL				\$741.00
GRAND TOTAL: The grand total listed is \$741.00 for Year 1 . Our quoted rates represent the total cost of all our services and are all-inclusive of all costs, fees, overhead and miscellaneous charges.				

Year 2

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$78.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$78.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$78.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$78.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$117.00
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$117.00
7	Medical Director	HR	1	\$
8	Medical Director (On-Call)	HR	1	\$
9	Psychiatrist	HR	1	\$
10	Psych Staff	HR	1	\$
11	Dentist	HR	1	\$
12	Director of Nursing	HR	1	\$83.00
13	Nurse Practitioner	HR	1	\$112.00
YEAR 2 - GRAND TOTAL				\$741.00
GRAND TOTAL: The grand total listed is \$741.00 for Year 2 . Our quoted rates represent the total cost of all our services and are all-inclusive of all costs, fees, overhead and miscellaneous charges.				

Year 3

NO.	ITEM	UOM	QTY	PRICE
1	Registered Nurse Monday – Friday 6:00 a.m. – 6:30 p.m.	HR	1	\$80.00
2	Registered Nurse Monday – Friday 6:00 p.m. – 6:30 a.m.	HR	1	\$80.00
3	Registered Nurse Saturday / Sunday 6:00 a.m. – 6:30 p.m.	HR	1	\$80.00
4	Registered Nurse Saturday / Sunday 6:00 p.m. – 6:30 a.m.	HR	1	\$80.00
5	Registered Nurse Holiday 6:00 a.m. – 6:30 p.m.	HR	1	\$120.00
6	Registered Nurse Holiday 6:00 p.m. – 6:30 a.m.	HR	1	\$120.00
7	Medical Director	HR	1	\$
8	Medical Director (On-Call)	HR	1	\$
9	Psychiatrist	HR	1	\$
10	Psych Staff	HR	1	\$
11	Dentist	HR	1	\$
12	Director of Nursing	HR	1	\$85.00
13	Nurse Practitioner	HR	1	\$114.00
YEAR 3 - GRAND TOTAL				\$759.00
GRAND TOTAL: The grand total listed is \$759.00 for Year 3 . Our quoted rates represent the total cost of all our services and are all-inclusive of all costs, fees, overhead and miscellaneous charges.				

Section III: Holiday and Non-Mandatory Services

Bidder shall provide a list of holidays included in Holiday Rate(s).

1. New Year's Day	8. New Years Eve
2. Presidents Day	9. Christmas Eve
3. Memorial Day	10. Easter Day
4. July 4	11. Memorial Day Eve
5. Labor Day	12. Thanksgiving Day Eve
6. Christmas Day	13.
7. Thanksgiving Day	14.

Check the appropriate boxes below to indicate if the service is included in the fee, available at an additional charge or not available.

Services List of any non-mandatory services provided.	Included in Fee	Additional Fee	Not Available
N/A			

Section III: Certification

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

Printed Name: Keenan Driver Signature: 

Title: Chief Sales Officer Date: 10/27/2025



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

PROPOSAL FORM

Section I: Contact Information

Complete the contact information below.

RFP NUMBER:	25-064-SHF - Supplemental Staffing for DuPage County Sheriff's Office
COMPANY NAME:	Favorite Healthcare Staffing, LLC
MAIN ADDRESS:	9800 Metcalf Ave., 2nd Floor
CITY, STATE, ZIP CODE:	Overland Park, KS 66212
TELEPHONE NO.:	913-383-9733
CONTACT PERSON:	Keenan Driver
CONTACT EMAIL:	rfp@favoritestaffing.com kdriver@favoritestaffing.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 Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Amanda Hoffman, Chief Executive Officer

(President or Partner)

Keenan Driver, Chief Sales Officer

(Vice-President or Partner)

David Collier, Chief Legal Officer

(Secretary or Partner)

David Opperman, Chief Financial Officer

(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 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, _____, 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 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 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 5/33 E-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 they have examined and carefully prepared this Proposal and have 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 they have 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 Offeror, 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 cost schedule.


PROPOSAL AWARD CRITERIA

The Offeror acknowledges and agrees that the 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 Offeror agrees to provide the service described in this solicitation and in the contract specifications under the conditions outlined in attached documents for the amount stated.

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

Offeror: Keenan Driver

Signature  _____

Title: Chief Sales Officer

Date: 10/27/2025



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:	25-064-SHF - Supplemental Medical Staffing
COMPANY NAME:	Favorite Healthcare Staffing, LLC
CONTACT PERSON:	Keenan Driver, Chief Sales Officer
CONTACT EMAIL:	rfp@favoritestaffing.com kdriver@favoritestaffing.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: Keenan Driver

Signature: 

Title: Chief Sales Officer

Date: 12/16/2025