



DU PAGE COUNTY

Human Services

Final Regular Meeting Agenda

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

Tuesday, April 15, 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. [25-1055](#)

Human Services - Regular Meeting - Tuesday, April 1, 2025

6. COMMUNITY SERVICES - MARY KEATING

6.A. [HS-R-0009-25](#)

Authorization to apply for PY2026 Title III E Caregiver Resource Center Services Grant Funds from AgeGuide Northeastern Illinois. (Community Services)

6.B. [HS-R-0010-25](#)

Authorization to apply for FFY 2024 and FFY 2025 Section 5310 Grant Funds from the Regional Transportation Authority. (Community Services)

7. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

7.A. [FI-R-0065-25](#)

Recommendation for approval of Modification One to HOME Agreement HM21-02a between Catholic Charities, Diocese of Joliet, Inc. and the County of DuPage, increasing the amount of HOME funding by \$110,339 for a total HOME amount of \$410,339. (Community Development)

8. DUPAGE CARE CENTER - JANELLE CHADWICK

8.A. [FI-R-0066-25](#)

Additional appropriation for the DuPage Care Center Foundation Funded Projects Fund, Company 1200 - Accounting Unit 2105, in the amount of \$21,112. (DuPage Care Center)

8.B. [FM-P-0015-25](#)

Recommendation for the approval of a contract to Groot Industries, Inc., to provide refuse disposal, recycling, and asbestos pick-up services for DuPage County facilities, for Facilities Management, for the period June 1, 2025 through May 31, 2026, for a contract total amount not to exceed \$126,843.06, per renewal option under bid #22-026-FM, second of three options to renew. (\$1,260 for Animal Services, \$40,800 for the Care Center, and \$84,783.06 for Facilities Management)

8.C. [FM-R-0001-25](#)

Amendment to Resolution FM-P-0015-25, issued to Groot Industries, Inc., for refuse disposal, recycling, and asbestos pick-up services, for Facilities Management. Expanding the scope of services to include an additional location for the Health Department and increasing the total contract price by 2%.

8.D. [HS-R-0011-25](#)

Resolution to rescind HS-P-0012-25 issued to Alco Sales & Service Company to provide Elite Ex-Long Term Beds for the DuPage Care Center. (Contract total amount of \$109,192.16)

8.E. [HS-P-0016-25](#)

Recommendation for the approval of a contract purchase order to Central DuPage Hospital Association D/B/A HealthLab, for patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026, for a total contract amount not to exceed \$40,000; under RFP #24-035-DCC renewal, first of three one-year optional renewals.

8.F. [HS-P-0018-25](#)

Recommendation for the approval of a contract purchase order to McKesson Medical Surgical Government Solutions, LLC, to furnish and deliver incontinent products for the DuPage Care Center, for the period June 30, 2025 through June 29, 2027, for a contract total amount not to exceed \$200,000; under MMCAP Contract #MMS2200736.

8.G. [HS-P-0019-25](#)

Recommendation for the approval of a contract purchase order to Professional Medical & Surgical Supply, Inc., to furnish and deliver ostomy, tracheostomy, urological and enteral supplies and services (Med B) and enteral feeding formulas, for the DuPage Care Center, for the period July 30, 2025 through July 29, 2026, for a total contract not to exceed \$50,000; under bid renewal #22-040-DCC, third and final optional renewal.

8.H. [HS-P-0020-25](#)

Recommendation for the approval of a contract purchase order to Alco Sales & Services Co., for replacement of Elite Ex long-term beds, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026, for a contract amount not to exceed \$110,880; per bid #25-042-DCC.

9. BUDGET TRANSFERS**9.A. [25-1056](#)**

Transfer of funds from account no. 1400-5920-50010 (overtime) and account no. 1400-5920-53828 (contingencies) to account no. 1400-5920-51040 (employee medical & hospital insurance) in the amount of \$8,600 to cover the deficits in the budget line that were unanticipated when the FY25 budget was prepared. (Community Services' Family Center)

9.B. [25-1057](#)

Transfer of funds from account no. 1000-1750-50000 (regular salaries) to account no. 1000-1750-50010 (overtime) in the amount of \$4,000 to cover employee overtime to assist the Information & Referral unit manage the client caseload while being short-staffed. (Community Services)

10. TRAVEL**10.A. [25-1058](#)**

Community Services Administrator to attend the National Alliance to End Homelessness Conference in Washington D.C. from June 29, 2025 through July 3, 2025. Expenses to include registration, transportation, lodging, and per diems for approximate total of \$3,424. Grant funded. This travel was pre-approved by Human Services Chair Greg Schwarze to submit registration fees by an early deadline.

10.B. [25-1059](#)

Community Services Housing and Community Development Planner to attend the National Alliance to End Homelessness Conference in Washington D.C. from June 29, 2025 through July 2, 2025. Expenses to include registration, transportation, lodging, and per diems for approximate total of \$2,866. Grant funded. This travel was pre-approved by Human Services Chair Greg Schwarze to submit registration fees by an early deadline.

11. CONSENT ITEMS**11.A. [25-1060](#)**

360 Youth Services - Contract 6840-0001-SERV. This purchase order is decreasing in the amount of \$18,964.77 and closing due to purchase order has expired. (Community Services)

12. INFORMATIONAL**12.A. [25-1061](#)**

GPN 007-25 LIHEAP HHS Grant PY26, Illinois Department of Commerce and Economic Opportunity, U.S. Department of Health and Human Services - \$3,657,594. (Community Services)

12.B. [25-1062](#)

GPN 008-25 LIHEAP State Supplemental Grant PY26, Illinois Department of Commerce and Economic Opportunity, U.S. Department of Health and Human Services - \$3,422,595. (Community Services)

12.C. [25-1063](#)

GPN 009-25 Weatherization DOE Grant PY26, Illinois Department of Commerce and Economic Opportunity, U.S. Department of Energy - \$638,116. (Community Services)

12.D. [25-1064](#)

GPN 010-25 Weatherization HHS Grant PY26, Illinois Department of Commerce and Economic Opportunity, U.S. Department of Health and Human Services - \$974,465. (Community Services)

12.E. [25-1065](#)

GPN 011-25 Weatherization State Grant PY26, Illinois Department of Commerce and Economic Opportunity - \$568,959. (Community Services)

13. RESIDENCY WAIVERS - JANELLE CHADWICK**14. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK**

14.A. Presentation and Discussion, Care Center Renovation Update, and East Building Buildout.

15. COMMUNITY SERVICES UPDATE - MARY KEATING**16. OLD BUSINESS**

16.A. Northern Illinois Food Bank Discussion

17. NEW BUSINESS**18. ADJOURNMENT**



Minutes

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

File #: 25-1055

Agenda Date: 4/15/2025

Agenda #: 5.A.



DU PAGE COUNTY

Human Services

Final Summary

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

Tuesday, April 1, 2025

9:30 AM

Room 3500A

1. CALL TO ORDER

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

2. ROLL CALL

Members Cahill and LaPlante arrived at 9:32 AM.

Staff in attendance: Nick Kottmeyer (Chief Administrative Officer), Renee Zerante (State's Attorneys Office), Mary Catherine Wells, Keith Jorstad, and Katrina Holman (Finance), Donna Weidman (Procurement), Julie Hamlin and Gina Strafford-Ahmed (Community Services Administrators), Mary Keating (Director of Community Services), and Shauna Berman, remote (Assistant Administrator of the DuPage Care Center).

PRESENT	Cronin Cahill, DeSart, Galassi, Garcia, LaPlante, and Schwarze
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3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze stated that as the small human services grant application deadline to apply is this Friday, April 4, 2025, there are 44 applications submitted, nine of them in the last 24 hours. We will discuss the grant applications more in depth at the next meeting, Tuesday, April 15, 2025. Member Galassi asked if she could get a list of the applicants from each district before Friday's deadline. Mary Catherine Wells, the Deputy Chief Financial Officer, responded that she would email the current list to the committee.

Member DeSart asked about getting a list of the agencies within their districts that may have errors in their applications before Friday, so they have the ability to correct them and resubmit them. Ms. Wells responded that the Finance team has been tracking the applications and following up with the agencies throughout the application process with errors or missing documentation.

Greg confirmed with Mary Catherine that the April 4 date is a firm deadline for all applications to be completed and/or corrected.

5. APPROVAL OF MINUTES**5.A. [25-0908](#)**

Human Services Committee - Regular Meeting - Tuesday, March 4, 2025

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Dawn DeSart

6. COMMUNITY SERVICES - MARY KEATING**6.A. [FI-R-0057-25](#)**

Acceptance and appropriation of the DuPage Housing Authority Family Self-Sufficiency Program PY25, Agreement No. FSS25IL, Company 5000 - Accounting Unit 1740, from January 1, 2025 through December 31, 2025, in the amount of \$184,000. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Dawn DeSart
SECONDER:	Paula Garcia

7. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING**7.A. [FI-R-0054-25](#)**

Acceptance and appropriation of the fifty-first (51st) year of the Community Development Block Grant (CDBG) PY25, Company 5000 - Accounting Unit 1440, for the period April 1, 2025 through March 31, 2026, in the amount of \$3,744,889, for Community Development. (Community Services)

Member Garcia asked if there is a time frame to spend the funds and if there are any repercussions with unspent grant funds. Mary Keating, Director of Community Services, replied that the amounts listed on today's agenda items are planning numbers, based on the anticipation that the continuing resolution will have the same 2024 funding level. They typically submit the acceptance and appropriation to meet the April 1st program year deadline. This is always a planning number, and they will tweak as necessary when the actual allocations are awarded, which HUD informed staff should be in mid-May. As far as retribution for unspent funds, the 2025 budget has been passed and if our funds are at risk, then all federal funds are at risk. CDBG and ESG funds are spent quickly. The 2025 HOME funding is going to the Naperville housing project. Ms. Keating believes they have seven years to spend the HOME funds, but they will spend the money well before that deadline.

RESULT:	APPROVED AND SENT TO FINANCE
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MOVER:	Dawn DeSart
SECONDER:	Paula Garcia

7.B. [FI-R-0055-25](#)

Acceptance and appropriation of the thirty-seventh (37th) year of the Emergency Solutions Grant (ESG) PY25, Company 5000 - Accounting Unit 1470, for the period April 1, 2025 through March 31, 2026, in the amount of \$286,741, for Community Development. (Community Services)

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

7.C. [FI-R-0056-25](#)

Acceptance and appropriation of the thirty-fourth (34th) year of the HOME Investment Partnerships Grant PY25, Company 5000 - Accounting Unit 1450, for the period April 1, 2025 through March 31, 2026, in the amount of \$1,727,602, for Community Development. (Community Services)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Paula Garcia
SECONDER:	Cynthia Cronin Cahill

7.D. [HS-R-0008-25](#)

Recommendation for Approval of a Memorandum of Understanding (MOU) between the Village of Glen Ellyn and DuPage County, with DuPage County to act as the Responsible Entity and perform the Environmental Review, under 24 CFR Part 58, as necessary for Glen Ellyn's Community Project Funding (CPF) Grant.

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Lynn LaPlante
SECONDER:	Cynthia Cronin Cahill

8. DUPAGE CARE CENTER - JANELLE CHADWICK**8.A. [HS-P-0017-25](#)**

Recommendation for the approval of a contract purchase order issued to CareVoyant, Inc., for historical access data license fee for CareVoyant LTC Software to reside on DuPage County's file server, and support, for the period May 1, 2025 through April 30, 2026, for a total contract amount not to exceed \$55,500. Other professional services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b).

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Paula Garcia
SECONDER:	Kari Galassi

8.B. [25-0909](#)

Recommendation for the approval of a contract purchase order to Yami Fresh, to manage beverage and snack vending machines at various locations on County Campus, at no cost to the County, for the period of May 5, 2025 through May 4, 2026, per bid #24-004-DCC, first of three one-year optional renewals.

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

8.C. [25-0910](#)

Recommendation for the approval of a contract purchase order to Redsail Technologies, LLC, for software and software maintenance for the data system in the Pharmacy Department, for the period May 1, 2025 through April 30, 2026, for a total contract amount not to exceed \$19,000; Competitive bids per 55 ILCS 5/5-1022(d) (IT/Telecom purchases under \$35,000).

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

9. BUDGET TRANSFERS**9.A. [25-0911](#)**

Transfer of funds from account no. 5000-1495-54100-0000 (IT equipment) to account no. 5000-1495-54100-0700 (IT equipment - capital lease) in the amount of \$320, adding the sub account for leases for the Low Income Home Energy Assistance Program (LIHEAP). (Community Services)

RESULT: APPROVED

MOVER: Paula Garcia

SECONDER: Kari Galassi

10. INFORMATIONAL**10.A. [25-0912](#)**

GPN 005-25: 2024 HUD Continuum of Care Program Competition - Planning PY26, U.S. Department of Housing and Urban Development - \$328,070. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia

SECONDER: Lynn LaPlante

11. RESIDENCY WAIVERS - JANELLE CHADWICK

No residency waivers were offered.

12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Shauna Berman, Assistant Administrator of the DuPage Care Center, stated that a resident tested positive for covid over the weekend. It is contained so no unit quarantine is needed. Staff continue to do contact tracing.

The Illinois Department of Public Health (IDPH) inspected and cleared the 3N unit for occupancy. The residents from the second floor will be moving up to the third floor, so there are boxes everywhere and a lot of excitement with the residents.

The DuPage Care Center Foundation's annual golf outing will be held on June 27, 2025, at Prairie Landing Golf Club in West Chicago. There are almost 50 golfers registered already.

13. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating shared a voice mail from a past Family Self-Sufficiency participant thanking the staff, stating in May she will be graduating from Aurora University with her master's degree. She attributes Family Self-Sufficiency, a long-term case management program, for assisting with her GED, associate's, and bachelor's degrees, leading up to the master's degree this year. She has also become a homeowner during the process.

Ms. Keating spoke regarding the federal continuing resolution, stating there was a recent announcement that the federal government will be cutting 10,000 staff from the Federal Health and Human Services (HHS), including the elimination of the division called the Administration for Community Living which houses all our senior service's programs. The press release said all programs will be absorbed into something else, but we do not know who or when or where. HHS is also the agency where our LIHEAP, CSBG, and Weatherization funds come from. We do not know the status of these programs. They are funded in the 2025 budget, but we don't know how the 25% staff reduction at HHS will impact the funds we get from that federal agency. The GPN on today's agenda, item number 10.A., is for our planning grant for the Continuum of Care (CoC). They are waiting for their agreement with the new language adhering to the current executive orders. Upon receipt, Ms. Keating will forward the agreement to the state's attorney for review. She will report to the county board if there will be any changes in their current practices.

14. OLD BUSINESS

No old business was discussed.

15. NEW BUSINESS

Member DeSart thanked Mary Catherine Wells, Assistant State's Attorney Conor McCarthy, and the Finance staff for their unrelenting assistance with her and her constituents during the application process of the small human services grant.

Chair Schwarze stated that the next Human Services Committee meeting will provide a couple of presentations, one about remodeling the east wing of the DuPage Care Center, which is not part of the current remodel, and the other will be regarding food insecurity and what the potential is with the Northern Illinois Food Bank. (NIFB). Member DeSart asked about the monthly updates from the NIFB. Chair Schwarze said he discussed this with the Executive Director Julie Yurko and we should expect an update soon.

16. ADJOURNMENT

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Kari Galassi



HS Resolution

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

File #: HS-R-0009-25

Agenda Date: 4/15/2025

Agenda #: 6.A.

AUTHORIZATION TO APPLY FOR
PY2026 TITLE IIIIE CAREGIVER RESOURCE CENTER SERVICES GRANT FUNDS
FROM AGEGUIDE NORTHEASTERN ILLINOIS

WHEREAS, AgeGuide Northeastern Illinois (AgeGuide), is authorized to make grants as the designated recipient of the PY2026 Title IIIIE Caregiver Resource Center (CRC) Services Grant funds; and

WHEREAS, AgeGuide has the power to expend funds for use in connection with the PY2026 CRC Services; and

WHEREAS, IIIIE CRC Services funds may be used for the continued operation of the Aging Case Coordination Unit, and

WHEREAS a grant of FIVE HUNDRED THIRTY-ONE THOUSAND NINE HUNDRED EIGHTY-ONE DOLLARS (\$531,981) would cover the period of October 1, 2025 through September 30, 2026, and

WHEREAS, the grant would require County matching funds in the amount not to exceed 15%.

NOW, THEREFORE, BE IT RESOLVED that the Department of Community Services be authorized to apply for and execute the grants on behalf of DuPage County; and

BE IT FURTHER RESOLVED that County Clerk transmits copies of this resolution to the County Auditor, Treasurer, Finance Department, Department of Community Services, the DuPage County Board, and AgeGuide Northeastern Illinois, 1910 S. Highland Ave., Ste. 100, Lombard, IL 60148.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



HS Resolution

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

File #: HS-R-0010-25

Agenda Date: 4/15/2025

Agenda #: 6.B.

AUTHORIZATION TO APPLY FOR FFY 2024 AND FFY 2025 SECTION 5310 GRANT FUNDS FROM THE REGIONAL TRANSPORTATION AUTHORITY

WHEREAS, the Regional Transportation Authority (the "Authority"), is authorized make grants as the designated recipient of the FFY 2024 and FFY 2025 Section 5310 program for Northeastern Illinois; and

WHEREAS, the Authority has the power to expend funds for use in connection with FFY 2024 and FFY 2025 Section 5310 projects, and

WHEREAS, Section 5310 funds may be used for the continued operation of the DuPage County Transportation to Work Program, and

WHEREAS a grant of EIGHT HUNDRED NINETY EIGHT THOUSAND, SEVEN HUNDRED TWENTY DOLLARS (\$898,720.00) would cover approximately 2 years of Transportation to Work expenses, and

WHEREAS, the grant would require County matching funds in the amount not to exceed 50%.

NOW, THEREFORE, BE IT RESOLVED that the Director of Community Services be authorized to apply for and execute this grant on behalf of DuPage County; and

BE IT FURTHER RESOLVED that County Clerk transmits copies of this resolution to the County Auditor, Treasurer, Finance Department, Department of Community Services, the DuPage County Board, and Section 5310 Enhanced Mobility of Seniors & Individuals with Disabilities Application, Regional Transportation Authority (RTA), 175 West Jackson Boulevard, Suite 1650, Chicago, Illinois 60604.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



File #: FI-R-0065-25

Agenda Date: 4/15/2025

Agenda #: 7.A.

**MODIFICATION ONE TO HOME INVESTMENT PARTNERSHIPS AGREEMENT
BETWEEN THE COUNTY OF DUPAGE AND CATHOLIC CHARITIES, DIOCESE OF JOLIET, INC. -
PROJECT HM21-02a**

WHEREAS, the Illinois General Assembly has granted COUNTY authority to make all contracts and do all other acts in relation to the property and concerns of the county necessary to the exercise of its corporate powers (Illinois Compiled Statutes, Chapter 55, paragraphs 5/5-1005), and to enter into agreements for the purposes of receiving funds from the United States government under the “Housing and Community Development Act of 1974”, the National Affordable Housing Act of 1990, and the Housing and Community Development Act of 1992, and COUNTY may disburse those funds and other county funds for community development and other housing program activities (Illinois Compiled Statutes, Chapter 55, paragraph 5/5 1093); and

WHEREAS, the COUNTY has applied to HUD for HOME Investment Partnerships Act funds from the United States Department of Housing and Urban Development (“HUD”) as provided by the Cranston-Gonzalez National Affordable Housing Act, as amended (Title II, Pub. L. 101-625) (“ACT”); and

WHEREAS, CATHOLIC CHARITIES, DIOCESE OF JOLIET, INC., an Illinois not-for-profit corporation, (hereinafter called “SUBRECIPIENT”), having a principal place of business at 16555 Weber Rd., Crest Hill, IL 60403, has been selected as a SUBRECIPIENT to receive a portion of COUNTY’S HOME funds to be used for eligible costs associated with Tenant Based Rental Assistance (TBRA) known as HOME project HM21-02a; and

WHEREAS, HOME funding was identified for the TBRA Program as part of the 2021 Action Plan under Resolution HHS-R-0086-21 as part of the 2020-2024 DuPage County Consolidated Plan submitted to HUD for the HOME Investment Partnerships Program under Resolution #HHS-R-0068-20; and

WHEREAS, on November 7, 2023, under Resolution #HS-R-0065-23, the County Board approved HOME Agreement HM21-02a awarding SUBRECIPIENT \$300,000.00 in HOME funds for eligible costs associated with Tenant Based Rental Assistance (TBRA); and

WHEREAS, SUBRECIPIENT has requested Modification One to the Agreement to increase HOME funding by \$110,339.00 for a total HOME award of \$410,339.00; and

WHEREAS, HOME funding was identified for the TBRA program as part of the 2024 Action Plan under Resolution HHS-R-0005-24 as part of the 2020-2024 DuPage County Consolidated Plan submitted to HUD for the HOME Investment Partnerships Program under Resolution #HHS-R-0068-20; and

WHEREAS, Minor Amendment One to the 2024 Action Plan was completed to reprogram HOME funding to allow for an increase in HOME funds allocated to TBRA in the amount of \$110,339.00; and

WHEREAS, on April 1, 2025, the HOME Advisory Group and on April 15, 2025, the DuPage County Human Services Committee has recommended Modification One to increase HOME funding by \$110,339.00; and

NOW THEREFORE BE IT RESOLVED by the County Board that said Modification One to the Agreement between the County of DuPage and CATHOLIC CHARITIES, DIOCESE OF JOLIET, INC., attached hereto, is hereby approved; and

BE IT FURTHER RESOLVED, that the Chair of the DuPage County Board is authorized and directed to execute said Agreement on behalf of DuPage County and the Clerk is hereby authorized and directed to attest to such execution and affix the official seal thereto; and

BE IT FURTHER RESOLVED, that the Chair of the DuPage County Board, or his designee, is authorized and directed to execute additional documents that may be required to complete the transaction on behalf of DuPage County and the Clerk is hereby authorized and directed to attest to such execution and affix the official seal thereto; and

BE IT FURTHER RESOLVED, that the Chair of the DuPage County Board is hereby authorized to approve amendments to PROJECT HM21-02a so long as such amendments further the completion of the project and are in accordance with regulations applicable to the HOME Investment Partnerships Act and the policies of DuPage County; and

BE IT FURTHER RESOLVED that the County Clerk be directed to send certified copies of this Resolution to CATHOLIC CHARITIES, DIOCESE OF JOLIET, INC. at 16555 Weber Rd., Crest Hill, IL 60403, and the Community Development Commission.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



**catholic
charities**

Diocese of Joliet

Downers Grove Office

3040 Finley Road, Suite 200
Downers Grove, IL 60515
p: 630.495.8008
f: 630.495.9854

Administrative Office

16555 Weber Road
Crest Hill, IL 60403
p: 815.723.3405
f: 815.723.3452

Kankakee Office

100 College Drive
Kankakee, IL 60901
p: 815.933.7791
f: 815.933.4601

Morris Office

519 W. Illinois Street
Morris, IL 60450
p: 815.774.4663

Daybreak Center

611 East Cass Street
Joliet, IL 60432
p: 815.774.4663
f: 815.726.1083

Head Start

203 N. Ottawa Street
Joliet, IL 60432
p: 815-723-3053
f: 815-726-9484

catholiccharitiesjoliet.org



March 13, 2025

DuPage County Community Development Commission
421 N. County Farm Road
Wheaton, IL 60187
Attn: Momina Baig

Re: HOME TBRA HM21-02A Modification Request

Catholic Charities, Diocese of Joliet's (CCDOJ) current HOME-TBRA project, #HM21-02A, is set to expire November 14, 2025. We are writing to advise that the \$300,000 award will be expended earlier than anticipated, by April 2025. Therefore, CCDOJ is requesting additional funding in the amount of \$110,339 to cover current rental payments as well as the rent of two new households.

Presently there are thirteen households enrolled in the program, for which rent assistance expense is expected to be paid with HOME-TBRA funds for the months of April 2025 - October 2025. During these months, four households will complete the program and will exit the project. Additionally another two households have been approved and are expected to move into their units mid April. Based on available funds, if needed, CCDOJ has the ability to pay for these client's security deposits with other funding sources.

The total amount remaining on the grant, based on expenses incurred through March 2025, is \$4,613.13. The additional \$110,339 being requested will enable CCDOJ to cover the rental payments of the existing and new households through October 2025. This end date was selected to ensure that CCDOJ could have its final reimbursement request for HM21-02A submitted by the November 1, 2025 deadline as specified in the grant agreement.

Thank you for considering this request for grant modification. If you have any questions, or require additional information, please do not hesitate to reach out.

Sincerely,

signature on file

Bill Hassett
Interim Executive Director

We are a faith-based organization providing service to people in need and calling others of good will to do the same.



**DUPAGE
COUNTY**

COMMUNITY SERVICES

630-407-6500
Fax: 630-407-6501
csprograms@dupagecounty.gov
www.dupagecounty.gov/community

TO: Greg Schwarze, Chairman and Committee Members
Human Services Committee

FROM: Mary A. Keating, Director,
Department of Community Services

DATE: April 2, 2025

SUBJECT: HM21-02a Catholic Charities Tenant-Based Rental Assistance
Program – HOME Agreement Modification One

On April 1, 2025, the HOME Advisory Group approved the following recommendation.

Action Requested: The HOME Advisory Group recommend approval of Modification One to the HOME Investment Partnerships (HOME) Program Agreement HM21-02a between Catholic Charities, Diocese of Joliet and the County of DuPage, increasing the amount of HOME funding by \$110,339 for a total HOME amount of \$410,339.

Details: On November 14, 2023, under Resolution #HS-R-0065-23, Catholic Charities was awarded \$300,000 in HOME funding to provide ongoing rental assistance to eligible low-income formerly homeless households in DuPage County.

Catholic Charities has requested an additional \$110,339 in HOME funding to continue to provide ongoing rental assistance to TBRA eligible households. The current Agreement runs through November 14, 2025, however, based on current TBRA needs, Catholic Charities anticipates the original \$300,000 awarded HOME funds will be fully expended by May 2025.

Catholic Charities has indicated that without additional HOME funding, the organization will be unable to continue supporting existing households or accept any new TBRA eligible participants, resulting in housing instability for households currently served through the program as well as for those who are eligible but unable to enter into the program.

The increased funding is anticipated to serve clients through October 2025. Assuming the County receives a HOME allocation for our 2025 program year, additional TBRA funding has been earmarked and will be available once the County receives its 2025 HUD HOME Agreement. If allocated, we anticipate 2025 HOME funding will be available around the time the existing HOME Agreement is set to expire.

**Community
Development**
630-407-6600
Fax: 630-407-6601

Family Center
422 N. County Farm Rd.
Wheaton, IL 60187
630-407-2450
Fax: 630-407-2451

**Housing Supports
and Self-Sufficiency**
630-407-6500
Fax: 630-407-6501

Intake and Referral
630-407-6500
Fax: 630-407-6501

Senior Services
630-407-6500
Fax: 630-407-6501

MODIFICATION ONE HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM
AGREEMENT BETWEEN THE COUNTY OF DUPAGE AND
CATHOLIC CHARITIES, DIOCESE OF JOLIET, INC.
PROJECT NUMBER HM21-02A

THIS MODIFICATION ONE TO AGREEMENT is entered into this ____ day of April, 2025 by and between the COUNTY OF DU PAGE, Illinois (hereinafter called “COUNTY”) and CATHOLIC CHARITIES, DIOCESE OF JOLIET, INC. with a principal place of business located at 16555 WEBER RD., CREST HILL, IL 60403 (hereinafter called “SUBGRANTEE”). The purpose of this MODIFICATION ONE TO AGREEMENT is to modify an existing agreement between the above parties known as Community Development Commission Agreement HM21-02A. which was adopted by Resolution HHS-R-0065-23 on November 7, 2023 to grant funding in the amount of \$300,000.00, of which \$21,546.60 is unexpended, for the purpose of providing Tenant-Based Rental Assistance (TBRA) for eligible families to reside in eligible housing in accordance with the DuPage County TBRA Program Policy and HOME regulations at 24 CFR Part 92, at 3040 Finley Rd., Downers Grove, IL (hereinafter, together with any previous modifications thereto, called “Agreement”).

In consideration of the premises of the Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree to the following modification of the terms of the Agreement in accordance with Section XI. A. of the Agreement:

1. Section III.A. is hereby amended to increase the maximum amount of GRANT FUNDS by \$110,339 from THREE HUNDRED THOUSAND and 00/100 dollars (\$300,000.00) to FOUR HUNDRED TEN THOUSAND THREE HUNDRED THIRTY-NINE and 00/100 (\$410,339.00).
2. Section III. C. is hereby deleted in its entirety and replaced with the following, “The budget for the project is anticipated to be as follows:

Rents	\$392,424.00
Security deposit only	\$16,700.00
Determining income eligibility of families	\$1,215.00
TOTAL	\$410,339.00

These are estimated numbers and variations in the line items will be tracked but will not require modification to this AGREEMENT.”

In all other respects, the terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Modification on the
dates recited below:

CATHOLIC CHARITIES, DIOCESE OF JOLIET, INC.
an Illinois Not-for-Profit Corporation

By: _____
William Hassett,
Interim Executive Director

Date: _____

Attest: _____

COUNTY OF DU PAGE, a body politic in the
State of Illinois

By: _____
Deborah A. Conroy,
DuPage County Board Chair

Date: _____

Attest: _____



Finance Resolution

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

File #: FI-R-0066-25

Agenda Date: 4/15/2025

Agenda #: 8.A.

ADDITIONAL APPROPRIATION
DUPAGE CARE CENTER FOUNDATION FUNDED PROJECTS FUND
COMPANY 1200 - ACCOUNTING UNIT 2105
\$21,112
(Under the administrative direction of
the DuPage Care Center)

WHEREAS, appropriations for the DuPage Care Center Foundation Funded Projects Fund for Fiscal Year 2025 were adopted by the County Board pursuant to Ordinance FI-O-0010-24; and

WHEREAS, the DuPage Care Center Foundation, a not-for-profit corporation, has made donations in the amount of \$21,112 (TWENTY-ONE THOUSAND, ONE HUNDRED TWELVE AND NO/100 DOLLARS) for the use and benefit of the DuPage Care Center; and

WHEREAS, said donations are deposited in the DuPage Care Center Foundation Funded Projects Fund, and will be used to fund design/architectural services for the Secret Garden project; and

WHEREAS, the need to appropriate said donations in the amount of \$21,112 (TWENTY-ONE THOUSAND, ONE HUNDRED TWELVE AND NO/100 DOLLARS) creates an emergency within the meaning of the Counties Act, Budget Division, (55 ILCS 5/6-1003).

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$21,112 (TWENTY-ONE THOUSAND, ONE HUNDRED TWELVE AND NO/100 DOLLARS) is hereby accepted and added to the Fiscal Year 2025 Appropriation Ordinance.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ADDITIONAL APPROPRIATION
FOR THE DUPAGE CARE CENTER
FOUNDATION FUNDED PROJECTS FUND
COMPANY 1200 – ACCOUNTING UNIT 2105
\$21,112

REVENUE

46008-0000 - Donations \$ 21,112

TOTAL ANTICIPATED REVENUE \$ 21,112

EXPENDITURES

CONTRACTUAL

53010-0000 - Engineering/Architectural Svc \$ 21,112

TOTAL CONTRACTUAL \$ 21,112

TOTAL ADDITIONAL APPROPRIATION \$ 21,112



Facilities Management Requisition Over \$30K

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

File #: FM-P-0015-25

Agenda Date: 4/15/2025

Agenda #: 8.B.

AWARDING RESOLUTION
ISSUED TO GROOT INDUSTRIES, INC.
TO PROVIDE REFUSE DISPOSAL, RECYCLING,
AND ASBESTOS PICK-UP SERVICES
FOR FACILITIES MANAGEMENT
(CONTRACT TOTAL AMOUNT: \$126,843.06)

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

WHEREAS, the Public Works Committee recommends County Board approval for the issuance of a contract to Groot Industries, Inc., to provide refuse disposal, recycling, and asbestos pick-up services, for the period June 1, 2025 through May 31, 2026, for Facilities Management.

NOW, THEREFORE BE IT RESOLVED, that County Contract, covering said, to provide refuse disposal, recycling and asbestos pick-up services, for the period June 1, 2025 through May 31, 2026, for Facilities Management, be, and it is hereby approved for issuance of a contract by the Procurement Division to, Groot Industries, Inc., 3 Waterway Square Place, Suite 110, The Woodlands, TX 77380, for a contract total amount not to exceed \$126,843.06, per renewal option under bid #22-026-FM, second of three options to renew. (\$1,200 for Animal Services, \$40,800 for the DuPage Care Center, and \$84,783.06 for Facilities Management)

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-0793	RFP, BID, QUOTE OR RENEWAL #: 22-026-FM	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$245,187.79
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 04/15/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$623,919.69
	CURRENT TERM TOTAL COST: \$126,843.06	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: SECOND RENEWAL
Vendor Information		Department Information	
VENDOR: Groot Industries, Inc.	VENDOR #: 27954	DEPT: Facilities Management	DEPT CONTACT NAME: Mary Ventrella
VENDOR CONTACT: Bart Visser	VENDOR CONTACT PHONE: 630-383-6154	DEPT CONTACT PHONE #: 630-407-5705	DEPT CONTACT EMAIL: mary.ventrella@dupagecounty.gov
VENDOR CONTACT EMAIL: bvisser@groo.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.). Recommendation for the approval of a contract to Groot Industries, Inc., to provide refuse disposal, recycling, and asbestos pick-up services for DuPage County facilities, for Facilities Management, for the period June 1, 2025 through May 31, 2026, for a contract total amount not to exceed \$126,843.06, per renewal option under bid #22-026-FM, second option to renew. (\$1,260 for Animal Services, \$40,800 for the Care Center, and \$84,783.06 for Facilities Management)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Refuse disposal, recycling services, asbestos pick-up, are necessary to maintain sanitation and compliance with DuPage County Environmental Responsibility and Conservation Policy which was passed by the County on August 18, 2008.			

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

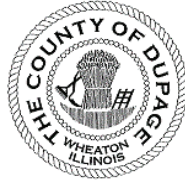
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, 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: Groot Industries, Inc.	Vendor#: 27954	Dept: Facilities Management	Division:
Attn: Bart Visser / Ted Vandernaald	Email: bvisser@groot.com tvandernaald@groot.com	Attn:	Email: FMAccountsPayable @dupagecounty.gov
Address: 3 Waterway Square Place, Suite 110	City: The Woodlands	Address: 421 N. County Farm Road	City: Wheaton
State: TX	Zip: 77380	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Groot Industries, Inc.	Vendor#: 27954	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email:
Address: PO Box 535233	City: Pittsburg	Address: various locations	City: Wheaton
State: PA	Zip: 15253-5233	State: IL	Zip: 60187
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jun 1, 2025	Contract End Date (PO25): May 31, 2026

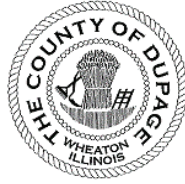
Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	LO		Animal Services - Section 1	FY25	1100	1300	53810		630.00	630.00
2	1	LO		Care Center - Section 2	FY25	1200	2035	53810		20,400.00	20,400.00
3	1	LO		Facilities Management - Sections 4, 7, 8, 9, and Labor	FY25	1000	1100	53810		40,206.69	40,206.69
4	1	LO		Facilities Management - Grounds Sections 4	FY25	1000	1102	53830		2,184.84	2,184.84
5	1	LO		Animal Services - Section 1	FY26	1100	1300	53810		630.00	630.00
6	1	LO		Care Center - Section 2	FY26	1200	2035	53810		20,400.00	20,400.00
7	1	LO		Facilities Management - Sections 4, 7, 8, 9, and Labor	FY26	1000	1100	53810		40,206.69	40,206.69
8	1	LO		Facilities Management - Grounds Sections 4	FY26	1000	1102	53830		2,184.84	2,184.84
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 126,843.06

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Provide refuse disposal, recycling, and asbestos pick-up services for DuPage County facilities, for Facilities Management.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Vendor, Mary Ventrella, Cathie Figlewski, Clara Gomez, Kristie Lecaros, and Sweta Patel.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Public Works Committee: 04/15/25 County Board: 04/22/25
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
REFUSE DISPOSAL, RECYCLING AND ASBESTOS PICK-UP SERVICES 22-026-
FM
BID TABULATION

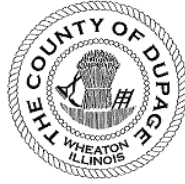
					Groot, Inc.		SBC Waste Solutions Inc.	
NO.	DEPARTMENT	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
1	#1 - ANIMAL SERVICES	GROUP 1 - SCHEDULED TRASH PICK-UPS	MO	24	\$ 51.09	\$ 1,226.16	\$ 60.00	\$ 1,440.00
2		GROUP 4 - SCHEDULED RECYCLED PICK-UPS	MO	24	\$ 35.00	\$ 840.00	\$ 60.00	\$ 1,440.00
3	#2 - CARE CENTER	GROUP 1 - SCHEDULED TRASH PICK-UPS	MO	24	\$ 326.60	\$ 7,838.40	\$ 4,000.00	\$ 96,000.00
4		GROUP 3 - TRASH COMPACTOR RENTAL	MO	24	\$ 115.00	\$ 2,760.00	\$ 250.00	\$ 6,000.00
5		GROUP 3 - TRASH COMPACTOR RENTAL	MO	24	NO CHARGE		\$ 280.00	\$ 6,720.00
6		GROUP 5 - ESTIMATED ON CALL RECYCLED PICK-UPS	MO	24	\$ 140.00	\$ 3,360.00	\$ 250.00	\$ 6,000.00
	#3 - DIVISION OF TRANSPORTATION	GROUP 1 - SCHEDULED TRASH PICK-UPS						
7		Highway Garage - 140 N. County Farm Road	MO	24	\$ 51.09	\$ 1,226.16	\$ 60.00	\$ 1,440.00
8		Highway Garage - 180 N. County Farm Road	MO	24	\$ 51.09	\$ 1,226.16	\$ 60.00	\$ 1,440.00
		GROUP 2 - ESTIMATED ON CALL PICK-UPS						
9		Highway Garage - 140 N. County Farm Road	MO	52	\$ 305.00	\$ 15,860.00	\$ 295.00	\$ 15,340.00



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
REFUSE DISPOSAL, RECYCLING AND ASBESTOS PICK-UP SERVICES 22-026-
FM
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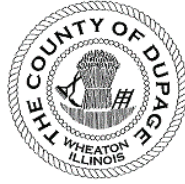


NO.	DEPARTMENT	ITEM	UOM	QTY	Groot, Inc.		SBC Waste Solutions Inc.	
					PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
10		Highway Garage - 140 N. County Farm Road	MO	52	\$ 305.00	\$ 15,860.00	\$ 395.00	\$ 20,540.00
		GROUP 4 - SCHEDULED RECYCLED PICK-UPS						
11		Highway Garage - 140 N. County Farm Road	MO	24	\$ 35.00	\$ 840.00	\$ 40.00	\$ 960.00
12		Highway Garage - 180 N. County Farm Road	MO	24	\$ 35.00	\$ 840.00	\$ 40.00	\$ 960.00
		GROUP 1 - SCHEDULED TRASH PICK-UPS						
13		Children's Center	MO	24	\$ 51.09	\$ 1,226.16	\$ 60.00	\$ 1,440.00
14		Coroner's Office	MO	24	\$ 51.09	\$ 1,226.16	\$ 60.00	\$ 1,440.00
15		Election Commission Warehouse	MO	24	\$ 51.09	\$ 1,226.16	\$ 60.00	\$ 1,440.00
16		Sheriff	MO	24	\$ 130.28	\$ 3,126.72	\$ 120.00	\$ 2,880.00
17		Sheriff's Work Alternative Program	MO	24	\$ 40.00	\$ 960.00	\$ 60.00	\$ 1,440.00
		GROUP 2 - ESTIMATED ON CALL PICK-UPS						



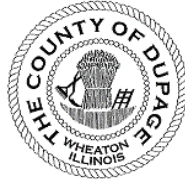
THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
REFUSE DISPOSAL, RECYCLING AND ASBESTOS PICK-UP SERVICES 22-026-
FM
BID TABULATION

NO.	DEPARTMENT	ITEM	UOM	QTY	Groot, Inc.		SBC Waste Solutions Inc.	
					PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
18	#4 - FACILITIES MANAGEMENT	Judicial Office Facility	EA	100	\$ 326.60	\$ 32,660.00	\$ 400.00	\$ 40,000.00
19		JTK Administration Bldg.	EA	30	\$ 326.60	\$ 9,798.00	\$ 495.00	\$ 14,850.00
20		Sheriff	EA	110	\$ 326.60	\$ 35,926.00	\$ 495.00	\$ 54,450.00
21		FM - Grounds	MO	24	\$ 350.00	\$ 8,400.00	\$ 350.00	\$ 8,400.00
		GROUP 3 - TRASH COMPACTOR RENTAL						
22		JTK Administration Bldg.	MO	24	\$ 115.00	\$ 2,760.00	\$ 300.00	\$ 7,200.00
23		Sheriff	MO	24	\$ 115.00	\$ 2,760.00	\$ 300.00	\$ 7,200.00
24		Judicial Office Facility	MO	24	\$ 115.00	\$ 2,760.00	\$ 300.00	\$ 7,200.00
		GROUP 4 - SCHEDULED RECYCLED PICK-UPS						
25		Children's Center	MO	24	\$ 35.00	\$ 840.00	\$ 40.00	\$ 960.00
26		Sheriff	MO	24	\$ 130.28	\$ 3,126.72	\$ 120.00	\$ 2,880.00



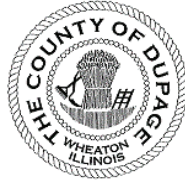
THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
REFUSE DISPOSAL, RECYCLING AND ASBESTOS PICK-UP SERVICES 22-026-
FM
BID TABULATION

					Groot, Inc.		SBC Waste Solutions Inc.	
NO.	DEPARTMENT	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
27		Sheriff's Work Alternative Program	MO	24	\$ 35.00	\$ 840.00	\$ 40.00	\$ 960.00
28		Election Commission Warehouse	MO	24	\$ 51.09	\$ 1,226.16	\$ 60.00	\$ 1,440.00
		GROUP 5 - ESTIMATED ON CALL RECYCLED PICK-UPS						
29		Judicial Office Facility	EA	30	\$ 326.60	\$ 9,798.00	\$ 200.00	\$ 6,000.00
30		JTK Administration Bldg.	EA	30	\$ 326.60	\$ 9,798.00	\$ 200.00	\$ 6,000.00
31	#5 - HEALTH DEPARTMENT	GROUP 1 - SCHEDULED TRASH PICK-UPS	MO	24	\$ 260.56	\$ 6,253.44	\$ 360.00	\$ 8,640.00
32		GROUP 4 - SCHEDULED RECYCLED PICK-UPS	MO	24	\$ 102.19	\$ 2,452.56	\$ 120.00	\$ 2,880.00
33	#5 - COMMUNITY CENTER	GROUP 1 - SCHEDULED TRASH PICK-UPS	MO	24	\$ 204.38	\$ 4,905.12	\$ 150.00	\$ 3,600.00
34		GROUP 4 - SCHEDULED RECYCLED PICK-UPS	MO	24	\$ 102.19	\$ 2,452.56	\$ 120.00	\$ 2,880.00
		GROUP 1 - SCHEDULED TRASH PICK-UPS						
35		Woodridge Greene Valley Wastewater Treatment Facility	MO	24	\$ 102.19	\$ 2,452.56	\$ 150.00	\$ 3,600.00



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
REFUSE DISPOSAL, RECYCLING AND ASBESTOS PICK-UP SERVICES 22-026-
FM
BID TABULATION

					Groot, Inc.		SBC Waste Solutions Inc.	
NO.	DEPARTMENT	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
36	#6 - PUBLIC WORKS	Woodridge Greene Valley Wastewater Treatment Facility	MO	24	\$ 235.00	\$ 5,640.00	\$ 250.00	\$ 6,000.00
37		Underground Maintenance Facility	MO	24	\$ 102.19	\$ 2,452.56	\$ 160.00	\$ 3,840.00
38		Knollwood Wastewater Treatment Facility	MO	24	\$ 315.00	\$ 7,560.00	\$ 200.00	\$ 4,800.00
		GROUP 2 - ESTIMATED ON CALL PICK-UPS						
39		Woodridge Greene Valley Wastewater Treatment Facility	MO	24	\$ 40.00	\$ 960.00	\$ 100.00	\$ 2,400.00
		GROUP 4 - SCHEDULED RECYCLED PICK-UPS						
40		Woodridge Greene Valley Wastewater Treatment Facility	MO	24	\$ 51.09	\$ 1,226.16	\$ 80.00	\$ 1,920.00
		GROUP 7 - ESTIMATED ON CALL GRIT PICK-UPS						
41		Woodridge Greene Valley Wastewater Treatment Facility	MO	24	\$ 625.00	\$ 15,000.00	\$ 295.00	\$ 7,080.00
		GROUP 2 - ESTIMATED ON CALL PICK-UPS						
42		1.5 Cubic Yard Trash	EA	10	\$ 15.00	\$ 150.00	\$ 30.00	\$ 300.00



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
REFUSE DISPOSAL, RECYCLING AND ASBESTOS PICK-UP SERVICES 22-026-
FM
BID TABULATION

NO.	DEPARTMENT	ITEM	UOM	QTY	Groot, Inc.		SBC Waste Solutions Inc.	
					PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
43	#7 - VARIOUS	3 Cubic Yard Trash	EA	10	\$ 30.00	\$ 300.00	\$ 40.00	\$ 400.00
44		4 Cubic Yard Trash	EA	10	\$ 40.00	\$ 400.00	\$ 60.00	\$ 600.00
45		6 Cubic Yard Trash	EA	10	\$ 60.00	\$ 600.00	\$ 80.00	\$ 800.00
46		8 Cubic Yard Trash	EA	10	\$ 80.00	\$ 800.00	\$ 100.00	\$ 1,000.00
47		15 Cubic Yard Trash	EA	10	\$ 300.00	\$ 3,000.00	\$ 300.00	\$ 3,000.00
48		20 Cubic Yard Trash	EA	10	\$ 325.00	\$ 3,250.00	\$ 350.00	\$ 3,500.00
49		30 Cubic Yard Trash	EA	20	\$ 350.00	\$ 7,000.00	\$ 425.00	\$ 8,500.00
50		30 Cubic Yard Commingled Recycle	EA	5	\$ 326.60	\$ 1,633.00	\$ 200.00	\$ 1,000.00
51	#8 - OEM / ETSB/DU-COMM	GROUP 1 - SCHEDULED TRASH PICK-UPS	EA	15	\$ 130.28	\$ 1,954.20	\$ 175.00	\$ 2,625.00
52		GROUP 4 - SCHEDULED RECYCLED PICK-UPS	EA	15	\$ 51.09	\$ 766.35	\$ 60.00	\$ 900.00
53	#9 - ASBESTOS PICK UP	GROUP 6 - ESTIMATED ON CALL ASBESTOS PICK-UPS	EA	6	\$ 525.00	\$ 3,150.00	\$ 1,000.00	\$ 6,000.00



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
REFUSE DISPOSAL, RECYCLING AND ASBESTOS PICK-UP SERVICES 22-026-
FM
BID TABULATION



NO.	DEPARTMENT	ITEM	UOM	QTY	Groot, Inc.		SBC Waste Solutions Inc.	
					PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
54	#10 - DUDOT Trail System	GROUP 8 - SCHEDULED TRASH PICK-UPS	EA	1976	\$ 5.54	\$ 10,947.04	\$ 28.95	\$ 57,205.20
GRAND TOTAL						\$ 265,640.51		\$ 457,930.20

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
1	LABOR RATE	HR	16	\$ 95.00	\$ 1,520.00	\$ 250.00	\$ 4,000.00

NOTES

1) Waste Management has been deemed non-responsive due to not providing pricing per requested scheduled pickup, for a 24-month term.

Bid Opening 4/13/2022 @ 2:30 PM	VC, DW
Invitations Sent	7
Total Vendors Requesting Documents	1
Total Bid Responses	3



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 Groot Industries, Inc. located at 1330 Gasket Drive, Elgin, IL 60120, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #22-026-FM which became effective on 6/1/2022 and which will expire 5/31/2025. The contract is subject to the second of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 5/31/2026.

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

Henry Kocker

PRINTED NAME

Buyer I

PRINTED TITLE

DATE

CONTRACTOR

Signature on File

SIGNATURE

TED VANDER NAALD

PRINTED NAME

SALV REP

PRINTED TITLE

3/11/25

DATE

DUPAGE COUNTY DEPARTMENT	GROUP NUMBER -TYPE OF SERVICE	ADDRESS	CONTAINER DESCRIPTION	PICK-UP SCHEDULE	PRICE MONTHLY CHARGE OR COST PER UNIT "AS NEEDED" PICK- UP	QUANTITY 24 MONTHS OR ESTIMATED NUMBER OF "AS NEEDED" PICK- UPS	EXTENDED PRICE SERVICE COST FOR 2 YEARS (PRICE x QUANTITY)
#1 - ANIMAL SERVICES	GROUP 1 - SCHEDULED TRASH PICK-UPS	120 N. County Farm Rd.	(1) 2 Cubic Yard Trash	Monday - Friday (Daily)	\$ 51.09	24	\$ 1,226.16
	GROUP 4 - SCHEDULED RECYCLED PICK-UPS		(1) 2 Cubic Yard Co-Mingled Recycling	Every Other Week	\$ 35.00	24	\$ 840.00
TOTAL #1 ANIMAL CONTROL							\$ 2,066.16
#2 - CARE CENTER	GROUP 1 - SCHEDULED TRASH PICK-UPS	400 N. County Farm Rd	(1) 28 Cubic Yard Self Contained Totally Sealed Trash Compactor	Monday & Thursday	\$ 326.80	24	\$ 7,838.40
	GROUP 3 - TRASH COMPACTOR RENTAL		(1) Compactor and Tipper Trash Lift/Used to tip Large Cans into Compactor	No Pick Up, Rental of Equipment	\$ 115.00	24	\$ 2,760.00
	GROUP 3 - TRASH COMPACTOR RENTAL		(7) 1 Cubic Yard fill trucks	No Pick Up, Rental of Equipment	\$ -	24	\$ -
	GROUP 5 - ESTIMATED ON CALL RECYCLED PICK-UPS		(1) 33 Cubic Yard Compactor (County Owns Compactor and Box) Co-Mingled Recycling	On Call "as needed"	\$ 140.00	24	\$ 3,360.00
TOTAL #2 CONVALESCENT CENTER							\$ 13,958.40
#3 - DIVISION OF TRANSPORTATION	GROUP 1 - SCHEDULED TRASH PICK-UPS						
	Highway Garage	140 N. County Farm Rd	(1) 2 Cubic Yard Trash	Tuesday, Friday	\$ 51.09	24	\$ 1,226.16
	Highway Garage	180 N. County Farm Rd	(1) 2 Cubic Yard Trash	Tuesday, Friday	\$ 51.09	24	\$ 1,226.16
	GROUP 2 - ESTIMATED ON CALL PICK-UPS						
	Highway Garage	140 N. County Farm Rd	(1) 20 Cubic Yard Roll-Off	On Call "as needed"	\$ 305.00	52	\$ 15,860.00
	Highway Garage	140 N. County Farm Rd	(1) 30 Cubic Yard Roll-Off at Salt Dome	On Call "as needed"	\$ 345.00	52	\$ 17,940.00
	GROUP 4 - SCHEDULED RECYCLED PICK-UPS						
	Highway Garage	140 N. County Farm Rd	(1) 2 Cubic Yard Co-Mingled Recycling	Weekly	\$ 35.00	24	\$ 840.00
Highway Garage	180 N. County Farm Rd	(1) 2 Cubic Yard Co-Mingled Recycling	Weekly	\$ 35.00	24	\$ 840.00	
TOTAL #3 DIVISION OF TRANSPORTATION							\$ 37,932.32

DUPAGE COUNTY DEPARTMENT	GROUP NUMBER -TYPE OF SERVICE	ADDRESS	CONTAINER DESCRIPTION	PICK-UP SCHEDULE	PRICE MONTHLY CHARGE OR COST PER UNIT "AS NEEDED" PICK-UP	QUANTITY 24 MONTHS OR ESTIMATED NUMBER OF "AS NEEDED" PICK-UPS	EXTENDED PRICE SERVICE COST FOR 2 YEARS (PRICE x QUANTITY)
#4 - FACILITIES MANAGEMENT	GROUP 1 - SCHEDULED TRASH PICK-UPS						
	Children's Center	422 N. County Farm Rd	(1) 2 Cubic Yard Trash	Tuesday, Friday	\$ 51.09	24	\$ 1,226.16
	Coroner's Office	414 N. County Farm Rd	(1) 2 Cubic Yard Trash	Tuesday, Friday	\$ 51.09	24	\$ 1,226.16
	Election Commission Warehouse	2580 Diehl Rd. Aurora, IL	(1) 2 Cubic Yard Trash	Tuesday, Friday	\$ 51.09	24	\$ 1,226.16
	Sheriff	501 N. County Farm Rd	(1) 6 Cubic Yard Trash	Tuesday, Friday	\$ 130.28	24	\$ 3,126.72
	Sheriff's Work Alternative Program	200 N. County Farm Rd	(1) 1.5 Cubic Yard Trash	Tuesday, Friday	\$ 40.00	24	\$ 960.00
	GROUP 2 - ESTIMATED ON CALL PICK-UPS						
	Judicial Office Facility	505 N. County Farm Rd	(1) 18 Cubic Yard Self Contained Compactor Walk on from top stair	On Call "as needed"	\$ 326.60	100	\$ 32,660.00
	JTK Administration Bldg.	421 N. County Farm Rd	(1) 29 Cubic Yard Trash Compactor	On Call "as needed"	\$ 326.60	30	\$ 9,798.00
	Sheriff	501 N. County Farm Rd	(1) 29 Cubic Yard Self-Contained Totally Sealed Trash Compactor. County Provides Power Only, anything else needed to make it operational will be provided by the contractor	On Call "as needed"	\$ 326.60	110	\$ 35,926.00
	FM - Grounds	170 N. County Farm Road	(1) 20 Cubic Yard Open Top Yard Waste Only	On Call "as needed"	\$ 350.00	24	\$ 8,400.00
	GROUP 3 - TRASH COMPACTOR RENTAL						
	JTK Administration Bldg.	421 N. County Farm Rd	(1) 29 Cubic Yard Trash Self-Contained Trash Compactor	No Pick Up, Rental of Equipment	\$ 115.00	24	\$ 2,760.00
	Sheriff	501 N. County Farm Rd	(1) 29 Cubic Yard Trash Self-Contained Trash Compactor	No Pick Up, Rental of Equipment	\$395/month if new compactor is needed	24	#VALUE!
	Judicial Office Facility	505 N. County Farm Rd	(1) 18 Cubic Yard Self Contained Compactor and Walk off platform from top stair	No Pick Up, Rental of Equipment	\$395/month if new compactor is needed	24	#VALUE!
	GROUP 4 - SCHEDULED RECYCLED PICK-UPS						
	Children's Center	422 N. County Farm Rd	(1) 2 Cubic Yard Co-Mingled Recycling	Weekly	\$ 35.00	24	\$ 840.00
	Sheriff	501 N. County Farm Rd	(1) 6 Cubic Yard Co-Mingled Recycling	Tuesday, Friday	\$ 130.28	24	\$ 3,126.72
	Sheriff's Work Alternative Program	200 N. County Farm Rd	(1) 1.5 Cubic Yard Co-Mingled Recycling	Every Other Week	\$ 35.00	24	\$ 840.00
	Election Commission Warehouse	2580 Diehl Rd, Aurora, IL	(1) 2 Cubic Yard Co-Mingled Recycling	Tuesday, Friday	\$ 51.09	24	\$ 1,226.16
	GROUP 5 - ESTIMATED ON CALL RECYCLED PICK-UPS						
	Judicial Office Facility	505 N. County Farm Rd	(1) 35 Cubic Yard Compactor (County Owns Compactor, Vendor provides Box) Co-Mingled Recycling	On Call "as needed"	\$ 326.60	30	\$ 9,798.00
	JTK Administration Bldg.	421 N. County Farm Rd	(1) 35 Cubic Yard Compactor (County Owns Compactor, Vendor provides Box) Co-Mingled Recycling	On Call "as needed"	\$ 326.60	30	\$ 9,798.00
TOTAL #4 FACILITIES MANAGEMENT							#VALUE!
#5 - HEALTH DEPARTMENT	GROUP 1 - SCHEDULED TRASH PICK-UPS						
	GROUP 4 - SCHEDULED RECYCLED PICK-UPS						
#5 - COMMUNITY CENTER	GROUP 1 - SCHEDULED TRASH PICK-UPS						
	GROUP 4 - SCHEDULED RECYCLED PICK-UPS						
TOTAL #5 HEALTH DEPARTMENT/COMMUNITY CENTER							\$ 16,063.68

DUPAGE COUNTY DEPARTMENT	GROUP NUMBER -TYPE OF SERVICE	ADDRESS	CONTAINER DESCRIPTION	PICK-UP SCHEDULE	PRICE MONTHLY CHARGE OR COST PER UNIT "AS NEEDED" PICK-UP	QUANTITY 24 MONTHS OR ESTIMATED NUMBER OF "AS NEEDED" PICK-UPS	EXTENDED PRICE SERVICE COST FOR 2 YEARS (PRICE x QUANTITY)		
#6 - PUBLIC WORKS	GROUP 1 - SCHEDULED TRASH PICK-UPS								
	Woodridge Greene Valley Wastewater Treatment Facility	7900 S. Route 53, Woodridge	(1) 4 Cubic Yard Trash	2 x Weekly	\$ 102.19	24	\$ 2,452.56		
	Woodridge Greene Valley Wastewater Treatment Facility	7900 S. Route 53, Woodridge	(2) 1.5 Cubic Yard Trash "Waste hauler is responsible to remove container from indoor location Dumpsters must be plastic. County requires four (4) dumpsters on site but only two (2) emptied at a time.	2 x Weekly	\$ 235.00	24	\$ 5,640.00		
	Underground Maintenance Facility	17 W 440 Frontage, Darien	(1) 8 Cubic Yard Trash	Weekly	\$ 102.19	24	\$ 2,452.56		
	Knollwood Wastewater Treatment Facility	11 S 175 Madison St., Burr	(5) 1.5 Cubic Yard Trash	Weekly	\$ 315.00	24	\$ 7,560.00		
	GROUP 2 - ESTIMATED ON CALL PICK-UPS								
	Woodridge Greene Valley Wastewater Treatment Facility	7900 S. Route 53, Woodridge	(2) 1.5 Cubic Yard Trash "Waste hauler is responsible to remove container from indoor location.	On Call "as needed"	\$20 per container per dump	24	#VALUE!		
	GROUP 4 - SCHEDULED RECYCLED PICK-UPS								
	Woodridge Greene Valley Wastewater Treatment Facility	7900 S. Route 53, Woodridge	(1) 4 Cubic Yard Co-Mingled Recycling	Weekly	\$ 51.09	24	\$ 1,226.16		
	GROUP 7 - ESTIMATED ON CALL GRIT PICK-UPS								
	Woodridge Greene Valley Wastewater Treatment Facility	7900 S. Route 53, Woodridge	(1) 15 Cubic Yard Roll Off (grit material) "Waste hauler is responsible to remove container from indoor location. See Appendix B - Grit Analysis Rolloffs are owned by DuPage County	On Call "as needed"	\$ 625.00	24	\$ 15,000.00		
TOTAL #6 PUBLIC WORKS							#VALUE!		
#7 - VARIOUS	GROUP 2 - ESTIMATED ON CALL PICK-UPS	VARIOUS LOCATIONS	1.5 Cubic Yard Trash	On Call "as needed"	\$ 15.00	10	\$ 150.00		
			3 Cubic Yard Trash	On Call "as needed"	\$ 30.00	10	\$ 300.00		
			4 Cubic Yard Trash	On Call "as needed"	\$ 40.00	10	\$ 400.00		
			6 Cubic Yard Trash	On Call "as needed"	\$ 60.00	10	\$ 600.00		
			8 Cubic Yard Trash	On Call "as needed"	\$ 80.00	10	\$ 800.00		
			15 Cubic Yard Trash	On Call "as needed"	\$ 300.00	10	\$ 3,000.00		
			20 Cubic Yard Trash	On Call "as needed"	\$ 325.00	10	\$ 3,250.00		
			30 Cubic Yard Trash	On Call "as needed"	\$ 350.00	20	\$ 7,000.00		
			30 Cubic Yard Commingled Recycle	On Call "as needed"	\$ 326.60	5	\$ 1,633.00		
TOTAL #7 VARIOUS							\$ 17,133.00		
#8 - OEM / ETSB/DU-COMM	GROUP 1 - SCHEDULED TRASH PICK-UPS		(1) 6 Cubic Yard Trash	Tuesday, Friday	\$ 130.28	15	\$ 1,954.20		
	GROUP 4 - SCHEDULED RECYCLED PICK-UPS		(1) 2 Cubic Yard Co-Mingled Recycling	Tuesday, Friday	\$ 51.09	15	\$ 766.35		
TOTAL #8 ETSB / DU-COMM							\$ 2,720.55		
#9 - ASBESTOS PICK UP	GROUP 6 - ESTIMATED ON CALL ASBESTOS PICK-UPS 2-YEAR PERIOD		VARIOUS LOCATIONS	(1) 30 Cubic Yard Enclosed for Asbestos	On Call "as needed"	\$ 525.00	6	\$ 3,150.00	
	TOTAL #9 ASBESTOS							\$ 3,150.00	
#10 - DUDOT Trail System	GROUP 8 - SCHEDULED TRASH PICK-UPS (19) Nineteen trail containers located along the specified trail system.		SEE MAP - APPENDIX A	Containers are approximately 40-50 gallons in size.	Weekly	\$24/month per site monthly total for 19 sites \$456	1,976	#VALUE!	
	Contractor is responsible for providing and replacing can liners, pickup, transportation and disposal service at all of the locations.			TOTAL #10 - DUDOT Trail System					

DUPAGE COUNTY DEPARTMENT	GROUP NUMBER -TYPE OF SERVICE	ADDRESS	CONTAINER DESCRIPTION	PICK-UP SCHEDULE	PRICE MONTHLY CHARGE OR COST PER UNIT "AS NEEDED" PICK- UP	QUANTITY 24 MONTHS OR ESTIMATED NUMBER OF "AS NEEDED" PICK- UPS	EXTENDED PRICE SERVICE COST FOR 2 YEARS (PRICE x QUANTITY)
GRAND TOTAL							#VALUE!
GRAND TOTAL (In words)							

LABOR RATE					
NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	LABOR RATE COUNTY OWNED HYDRAULIC COMPACTOR	HR	16	95 \$	
GRAND TOTAL					\$ -

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.

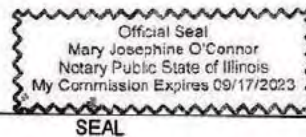
X Signature on File
DISTRICT MANAGER
(Signature and Title)

CORPORATE SEAL
(If available)

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

Subscribed and sworn to before me this 12TH day of APRIL AD, 20 22

Signature on File
(Notary Public) My Commission Expires: 9/17/23



SECTION 9 - MANDATORY FORM
REFUSE DISPOSAL, RECYCLING AND ASBESTOS PICK-UP SERVICES 22-026-FM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	GROOT INDUSTRIES		
Main Business Address	1330 GASKET DRIVE		
City, State, Zip Code	ELGIN IL 60120		
Telephone Number	847/774-1878	Email Address	TVANDERNAALD@GROOT.COM
Bid Contact Person	TED VANDERNAALD		

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:

WORTHING JACKMAN
 (President or Partner)

 (Vice-President or Partner)

 (Secretary or Partner)

MARY ANNE WHITFIELD
 (Treasurer or Partner)

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

Addenda No. _____, _____, and _____ issued thereto.

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

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

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

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

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

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

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	TED VANDER NAALD	NAME	MARY O'CONNOR
CONTACT		CONTACT	Billing Manager
ADDRESS	1330 GASKET RD	ADDRESS	1330 GASKET DR.
CITY ST ZIP	ELGIN IL 60120	CITY ST ZIP	ELGIN IL 60120
TX	847/774-1878	TX	847-841-5306
FX		FX	
EMAIL	TVANDERNAALD@GROOT.COM	EMAIL	MARYO@Groot.com
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage County Facilities Management 421 North County Farm Road Wheaton, IL 60187 TEL: (630) 407-5700 EMAIL: FMAccountsPayable@dupageco.org		DuPage County Facilities Management Various Locations TEL: (630) 407-5700	
DuPage County Animal Services Attn: Accounts Payable 120 N. County Farm Road Wheaton, IL 60187 (630) 407-2800		DuPage County Animal Services 120 N. County Farm Road Wheaton, IL 60187 (630) 407-2800	
DuPage Care Center Nancy Palima 400 N. County Farm Road Wheaton, IL 60187		DuPage Care Center 400 N. County Farm Road Wheaton, IL 60187	
DuPage County Division of Transportation Attn: Kathy Curcio 180 N. County Farm Road Wheaton, IL 60187		DuPage County Division of Transportation 140 & 180 N. County Farm Road Wheaton, IL 60187	
Health Department/Community Center Accounts Payable 111 N. County Farm Road Wheaton, IL 60187		Health Department/Community Center 111 & 115 N. County Farm Road Wheaton, IL 60187	



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:	22-026-FM
COMPANY NAME:	GROOT INDUSTRIES
CONTACT PERSON:	BART VISSER
CONTACT EMAIL:	B BVISSER@GROOT.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: BART VISSER

Signature **Signature on file** _____

Title: DISTRICT MANAGER

Date: 4/2/2025



Facilities Management Resolution

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

File #: FM-R-0001-25

Agenda Date: 4/15/2025

Agenda #: 8.C.

AMENDMENT TO RESOLUTION FM-P-0015-25
ISSUED TO GROOT INDUSTRIES, INC.
FOR REFUSE DISPOSAL, RECYCLING, AND ASBESTOS PICK-UP SERVICES,
FOR FACILITIES MANAGEMENT
(EXPANDING THE SCOPE OF SERVICES TO INCLUDE
AN ADDITIONAL LOCATION FOR THE HEALTH DEPARTMENT
AND INCREASING THE TOTAL CONTRACT PRICE BY 2%)

WHEREAS, on April 22, 2025, through Resolution FM-P-0015-25, the DuPage County Board approved a renewed contact for refuse disposal, recycling, and asbestos pick-up services (hereinafter the "CONTRACT") between the County of DuPage (hereinafter the "COUNTY") and Groot Industries, Inc. (hereinafter "THE CONTRACTOR"); and

WHEREAS, the current cost of the CONTRACT, by and through the division of Facilities Management, is \$125,045.78; and

WHEREAS, the current scope of the CONTRACT includes refuse disposal, recycling, and asbestos pick-up services provided to Animal Services, the Care Center, Facilities Management, and Health Department locations; and

WHEREAS, after consultation with CONTRACTOR, the COUNTY and CONTRACTOR seek: (i) to expand the scope of the CONTRACT by adding refuse disposal, recycling, and asbestos pick-up services at an additional location for the Health Department; and (ii) to apply a one-time price increase of 2%, resulting in a new total CONTRACT value of \$126,843.06; and

WHEREAS, Facilities Management and the Public Works Committee recommend approving the expansion of the scope of the CONTRACT for a one-time price increase of 2% of the total CONTRACT value; and

WHEREAS, all other provisions of the CONTRACT not expressly changed in the AMENDMENT shall remain the same in their entirety.

NOW, THEREFORE, BE IT RESOLVED that the DuPage County Board adopts and approves this AMENDMENT to Resolution FM-P-0015-25, issued to Groot, Industries, Inc., expanding the scope of the CONTRACT to include refuse disposal, recycling, and asbestos pick-up services at an additional location for the Health Department and approving a one-time 2% price increase, resulting in a total AMENDED CONTRACT value of \$126,843.06; and

BE IT FURTHER RESOLVED that one (1) original copy of this resolution be transmitted to Groot Industries, Inc., 3 Waterway Square Place, Suite 110, The Woodlands, TX 77380, by and through the Facilities Management division of Public Works.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



**DUPAGE
COUNTY**

FINANCE DEPARTMENT

630-407-6100

www.dupagecounty.gov/finance

CONTRACT AMENDMENT

DuPage County - Procurement Division

Contract Number: 22-026-FM

Contract Amendment No. 1

Effective June 1, 2025

This Contract is Amended to include the following specifications:

Contract Number: 22-026-FM

Refuse Disposal Recycling and Asbestos Pick-up Services

- 1) Refuse Disposal, as set forth in Exhibit A, attached hereto.
- 2) One-time price increase of two percent (2%), as specified in Exhibit A, attached hereto.

All other provisions of the contract not expressly changed herein shall remain the same in their entirety.

The parties represent and warrant to each other that each party has full power, authority and legal right to execute, deliver and perform this Amendment and the execution, delivery & performance hereof have been duly authorized by all necessary actions.

IN WITNESS, WHEREOF the undersigned duly authorized representative of the parties has executed this Amendment as of the date below written.

THE COUNTY OF DUPAGE, ILLINOIS

GROOT INDUSTRIES, INC.

By: _____

By: _____

Signature on File

SIGNATURE

SIGNATURE

Valerie Calvente

TED VANDER NAALD

PRINTED NAME

PRINTED NAME

Chief Procurement Officer

SALES REP

PRINTED TITLE

PRINTED TITLE

3/16/25

DATE

DATE

EXHIBIT A

The contractor shall provide refuse disposal.

1. Refuse Disposal

DuPage County Department – DuPage County Health Department, #5 Taft Ave. Apartments 6-Flat

Group 1 – Schedule Trash Pick-Ups

Address: 1211 Taft Avenue, Wheaton, IL 60189-6708

Container Description: (1) 2 Cubic Yard Trash

Pick-up Schedule: Weekly

Price: \$80.00 / month

Account Number: 3107-81030

2. Price Increase

One-time price increase of two percent (2%).



Care Center Resolution

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

File #: HS-R-0011-25

Agenda Date: 4/15/2025

Agenda #: 8.D.

RESOLUTION TO RESCIND HS-P-0012-25
ISSUED TO ALCO SALES & SERVICE COMPANY
TO PROVIDE ELITE EX LONG-TERM BEDS
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT OF \$109,192.16)

WHEREAS, on February 25, 2025, the DuPage County Board approved HS-P-0012-25 for a contract purchase order to Alco Sales & Service Co., to provide Elite Ex Long-Term Beds for the DuPage Care Center; and

WHEREAS, the awarded vendor is unable to meet all the qualifications on the original bid #25-009-DCC.

NOW, THEREFORE BE IT RESOLVED, by the DuPage County Board that Resolution HS-P-0012-25, shall be and hereby is repealed and rescinded in its entirety effective immediately.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0016-25

Agenda Date: 4/15/2025

Agenda #: 8.E.

AWARDING RESOLUTION ISSUED TO
CENTRAL DUPAGE HOSPITAL ASSOCIATION D/B/A HEALTHLAB
TO PROVIDE PHLEBOTOMY AND LABORATORY SERVICES
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT \$40,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to Central DuPage Hospital Association d/b/a HealthLab, to provide phlebotomy and laboratory services, for the period of April 23, 2025 through April 22, 2026, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide phlebotomy and laboratory services, for the period of April 23, 2025 through April 22, 2026, for the DuPage Care Center, per RFP renewal #24-035-DCC, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Central DuPage Hospital Association d/b/a HealthLab, 25 North Winfield Road, Winfield, Illinois 60190, for a contract total amount of \$40,000.00.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-0783	RFP, BID, QUOTE OR RENEWAL #: RFP #24-035-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$40,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/15/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$120,000.00
	CURRENT TERM TOTAL COST: \$40,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: Healthlab	VENDOR #: 10019	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Lindsey Rymarz	VENDOR CONTACT PHONE: 630-777-0851	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: lindsey.rymarz@nm.org	VENDOR WEBSITE:	DEPT REQ #: 7493	
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.). Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026, for a total contract amount not to exceed \$40,000.00, under RFP renewal #24-035-DCC, first of three one-year optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished As part of their course of treatment the residents of the DuPage Care Center periodically need to have laboratory testing done, as ordered by their physician, to aid in determining a course of treatment. The fees are based on the CMS Physician Fee Schedule.			

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. 40 invitations sent, 3 documents were requested and 2 RFP's were received. A team of three (3) staff members from the DPCC reviewed and analyzed the two (2) vendors that submitted Proposals. The criteria was based on Firm qualifications, key qualifications and project understanding. Both vendor fees were based off of the CMS Physician Fee Schedule. Healthlab was scored higher as a result of the following: Company has a good understanding of project and a lower Stat and Draw fee per order compared to other vendor.
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) Recommendations for the approval of renewal of Healthlab for Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026. 2) Do not approve renewal of Healthlab for Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026, however, DPCC will still need to provide services for the resident's based off of prescribed orders by Physician.

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: Healthlab	Vendor#: 10019	Dept: DuPage Care Center	Division: Nursing
Attn: Lindsey Rymarz	Email: lindsey.rymarz@nm.org	Attn: Connie Pureza	Email: Connie.Pureza@dupagecounty.gov
Address: 25 N. Winfield Road	City: Winfield	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60190	State: IL	Zip: 60187
Phone: 630-777-0851	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Healthlab	Vendor#: 10019	Dept: DuPage Care Center	Division: Nursing
Attn: Lindsey Rymarz	Email: lindsey.rymarz@nm.org	Attn: Annabel Leonida	Email: Annabel.Leonida@dupagecounty.gov
Address: 25 N. Winfield Road	City: Winfield	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60190	State: IL	Zip: 60187
Phone: 630-777-0851	Fax:	Phone: 630-784-	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 23, 2025	Contract End Date (PO25): April 22, 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		Patient phlebotomy and laboratory services	FY25	1200	2050	53070		25,000.00	25,000.00
2	1	EA		Patient phlebotomy and laboratory services	FY26	1200	2050	53070		15,000.00	15,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 40,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 23, 2025 through April 22, 2026, for a total contract amount not to exceed \$40,000.00, under RFP renewal #24-035-DCC, first of three one-year optional renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. April 15, 2025 Human Services April 22, 2025 County Board
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
PATIENT LABORATORY SERVICES 24-035-DCC
BID TABULATION

✓

Criteria	Available Points	Central DuPage Hospital Association d/b/a HealthLab	Simple Laboratories LLC
Firm Qualifications	20	19	16
Key Qualifications	20	19	17
Project Understanding	40	38	35
Price	20	20	2
Total	100	96	70

Stat and Draw Fees Per Order	\$ 3.00	\$ 33.00
Percentage of points	100%	9%
Points awarded (wtd against lowest price)	20	2

NOTES

RFP Posted on 03/06/2024 Bid Opened On 03/21/2024, 2:30 PM by	DW, HK
Invitations Sent	40
Total Requesting Documents	3
Total Bid Responses Received	2

SECTION 8 – PRICE PROPOSAL

Provide any stat fees, draw fees, travel fees, pickup charges or other fees for services in addition to the lab fees.

FEE TYPE	FEE AMOUNT
Stat fee	
Draw fee	\$ 3.00
Daily trip fee	
Pickup charge	
Other _____	
Other _____	
Other _____	
Other _____	

Also provide prices for all exams which are not included in the current Clinical Diagnostic Lab Physician Pay Schedule as published by the Centers for Medicare and Medicaid Services (CMS).

SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Central DuPage Hospital Association dba HealthLab
Main Business Address	25 N Winfield Rd
City, State, Zip Code	Winfield, IL 60190
Telephone Number	(630) 433-2633
Fax Number	(630) 433-5292
Proposal Contact Person	Ben Shaw
Email Address	Benjamin.Shaw@dm.org

The undersigned certifies that he is:

the Owner/Sole
Proprietora Member of the
Partnershipan Officer of the
Corporationa 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)

(Vice-President or Partner)

(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.

X DocuSigned by:
Signature on File _____ Vice President, Administration
(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

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

My Commission Expires: _____
(Notary Public)

EMERGENCY PREPAREDNESS PLAN

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

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

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

EMERGENCY PREPAREDNESS PLAN CONTACT INFORMATION:

EMERGENCY PREPAREDNESS PLAN CONTACT	
NAME	Samuel Boyle
CONTACT	Emergency Management
ADDRESS	25 N Winfield Rd
CITY ST ZIP	Winfield, IL 60190
EMERGENCY PHONE NO.	630-933-6516
EMAIL	Samuel.Boyle@nm.org



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 Central DuPage Hospital Association dba HEALTHLAB located at 25 N. Winfield Road, Winfield, IL 60190, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #24-035-DCC which became effective on 4/18/2024 and which will expire 4/23/2025. The contract is subject to a first of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 4/22/2026.

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

Henry Kocker


 PRINTED NAME

Buyer I

 PRINTED TITLE

 DATE

CONTRACTOR

Signed by:

 E44CA2B630D3454...

 SIGNATURE

Dazzo, Sylvester

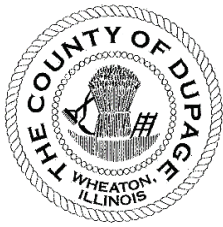
 PRINTED NAME

Vice President, Administration

 PRINTED TITLE

4/10/2025

 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:	
COMPANY NAME:	Northwestern Medicine
CONTACT PERSON:	Sylvester Dazzo
CONTACT EMAIL:	sylvester.dazzo@nm.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.

DocuSigned by:



Printed Name: Sylvester Dazzo Signature: _____

Title: Vice President, Administration Date: 3/27/2025



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0018-25

Agenda Date: 4/15/2025

Agenda #: 8.F.

AWARDING RESOLUTION ISSUED TO
MCKESSON MEDICAL SURGICAL GOVERNMENT SOLUTIONS, LLC
TO PROVIDE INCONTINENT PRODUCTS
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT \$200,000.00)

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

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

WHEREAS, pursuant to the Intergovernmental Agreement between the County of DuPage and MMCAP, the County of DuPage will contract with McKesson Medical Surgical Government Solutions, LLC; and

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to McKesson Medical Surgical Government Solutions, LLC, to provide incontinent products, for the period of June 30, 2025 through June 29, 2027, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that County contract, covering said to provide incontinent products, for the period of June 30, 2025 through June 29, 2027, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract by the Procurement Division to McKesson Medical Surgical Government Solutions, LLC, 9954 Maryland Drive, Suite 5176, Henrico, Virginia 23233, for a contract total amount not to exceed \$200,000.00, pursuant to the MMCAP Contract #MMS2200736.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-0976	RFP, BID, QUOTE OR RENEWAL #: MMCAP	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$200,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/15/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$200,000.00
	CURRENT TERM TOTAL COST: \$200,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD:
Vendor Information		Department Information	
VENDOR: McKesson Medical Surgical Government Solutions, LLC	VENDOR #: 30801	DEPT: DuPage Care Center/Nursing	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Christine Mazzucchelli	VENDOR CONTACT PHONE: 847-212-9198	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: christine.mazzucchelli@mckesson.com	VENDOR WEBSITE:	DEPT REQ #: 7502	

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 and deliver incontinent products for the DuPage Care Center, for the period June 30, 2025 through June 29, 2027, (2 years) for a contract total amount not to exceed \$200,000.00, under MMCAP contract MMS2200736.

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

Incontinent products for the residents in need at the DuPage Care Center.

MMCAP: This contract pursuant to the Intergovernmental Cooperation Act (MMCAP) is Minnesota Multi-State Contracting Alliance for Pharmacy. MMCAP is a voluntary group purchasing organization for government facilities that provide healthcare services. MMCAP's mission is to ensure best value pharmaceuticals and healthcare products and services to government facilities across the nation. Using MMCAP rather than conducting our own bid has proven to be cost effective and much more efficient in terms of staff time to manage. MMCAP has reduced the cost of products and services as well as receiving a wholesaler share-back credit at the end of each Fiscal Year, based on the amount that is purchased. MMCAP has also been very successful with our Prime Vendor for medical/surgical supplies for many years.

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. MMCAP
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 to McKesson Medical Surgical to furnish and deliver incontinent products for the DuPage Care Center, for the period June 30, 2025 through June 29, 2027, for a contract total not to exceed \$200,000.00, under MMCAP to obtain best pricing available, the more items we purchase, the better rebate the Care Center receives at the end of the year. 2) Do not approve contract to McKesson Medical Surgical to furnish and deliver incontinent products for the DuPage Care Center, for the period June 30, 2025 through June 29, 2027, for a contract total not to exceed \$200,000.00, under MMCAP, however incontinent products would still need to be purchased to serve the residents at the Care Center for good quality of care.

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: McKesson Medical Surgical Government Solutions, LLC	Vendor#: 30801	Dept: DuPage Care Center	Division: Nursing
Attn:	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 9954 Maryland Drive, Suite 5176	City: Henrico	Address: 400 N. County Farm Road	City: Wheaton
State: VA	Zip: 23233	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: McKesson Medical Surgical Government Solutions, LLC	Vendor#: 30801	Dept: DuPage Care Center	Division: Nursing
Attn:	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: PO Box 936279	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton
State: GA	Zip: 31193-6279	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): June 30, 2025	Contract End Date (PO25): June 29, 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		Incontinent product	FY25	1200	2050	52320		40,000.00	40,000.00
2	1	EA		Incontinent product	FY26	1200	2050	52320		100,000.00	100,000.00
3	1	EA		Incontinent product	FY27	1200	2050	52320		60,000.00	60,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 200,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Furnish and deliver incontinent products for the DuPage Care Center, for the period June 30, 2025 through June 29, 2027, (2 years) for a contract total amount not to exceed \$200,000.00, under MMCAP contract MMS2200736.
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.



DUPAGE CARE CENTER

Essity TENA Incontinent Products

Quoted per the Terms and Conditions of MMCAP MMS2200736

MCK ITEM#	MANUFACTURER	MANUF#	Item Description	UOM	SELL PRICE
1243826	ESSITY HMS NORTH AMERICA INC	67470	TENA BRIEF COMPLETE CARE + ULTRA SZ XLG	4PK/20 CS 80	\$35.32
1243825	ESSITY HMS NORTH AMERICA INC	67460	TENA BRIEF COMPLETE CARE + ULTRA SZ LG	4PK/20 CS 80	\$29.95
1243824	ESSITY HMS NORTH AMERICA INC	67450	TENA BRIEF COMPLETE CARE + ULTRA SZ MD	4PK/20 CS 80	\$25.17
959407	ESSITY HMS NORTH AMERICA INC	61090	BRIEF, TENA STRETCH PLUS 2XLG	2PK/16 CS 32	\$48.60
959414	ESSITY HMS NORTH AMERICA INC	72424	UNDERWEAR, TENA DRY COMFORT XLG	4PK/14 CS 56	\$33.48
959412	ESSITY HMS NORTH AMERICA INC	72422	UNDERWEAR, TENA DRY COMFORT MED	4PK/20 CS 80	\$33.48
959413	ESSITY HMS NORTH AMERICA INC	72423	UNDERWEAR, TENA DRY COMFORT LG	4PK/18 CS 72	\$33.48
1131159	ESSITY HMS NORTH AMERICA INC	72508	UNDERWEAR, TENA PROTECTIVE PLUS 2XLG	4BG/12 CS 48	\$63.36
762735	ESSITY HMS NORTH AMERICA INC	352	UNDERPAD, 23X36	6PK/25 CS 150	\$29.65
515318	PROFESSIONAL DISPOSABLES INC	J14143	WIPE, HYGEA PERSONAL HYGIENE	BX/60 6BX/CS	\$18.87
1246810	MCKESSON MEDICAL SURGICAL	WPW96	WIPE ALOE	6PK/96 CS 576	\$14.00
409934	FIRST QUALITY	PV 324	UNDERGARMENTS	4BG/30 CS 120	\$30.11

CONTRACT RELEASE: M-487(5)

DATE: May 2, 2023



Entities that purchase from MMCAP Infuse contracts must be members of MMCAP Infuse in order to access contract pricing. Membership is free and open to state agencies, counties, cities, school districts, federally recognized Indian tribes, and other entities recognized by Minnesota Statutes Section 16C.03. To join MMCAP Infuse or verify your MMCAP Infuse ID, please contact mmcap_infuse.membership@state.mn.us.

Members may access the contracts, attachments, and any contract updates on the MMCAP Infuse website <https://infuse-mn.gov/>. If you do not know your Username and Password, please contact mmcap.infuse@state.mn.us.

MMCAP Infuse releases RFPs for Medical Supplies and Equipment.

If you have questions or are interested in discussing medical products or distribution options, please contact MMCAP Infuse's Senior Account Executives: <https://infuse-mn.gov/products/product-ordering/index.jsp>

PRODUCT/SERVICE: MEDICAL PRODUCTS, EQUIPMENT AND VALUE-ADDED SERVICES

CONTRACT PERIOD: SEE INDIVIDUAL CONTRACTS BELOW

EXTENSION OPTIONS: SEE INDIVIDUAL CONTRACTS BELOW

MMCAP Infuse Contact: Christy Fox, Healthcare Products and Services Program Manager

PHONE: 651.201.3125 **E-MAIL:** christina.fox@state.mn.us

MMCAP Infuse Phone: 651.201.2420 **E-mail:** mmcap.infuse@state.mn.us **WEBSITE:** <https://infuse-mn.gov/>

CONTRACT VENDOR	CONTRACT NO.	TERMS
CONCORDANCE H.S.	MMS2200731	April 1, 2023 – March 1, 2025 <i>Extension Options +3 years</i>
HENRY SCHEIN, INC.	MMS18016	June 25, 2020 – June 25, 2023
MCKESSON MEDICAL SURGICAL	MMS2200736	May 2, 2023 – May 2, 2025 <i>Extension Options +3 years</i>
MEDICAL SOLUTIONS, INC	MMS2200732	June 1, 2023 – May 1, 2025 <i>Extension Options +3 years</i>
MEDLINE INDUSTRIES, LP	MMS2200733	March 3, 2023 – March 1, 2025 <i>Extension Options +3 years</i>
PREMIER MEDICAL DISTRIBUTION	MMS2200735	June 1, 2023 – April 30, 2025 <i>Extension Options +3 years</i>



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:	McKesson Medical-Surgical Government Solutions LLC
CONTACT PERSON:	Bercesté Demiroglu, Government Contracts Manager
CONTACT EMAIL:	Bercesté.Shade@McKesson.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: Bercesté Demiroglu

Signature:  Signature on File

Title: Government Contracts Manager

Date: March 24, 2025



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0019-25

Agenda Date: 4/15/2025

Agenda #: 8.G.

AWARDING RESOLUTION ISSUED TO
PROFESSIONAL MEDICAL & SURGICAL SUPPLY, INCORPORATED
TO PROVIDE OSTOMY, TRACHEOSTOMY, UROLOGICAL AND
ENTERAL SUPPLIES AND SERVICES (MED B) AND ENTERAL FEEDING FORMULAS
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT \$50,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to Professional Medical & Surgical Supply, Inc., to provide Ostomy, Tracheostomy, Urological and Enteral supplies and services (Med B) and Enteral feeding formulas, for the period of July 30, 2025 through July 29, 2026, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is to provide Ostomy, Tracheostomy, Urological and Enteral supplies and services (Med B) and Enteral feeding formulas, for the period of July 30, 2025 through July 29, 2026 for the DuPage Care Center per bid renewal #22-040-DCC, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Professional Medical & Surgical Supply, Inc., 1917 Garnet Court, New Lenox, Illinois 60451, for a contract total amount of \$50,000.00.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-0978	RFP, BID, QUOTE OR RENEWAL #: 22-040-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$85,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/15/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$265,000.00
	CURRENT TERM TOTAL COST: \$50,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL
Vendor Information		Department Information	
VENDOR: Professional Medical & Surgical Supply, Inc.	VENDOR #: 11409	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida & Mario Plata
VENDOR CONTACT: Alan Ferry	VENDOR CONTACT PHONE: 800-648-5190	DEPT CONTACT PHONE #: 630-784-4250 & 630- 784-4273	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov & vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: alanf@promedsupply.com	VENDOR WEBSITE:	DEPT REQ #: 7503	
Overview			
<p>DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). To furnish and deliver Ostomy, Tracheostomy, Urological and Enteral supplies and services (Med B) and Enteral feeding formulas, for the DuPage Care Center, for the period July 30, 2025 through July 29, 2026, for a total contract not to exceed \$50,000.00, under bid renewal #22-040-DCC, third and final optional renewal.</p> <p>JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The DPCC currently does not have the resources to bill Medicare Part B for these products. Allowing a company to bill Medicare is a cost-effective way of providing these products. DPCC is regulated by the IL Department of Public Health which mandates & monitors our ongoing compliance with all applicable State & Federal regulations that govern our practices, policies & procedures which in turn drive our deliver system. Adherence to physician prescribed orders for tube feeding & enteral daily supplements is necessary to provide an appropriate level of care to the residents, as well as maintaining compliances.</p>			

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: Professional Medical & Surgical Supply, Inc.	Vendor#: 11409	Dept: DuPage Care Center	Division: Nursing & Dining Services
Attn: Alan Ferry	Email: alanf@pormedsupply.com	Attn: Annabel Leonida & Mario Plata	Email: Annabel.leonida@dupagecounty.gov & Vinit.patel@dupagecounty.gov
Address: 1917 Garnet Court	City: New Lenox	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60451	State: IL	Zip: 60187
Phone: 800-648-5190	Fax:	Phone: 630-784-4250 & 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Professional Medical & Surgical Supply, Inc.	Vendor#: 11409	Dept: DuPage Care Center	Division: Nursing & Dining Services
Attn: Alan Ferry	Email: alanf@pormedsupply.com	Attn: Annabel Leonida & Mario Plata	Email: @dupagecounty.gov
Address: 1917 Garnet Court	City: New Lenox	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60451	State: IL	Zip: 60187
Phone: 800-648-5190	Fax:	Phone: 630-784-4250 & 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): July 30, 2025	Contract End Date (PO25): July 29, 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		Ostomy, Tracheostomy, Urological & Enteral Supplies & Services (Med B)	FY25	1200	2050	52320		7,500.00	7,500.00
2	1	EA		Enteral Formulas	FY25	1200	2025	52210		10,000.00	10,000.00
3	1	EA		Ostomy, Tracheostomy, Urological & Enteral Supplies & Services (Med B)	FY26	1200	2050	52320		17,500.00	17,500.00
4	1	EA		Enteral Formulas	FY26	1200	2025	52210		15,000.00	15,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 50,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. To furnish and deliver Ostomy, Tracheostomy, Urological and Enteral supplies and services (Med B) and Enteral feeding formulas, for the DuPage Care Center, for the period July 30, 2025 through July 29, 2026, for a total contract not to exceed \$50,000.00, under bid renewal #22-040-DCC, third and final optional renewal.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. April 15, 2025 Human Services Committee April 22, 2025 County Board Meeting
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



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 Professional Medical & Surgical Supply, Inc., located at 1917 Garnet Court, New Lenox, IL 60451, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #22-040-DCC which became effective on 7/30/2022 and which will expire 7/29/2025. The contract is subject to the third of three options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature and shall terminate on 7/29/2026.

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

Brian Rovik

PRINTED NAME

PRINTED NAME

Buyer I

PRINTED TITLE

PRINTED TITLE

DATE

DATE



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
OSTOMY, TRACHEOSTOMY, UROLOGICAL, ENTERAL SUPPLIES AND SERVICES
(MED B) & ENTERAL FEEDING FORMULAS 22-040-DCC
BID TABULATION

				✓ PROFESSIONAL MEDICAL & SURGICAL SUPPLY, INC.		DV JAHN, INC.	
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
CATEGORY 1 - ENTERAL SUPPLIES							
1	Adapter for Spike Set 774655	EA	180	\$ 1.50	\$ 270.00	\$ 1.32	\$ 237.60
2	Feeding Bag Container E-Pump 30/cs	CS	2	\$ 102.95	\$ 205.90	\$ 160.00	\$ 320.00
3	Feeding Bag Container E-Pump	EA	91	\$ 3.43	\$ 312.13	\$ 3.50	\$ 318.50
4	G-Tube 14FR w/5cc Balloon	EA	26	\$ 22.50	\$ 585.00	\$ 38.00	\$ 988.00
5	G-Tube 16FR w/15cc Balloon	EA	3	\$ 22.50	\$ 67.50	\$ 38.00	\$ 114.00
6	G-Tube 18FR w/15cc Balloon	EA	4	\$ 22.50	\$ 90.00	\$ 38.00	\$ 152.00
7	G-Tube 22FR w/15cc Balloon	EA	4	\$ 22.50	\$ 90.00	\$ 38.00	\$ 152.00
8	Kangaroo Safety Screw Pouch	BX	3	\$ 85.00	\$ 255.00	\$ 160.00	\$ 480.00
9	Spike Set for E-Pump	EA	2,195	\$ 2.83	\$ 6,211.85	\$ 5.60	\$ 12,292.00
10	Spike Set for E-Pump	EA	750	\$ 2.83	\$ 2,122.50	\$ 3.14	\$ 2,355.00
11	Syringe, 60cc Catheter Tip Piston	EA	4,310	\$ 0.75	\$ 3,232.50	\$ 1.00	\$ 4,310.00
12	Tube Anchor Device	EA	7	\$ 7.50	\$ 52.50	\$ 8.69	\$ 60.83
CATEGORY 2 - OSTOMY SUPPLIES							
13	Adapt Barrier Rings 13/16" 20mm 10/box	BX	2	\$ 42.50	\$ 85.00	\$ 54.20	\$ 108.40
14	Coloplast barrier 2 ¼ flg c/f xw	EA	2	\$ 8.50	\$ 17.00	\$ 46.50	\$ 93.00
15	Convatec barrier	EA	1	\$ 6.50	\$ 6.50	\$ 23.35	\$ 23.35
16	Convatec barrier	EA	1	\$ 10.00	\$ 10.00	\$ 14.46	\$ 14.46
17	Convatec pouch	EA	2	\$ 4.00	\$ 8.00	\$ 7.39	\$ 14.78
18	Convatec pouch	EA	1	\$ 10.00	\$ 10.00	\$ 14.15	\$ 14.15
19	Eakin Cohesive Seal Small 2" each	EA	302	\$ 6.50	\$ 1,963.00	\$ 6.00	\$ 1,812.00
20	Hollister drain/tube attachment device	EA	1	\$ 7.50	\$ 7.50	\$ 16.36	\$ 16.36
21	Hollister pouch	EA	1	\$ 6.25	\$ 6.25	\$ 15.40	\$ 15.40
22	Hollister pouch	EA	2	\$ 3.50	\$ 7.00	\$ 6.02	\$ 12.04
23	Hollister pouch	EA	1	\$ 7.50	\$ 7.50	\$ 8.47	\$ 8.47
24	Ostomy pouch, 1-1/2" 1 pc closed w/filter	EA	3	\$ 4.13	\$ 12.39	\$ 65.34	\$ 196.02
25	Ostomy clamp-repl	EA	5	\$ 1.75	\$ 8.75	\$ 4.00	\$ 20.00
26	Paste skin barrier tube	EA	4	\$ 8.00	\$ 32.00	\$ 9.00	\$ 36.00
27	Pouch 1" Urostomy Convex Barrier	EA	1	\$ 8.00	\$ 8.00	\$ 45.53	\$ 45.53
28	Pouch, 2-1/4" drainable 10/bx	BX	1	\$ 4.00	\$ 4.00	\$ 41.84	\$ 41.84
29	Pouch, 2-3/4" drainable with filter	EA	3	\$ 2.88	\$ 8.64	\$ 47.00	\$ 141.00
30	Pouch, 2-3/4" closed end with filter	EA	20	\$ 2.50	\$ 50.00	\$ 56.14	\$ 1,122.80
31	Pouch, 2-3/4" surfit natura 60/bx	BX	2	\$ 260.00	\$ 520.00	\$ 277.00	\$ 554.00
32	Pouch, 2-3/4" urostomy w/accuseal tap with valve	EA	17	\$ 3.75	\$ 63.75	\$ 39.62	\$ 673.54
33	Pouch, 2-3/8" Esteem Synergy 60/box	BX	1	\$ 99.00	\$ 99.00	\$ 104.00	\$ 104.00
34	Pouch, drainable ¾" – 2-1/4" box of 10	BX	46	\$ 49.50	\$ 2,277.00	\$ 44.00	\$ 2,024.00
35	Pouch, drainable 7/8 w/convex barrier	EA	3	\$ 8.50	\$ 25.50	\$ 45.00	\$ 135.00
36	Pouch, drainable mini pouch, ex wear cut to fit	EA	2	\$ 6.00	\$ 12.00	\$ 85.00	\$ 170.00
37	Pouch, 2 ¾"drainable new image 2 pc beige 10/bx	BX	2	\$ 35.00	\$ 70.00	\$ 37.00	\$ 74.00
38	Powder, Stomahesive protective powder 1oz bottl	EA	1	\$ 7.25	\$ 7.25	\$ 20.66	\$ 20.66
39	Wafer 2-3/4" FlexWEar	EA	47	\$ 5.00	\$ 235.00	\$ 26.93	\$ 1,265.71
40	Wafer 2-3/4" Stomahesive skin barrier	EA	15	\$ 6.00	\$ 90.00	\$ 95.79	\$ 1,436.85
41	Wafer, 2-1/4" Durahesive Flexible Skin Barrier	EA	3	\$ 6.25	\$ 18.75	\$ 68.00	\$ 204.00

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
42	Wafer 2-3/4" Durahesive Flexible Skin Barrier	EA	2	\$ 7.65	\$ 15.30	\$ 82.00	\$ 164.00
43	Wafer 2-3/4" Stomahesive skin barrier	EA	6	\$ 4.98	\$ 29.88	\$ 5.00	\$ 30.00
44	Wafer 2-3/8" Esteem synergy 10/bx	BX	1	\$ 47.50	\$ 47.50	\$ 9.50	\$ 9.50
45	Wafer Esteem 1pc-Stomahesive 3/8" – 4"	EA	15	\$ 4.60	\$ 69.00	\$ 10.00	\$ 150.00
46	Wound Fistula Pouch 4" x 3" 5/pkg	EA	3	\$ 18.50	\$ 55.50	\$ 20.00	\$ 60.00
CATEGORY 3 - TACHEOSTOMY SUPPLIES							
47	Convatec esteem synergy	EA	1	\$ 2.00	\$ 2.00	\$ 5.00	\$ 5.00
48	Shiley 15mm cap	EA	2	\$ 6.50	\$ 13.00	\$ 13.55	\$ 27.10
49	Trach Clean & Care Tray-AirLife	EA	2,840	\$ 2.25	\$ 6,390.00	\$ 2.90	\$ 8,236.00
50	Trach tube cuff 4DCT	EA	5	\$ 19.50	\$ 97.50	\$ 15.00	\$ 75.00
51	Trach tube Shiley 4DCFS	EA	5	\$ 52.00	\$ 260.00	\$ 70.00	\$ 350.00
52	Trach tube Shiley 4 CFN	EA	15	\$ 52.00	\$ 780.00	\$ 65.00	\$ 975.00
53	Trach tube Shiley 6 CFN	EA	2	\$ 52.00	\$ 104.00	\$ 60.00	\$ 120.00
54	Trach tube size 6	EA	5	\$ 52.00	\$ 260.00	\$ 27.70	\$ 138.50
55	Trach tube size 7	EA	1	\$ 52.00	\$ 52.00	\$ 35.09	\$ 35.09
56	Trach/larynx tube 8 non-cuffed	EA	4	\$ 69.50	\$ 278.00	\$ 75.00	\$ 300.00
57	Trach/larynx tube non-cuffed	EA	13	\$ 52.00	\$ 676.00	\$ 85.00	\$ 1,105.00
58	Trach/larynx tube non-cuffed	EA	11	\$ 52.00	\$ 572.00	\$ 60.95	\$ 670.45
59	Tracheostomy disposable inner cannula	EA	10	\$ 37.50	\$ 375.00	\$ 46.58	\$ 465.80
CATEGORY 4 - UROLOGICAL SUPPLIES							
60	Cath Silicone 16fr. 5cc Closed System Tray	EA	21	\$ 5.40	\$ 113.40	\$ 6.55	\$ 137.55
61	Catheter Foley 16 Fr 10cc Latex Free	EA	41	\$ 3.00	\$ 123.00	\$ 14.75	\$ 604.75
62	Catheter Foley 18 Fr 30cc Latex Free	EA	9	\$ 3.00	\$ 27.00	\$ 7.00	\$ 63.00
63	Catheter, External Self Adhering LF 25mm Small	EA	120	\$ 1.50	\$ 180.00	\$ 2.00	\$ 240.00
64	Catheter-Coude Tip-Latex Free Urethral 16 Fr.	EA	30	\$ 2.25	\$ 67.50	\$ 2.53	\$ 75.90
65	Catheter-Coude Tip-Latex Urethral 16 Fr.	EA	39	\$ 6.25	\$ 243.75	\$ 6.88	\$ 268.32
66	Catheter-Foley 14fr 30cc	EA	10	\$ 1.50	\$ 15.00	\$ 2.85	\$ 28.50
67	Catheter-Foley 14fr 5cc	EA	18	\$ 1.50	\$ 27.00	\$ 3.00	\$ 54.00
68	Catheter-Foley 16fr 30cc	EA	3	\$ 1.50	\$ 4.50	\$ 3.00	\$ 9.00
69	Catheter-Foley 16 fr 5cc	EA	192	\$ 1.50	\$ 288.00	\$ 2.50	\$ 480.00
70	Catheter-Foley 18fr 30cc	EA	15	\$ 1.50	\$ 22.50	\$ 3.00	\$ 45.00
71	Catheter-Foley 18fr 5cc	EA	91	\$ 1.50	\$ 136.50	\$ 2.00	\$ 182.00
72	Catheter-Foley 20fr 30cc	EA	60	\$ 1.50	\$ 90.00	\$ 1.80	\$ 108.00
73	Catheter-Foley 20fr 5cc	EA	57	\$ 1.50	\$ 85.50	\$ 1.80	\$ 102.60
74	Catheter-Foley 22fr 30cc	EA	71	\$ 1.50	\$ 106.50	\$ 1.80	\$ 127.80
75	Catheter-Foley 22fr 5cc	EA	68	\$ 1.50	\$ 102.00	\$ 1.80	\$ 122.40
76	Catheter-Foley 24fr 30cc	EA	14	\$ 1.50	\$ 21.00	\$ 4.88	\$ 68.32
77	Catheter-Foley 24fr 5cc	EA	48	\$ 1.50	\$ 72.00	\$ 3.00	\$ 144.00
78	Catheter-Foley 26fr 30cc	EA	6	\$ 1.50	\$ 9.00	\$ 4.88	\$ 29.28
79	Catheter-Foley 26fr 5cc	EA	7	\$ 1.50	\$ 10.50	\$ 4.88	\$ 34.16
80	Catheter-Foley 28fr 30cc	EA	8	\$ 1.50	\$ 12.00	\$ 4.88	\$ 39.04
81	Catheter-Foley 18fr 5cc latex free	EA	10	\$ 3.00	\$ 30.00	\$ 20.24	\$ 202.40
82	Cath-Straight Tip-14fr. 16" Intm Silicone	EA	540	\$ 1.00	\$ 540.00	\$ 1.00	\$ 540.00
83	Coude tip urinary catheter 14fr	EA	5	\$ 1.25	\$ 6.25	\$ 6.99	\$ 34.95
84	Coude tip urinary catheter 16fr	EA	35	\$ 1.25	\$ 43.75	\$ 8.03	\$ 281.05
85	Coude tip urinary catheter 18fr	EA	26	\$ 1.25	\$ 32.50	\$ 6.00	\$ 156.00
86	External Male Freedom Cath-Large	EA	517	\$ 1.75	\$ 904.75	\$ 1.80	\$ 930.60
87	External Male Freedom Cath-Med	EA	30	\$ 1.75	\$ 52.50	\$ 1.80	\$ 54.00
88	External Male Freedom Cath-Medium	EA	537	\$ 1.75	\$ 939.75	\$ 1.80	\$ 966.60
89	External Male Freedom Cath-Small	EA	813	\$ 1.75	\$ 1,422.75	\$ 1.80	\$ 1,463.40
90	External Male Freedom Cath-Sml	EA	335	\$ 1.75	\$ 586.25	\$ 4.80	\$ 1,608.00
91	Foley Insertion Tray	EA	880	\$ 2.50	\$ 2,200.00	\$ 3.00	\$ 2,640.00

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
92	Tru Close Gravity Drainage Bag 600ml	EA	4	\$ 35.00	\$ 140.00	\$ 34.89	\$ 139.56
93	Urinary 18" Extension Drain Tubing	EA	11	\$ 1.50	\$ 16.50	\$ 2.55	\$ 28.05
94	Urinary cath leg strap-Posey	EA	158	\$ 2.95	\$ 466.10	\$ 7.00	\$ 1,106.00
95	Urinary cath-secure anchor device	BX	10	\$ 3.00	\$ 30.00	\$ 9.63	\$ 96.30
96	Urinary Drain Bag Antirflx 2000ml	EA	1,528	\$ 3.00	\$ 4,584.00	\$ 3.76	\$ 5,745.28
97	Urinary Leg Bag 600ml	EA	15	\$ 1.25	\$ 18.75	\$ 3.00	\$ 45.00
98	Urinary Leg or Abdomen bag 1000ml	EA	4	\$ 2.00	\$ 8.00	\$ 19.00	\$ 76.00

CATEGORY 5 - ENTERAL FEEDING FORMULAS

99	Ensure Clear Apple Drink 24/8 ounce	CS	48	\$ 28.91	\$ 1,387.68	\$ 50.00	\$ 2,400.00
100	Ensure Clear Mixed Berry Drink 24/8 ounce	CS	48	\$ 28.91	\$ 1,387.68	\$ 50.00	\$ 2,400.00
101	Glucerna 1.0 packed 24/250ml cans	CS	250	\$ 40.43	\$ 10,107.50	\$ 55.00	\$ 13,750.00
102	Glucerna 1.0 packed 8/1000ml RTH bottles	CS	51	\$ 65.72	\$ 3,351.72	\$ 69.17	\$ 3,527.67
103	Glucerna 1.2 packed 8/1000ml RTH bottles	CS	10	\$ 83.07	\$ 830.70	\$ 95.00	\$ 950.00
104	Glucerna 1.5 packed 8/1000ml RTH bottles	CS	10	\$ 105.00	\$ 1,050.00	\$ 106.00	\$ 1,060.00
105	Jevity 1.0 Cal packed 8/1000ml RTH bottles	CS	52	\$ 41.44	\$ 2,154.88	\$ 55.00	\$ 2,860.00
106	Jevity 1.2 Cal packed 8/1000ml RTH bottles	CS	135	\$ 48.85	\$ 6,594.75	\$ 70.00	\$ 9,450.00
107	Jevity 1.5 Cal packed 8/1000ml RTH bottles	CS	64	\$ 51.81	\$ 3,315.84	\$ 60.00	\$ 3,840.00
108	Nepro packed 24/250ml cans	CS	15	\$ 78.57	\$ 1,178.55	\$ 80.00	\$ 1,200.00
109	Promote packed 8/1000ml bottles	CS	5	\$ 42.61	\$ 213.05	\$ 39.76	\$ 198.80
110	Pulmocare packed 8/1000ml RTH bottles	CS	3	\$ 76.22	\$ 228.66	\$ 62.92	\$ 188.76
111	TwoCal HN packed 8/1000ml RTH bottles	CS	24	\$ 51.75	\$ 1,242.00	\$ 48.28	\$ 1,158.72
112	Osmolite 1.0 packed 8/1,000ml RTH bottles	CS	4	\$ 37.56	\$ 150.24	\$ 35.11	\$ 140.44
113	Osmolite 1.2 packed 8/1,000 ml RTH bottles	CS	4	\$ 44.32	\$ 177.28	\$ 41.00	\$ 164.00
114	Osmolite 1.5 packed 8/1,000 ml RTH bottles	CS	2	\$ 47.74	\$ 95.48	\$ 41.93	\$ 83.86

CATEGORY 6 - PERCENT MARKUP ON COST

NO.	ITEM	PERCENTAGE MARK-UP	PERCENTAGE MARK-UP
115	Enteral supplies	15	15
116	Ostomy Supplies	20	10
117	Tracheostomy Supplies	20	10
118	Urological Supplies	20	10
119	Enteral Feeding Formulas	12	15
GRAND TOTAL			\$ 107,542.79

NOTES

Corrections were made to correct mathematical errors in DV Jahn Inc.'s submissions for Item No.66, and for their Grand Total.

Bid Opening 06/15/22 @ 2:30 PM	DW, SJ
Invitations Sent	32
Total Vendors Requesting Documents	1
Total Bid Responses	2

SECTION 7 - BID FORM PRICING

Any quantities shown are estimated only and are provided for bid canvassing purposes. The County has provided an Excel spreadsheet for convenience in completing Bid Form Pricing. Click on paperclip and return the document with your bid submittal.

NO	ITEM	MANUFACTURER	ITEM ID	UOM	QTY	PRICE	EXTENDED PRICE
CATEGORY 1 - ENTERAL SUPPLIES							
1	Adapter for Spike Set 774655 150-12163246		ENT-CED-12163246	EA	180	\$ 1.50	\$ 270.00
2	Feeding Bag Container E-Pump 30/cs 150-773656	Kendall	ENT-KEN-773656case	CS	2	\$ 102.95	\$ 205.90
3	Feeding Bag Container E-Pump 150-773656ea	Kendall	ENT-KEN-773656ea	EA	91	\$ 3.43	\$ 312.13
* 4	G-Tube 14FR w/5cc Balloon 500-6T14	Novartis Promed	ENT-NES-087414ea	EA	26	\$ 22.50	\$ 585.00
* 5	G-Tube 16FR w/15cc Balloon 500-6T16	Novartis Promed	ENT-NES-087416ea	EA	3	\$ 22.50	\$ 67.50
* 6	G-Tube 18FR w/15cc Balloon 500-6T18	Novartis Promed	ENT-NES-087418ea	EA	4	\$ 22.50	\$ 90.00
* 7	G-Tube 22FR w/15cc Balloon 500-6T22	Novartis Promed	ENT-NES-087422ea	EA	4	\$ 22.50	\$ 90.00
8	Kangaroo Safety Screw Pouch 150-775659	Promed	775659	BX	3	\$ 85.00	\$ 255.00
9	Spike Set for E-Pump 150-775659-EA*	Kendall	ENT-KEN-774655ea	EA	2,195	\$ 2.83	\$ 6,211.85
10	Spike Set for E-Pump 150-775659-EA	Kendall	ENT-KEN-775659ea	EA	750	\$ 2.83	\$ 2,122.50
11	Syringe, 60cc Catheter Tip Piston 500-6060	Promed	ENT-PRO-PC700ea	EA	4,310	\$ 0.75	\$ 3,232.50
12	Tube Anchor Device HOL-9780-EA	Hollister	ENT-HOL-9780ea	EA	7	\$ 7.50	\$ 52.50
CATEGORY 2 - OSTOMY SUPPLIES							
13	Adapt Barrier Rings 13/16" 20mm 10/box HOL-7805	Hollister	OST-HOL-7805box	BX	2	\$ 42.50	\$ 85.00
14	Coloplast barrier 2 1/4 flg c/f xw HOL-14603	Hollister	14603	EA	2	\$ 8.50	\$ 17.00
15	Convatec barrier CVT-4131-61	Convatec	413161	EA	1	\$ 6.50	\$ 6.50
16	Convatec barrier CVT-1252-59	Convatec	125259	EA	1	\$ 10.00	\$ 10.00
17	Convatec pouch CVT-4019-34	Convatec	401934	EA	2	\$ 4.00	\$ 8.00
18	Convatec pouch CVT-1252-61	Convatec	125261	EA	1	\$ 10.00	\$ 10.00
19	Eakin Cohesive Seal Small 2" each CVT-8390-02	Convatec	OST-CON-839002ea	EA	302	\$ 6.50	\$ 1,963.00
20	Hollister drain/tube attachment device HOL-9780	Hollister	9780	EA	1	\$ 7.50	\$ 7.50
21	Hollister pouch HOL-8450	Hollister	8450	EA	1	\$ 6.25	\$ 6.25
22	Hollister pouch HOL-18113	Hollister	18113	EA	2	\$ 3.50	\$ 7.00
23	Hollister pouch HOL-18013	Hollister	18013	EA	1	\$ 7.50	\$ 7.50

THE COUNTY OF DUPAGE

Ostomy, Tracheostomy, Urological, Enteral Supplies and Services (Med B) & Enteral Feeding Formulas 22-040-DCC

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NO	ITEM	MANUFACTURER	ITEM ID	UOM	QTY	PRICE	EXTENDED PRICE
24	Ostomy pouch, 1-1/2" 1 pc closed w/filter CVT1757-71	Convatec	OST-CON-175771box	EA	3	\$ 4.13	\$ 12.39
25	Ostomy clamp-repl CVT1756-35	Convatec	OST-CON-175635ea	EA	5	\$ 1.75	\$ 8.75
26	Paste skin barrier tube CVT79300	Hollister	OST-HOL-79300ea	EA	4	\$ 8.00	\$ 32.00
27	Pouch 1" Urostomy Convex Barrier ^{HOL-8484}	Hollister	OST-HOL-8484box	EA	1	\$ 8.00	\$ 8.00
28	Pouch, 2-1/4" drainable 10/bx CVT4015-13	Convatec	OST-CON-401513box	BX	1	\$ 4.00	\$ 4.00
29	Pouch, 2-3/4" drainable with filter ^{HOL-3804}	Hollister	OST-HOL-3804box	EA	3	\$ 2.88	\$ 8.44
30	Pouch, 2-3/4" closed end with filter CVT4015-28	Convatec	OST-CON-401528box	EA	20	\$ 2.50	\$ 50.00
31	Pouch, 2-3/4" surfil natura 60/bx CVT4131-76	Convatec	OST-CON-413176box	BX	2	\$ 260.00	\$ 520.00
32	Pouch, 2-3/4" urostomy w/accuseal tap with valve CVT4015-46	Convatec	OST-CON-401546box	EA	17	\$ 3.75	\$ 63.75
33	Pouch, 2-3/8" Esteem Synergy 60/bx ^{CVT4092-84}	Convatec	OST-CON-409284box	BX	1	\$ 99.00	\$ 99.00
34	Pouch, drainable 3/4" - 2-1/4" box of 10 CVT0227-71	Convatec	OST-CON-022771box	BX	46	\$ 49.50	\$ 2,277.00
35	Pouch, drainable 7/8 w/convex barrier ^{HOL-8511}	Hollister	OST-HOL-8511box	EA	3	\$ 8.50	\$ 25.50
36	Pouch, drainable mini pouch, ex wear cut to fit ^{HOL-8631}	Hollister	OST-HOL-8631box	EA	2	\$ 6.00	\$ 12.00
37	Pouch, 2 3/4" drainable new image 2 pc beige 10/bx HOL18104	Hollister	OST-HOL-18104box	BX	2	\$ 35.00	\$ 70.00
38	Powder, Stomahesive protective powder 1oz bottle CVT0255-10	Convatec	OST-CON-025510btl	EA	1	\$ 7.25	\$ 7.25
39	Wafer 2-3/4" FlexWEAR ^{HOL-3724}	Hollister	OST-HOL-3724box	EA	47	\$ 5.00	\$ 235.00
40	Wafer 2-3/4" Stomahesive skin barrier ^{CVT4015-77}	Convatec	OST-CON-401577box	EA	15	\$ 6.00	\$ 90.00
41	Wafer, 2-1/4" Durahesive Flexible Skin Barrier CVT4118-04	Convatec	OST-CON-411804box	EA	3	\$ 6.25	\$ 18.75
42	Wafer 2-3/4" Durahesive Flexible Skin Barrier CVT4131-63	Convatec	OST-CON-413163box	EA	2	\$ 7.65	\$ 15.30
43	Wafer 2-3/4" Stomahesive skin barrier ^{CVT1252-66}	Convatec	OST-CON-125266box	EA	6	\$ 4.98	\$ 29.88
44	Wafer 2-3/8" Esteem synergy 10/bx ^{CVT4054-58}	Convatec	OST-CON-405458box	BX	1	\$ 47.50	\$ 47.50
45	Wafer Esteem 1pc-Stomahesive 3/8" - 4" CVT4169-08	Convatec	OST-CON-416908box	EA	15	\$ 4.60	\$ 69.00
46	Wound Fistula Pouch 4" x 3" 5/pkg CVT8392-21	Convatec	SUP-CON-839221pkg	EA	3	\$ 18.50	\$ 55.50
CATEGORY 3 - TRACHEOSTOMY SUPPLIES							
47	Convatec esteem synergy CVT4092-84	Convatec	409284	EA	1	\$ 2.00	\$ 2.00
48	Shiley 15mm cap 109-CAP	Shiley	109-CAP	EA	2	\$ 6.50	\$ 13.00

THE COUNTY OF DUPAGE

Ostomy, Tracheostomy, Urological, Enteral Supplies and Services (Med B) & Enteral Feeding Formulas 22-040-DCC

NO	ITEM	MANUFACTURER	ITEM ID	UOM	QTY	PRICE	EXTENDED PRICE
49	Trach Clean & Care Tray-AirLife ^{TRIT-30}	Promed	TRA-CRF-3T4691ea	EA	2,840	\$ 2.25	\$ 6,390.00
50	Trach tube cuff 4DCT 109-4DCT	Shiley	Shiley 4DCT	EA	5	\$ 19.50	\$ 97.50
51	Trach tube Shiley 4DCFS 109-44N65H	Shiley	TRA-SHI-4DCFSea	EA	5	\$ 52.00	\$ 260.00
52	Trach tube Shiley 4 CFN 109-4CFN	Shiley	TRA-SHI-4CFNea	EA	15	\$ 52.00	\$ 780.00
53	Trach tube Shiley 6 CFN 109-6CFN	Shiley	TRA-SHI-6CFNea	EA	2	\$ 52.00	\$ 104.00
54	Trach tube size 6 168-502060	Smiths	502060	EA	5	\$ 52.00	\$ 260.00
55	Trach tube size 7 168-503070	Smiths	503070	EA	1	\$ 52.00	\$ 52.00
56	Trach/laryn tube 8 non-cuffed 109-8UN8SR	Shiley	TRA-SHI-8CFSea	EA	4	\$ 69.50	\$ 278.00
57	Trach/laryn tube non-cuffed 109-4CF5	Shiley	TRA-SHI-4CFSea	EA	13	\$ 52.00	\$ 676.00
58	Trach/laryn tube non-cuffed 109-6CF5	Shiley	TRA-SHI-6CFSea	EA	11	\$ 52.00	\$ 572.00
59	Tracheostomy disposable inner cannula 109-4DIC	Shiley	TRA-SHI-4DICbx	EA	10	\$ 37.50	\$ 375.00
CATEGORY 4 - UROLOGICAL SUPPLIES							
60	Cath Silicone 16fr. 5cc Closed System Tray BU802D16	Bardia	URO-BAR-802016ea	EA	21	\$ 5.40	\$ 113.40
61	Catheter Foley 16 Fr 10cc Latex Free 500-FC1605S	Promed	URO-MDL-DYND11502ea	EA	41	\$ 3.00	\$ 123.00
62	Catheter Foley 18 Fr 30cc Latex Free 500-FC1830S	Promed	URO-RUS-170630180ea	EA	9	\$ 3.00	\$ 27.00
63	Catheter, External Self Adhering LF 25mm Small 500-EC10	Promed	URO-RCH-33101ea	EA	120	\$ 1.50	\$ 180.00
64	Catheter-Coude Tip-Latex Free Urethral 16 Fr. 028-816	Mentor	URO-COL-816ea	EA	30	\$ 2.25	\$ 67.50
65	Catheter-Coude Tip-Latex Urethral 16 Fr. BU010116	Bardia	URO-BAR-010116ea	EA	39	\$ 6.25	\$ 243.75
* 66	Catheter-Foley 14fr 30cc 500-FC1430	Promed Kendall	URO-KEN-624149ea	EA	10	\$ 1.50	\$ 15.00
* 67	Catheter-Foley 14fr 5cc 500-FC1405	Promed Kendall	URO-KEN-3558ea	EA	18	\$ 1.50	\$ 27.00
* 68	Catheter-Foley 16fr 30cc 500-FC1630	Promed Kendall	URO-KEN-3601ea	EA	3	\$ 1.50	\$ 4.50
* 69	Catheter-Foley 16 fr 5cc 500-FC1605	Promed Kendall	URO-KEN-3560ea	EA	192	\$ 1.50	\$ 288.00
* 70	Catheter-Foley 18fr 30cc 500-FC1830	Promed Kendall	URO-KEN-3607ea	EA	15	\$ 1.50	\$ 22.50
* 71	Catheter-Foley 18fr 5cc 500-FC1805	Promed Kendall	URO-KEN-3563ea	EA	91	\$ 1.50	\$ 136.50
* 72	Catheter-Foley 20fr 30cc 500-FC2030	Promed Kendall	URO-KEN-3611ea	EA	60	\$ 1.50	\$ 90.00
* 73	Catheter-Foley 20fr 5cc 500-FC2005	Promed Kendall	URO-KEN-3565ea	EA	57	\$ 1.50	\$ 85.50
* 74	Catheter-Foley 22fr 30cc 500-FC2230	Promed Kendall	URO-KEN-3614ea	EA	71	\$ 1.50	\$ 106.50
* 75	Catheter-Foley 22fr 5cc 500-FC2205	Promed Kendall	URO-KEN-3567ea	EA	68	\$ 1.50	\$ 102.00

NO	ITEM	MANUFACTURER	ITEM ID	UOM	QTY	PRICE	EXTENDED PRICE
* 76	Catheter-Foley 24fr 30cc 500-FC2430	Promed Kendall	URO-KEN-3618ea	EA	14	\$ 1.50	\$ 21.00
* 77	Catheter-Foley 24fr 5cc 500-FC2405	Promed Kendall	URO-KEN-3570ea	EA	48	\$ 1.50	\$ 72.00
* 78	Catheter-Foley 26fr 30cc 500-FC2630	Promed Kendall	URO-KEN-3619ea	EA	6	\$ 1.50	\$ 9.00
* 79	Catheter-Foley 26fr 5cc 500-FC2605	Promed Kendall	URO-KEN-3573ea	EA	7	\$ 1.50	\$ 10.50
* 80	Catheter-Foley 28fr 30cc 500-FC2830	Promed Kendall	URO-KEN-3623ea	EA	8	\$ 1.50	\$ 12.00
81	Catheter-Foley 18fr 5cc latex free 500-FC1805S	Promed	URO-MDL-DYND11503ea	EA	10	\$ 3.00	\$ 30.00
82	Cath-Straight Tip-14fr. 16" Intm Silicone 500-UC14	Promed	URO-COL-414ea	EA	540	\$ 1.00	\$ 540.00
83	Coude tip urinary catheter 14fr 500-UC14C	Promed	URO-MDL-DYND11214ea	EA	5	\$ 1.25	\$ 6.25
84	Coude tip urinary catheter 16fr 500-UC16C	Promed	URO-MDL-DYND11216Hea	EA	35	\$ 1.25	\$ 43.75
85	Coude tip urinary catheter 18fr 500-UC18C	Promed	URO-MDL-DYND11218Hea	EA	26	\$ 1.25	\$ 32.50
86	External Male Freedom Cath-Large 028-8400	Promed	URO-COL-8400ea	EA	517	\$ 1.75	\$ 904.75
87	External Male Freedom Cath-Med 028-8205	Promed	URO-COL-8205ea	EA	30	\$ 1.75	\$ 52.50
88	External Male Freedom Cath-Medium 028-6200	Promed	URO-MEN-6200ea	EA	537	\$ 1.75	\$ 939.75
89	External Male Freedom Cath-Small 028-8200	Promed	URO-COL-8200ea	EA	813	\$ 1.75	\$ 1422.75
90	External Male Freedom Cath-Sml 028-8200*	Promed	URO-MEN-6130ea	EA	335	\$ 1.75	\$ 586.25
91	Foley Insertion Tray 500-CKIT	Promed	URO-AMS-AS890ea	EA	880	\$ 2.50	\$ 2200.00
92	Tru Close Gravity Drainage Bag 600ml 644-TC600	Promed	URO-URE-TC600Lea	EA	4	\$ 35.00	\$ 140.00
* 93	Urinary 18" Extension Drain Tubing 500-LBET-18	Kendall Promed	URO-KEN-731900ea	EA	11	\$ 1.50	\$ 16.50
* 94	Urinary cath leg strap-Posey 500-L100	Posey Promed	URO-POS-8143ea	EA	158	\$ 2.95	\$ 466.10
95	Urinary cath-secure anchor device MCI 54452	Promed	URO-MCI-5445-9ea	BX	10	\$ 3.00	\$ 30.00
96	Urinary Drain Bag Antirifx 2000ml 500-LBAG	Promed	URO-AMS-AS312ea	EA	1,528	\$ 3.00	\$ 4,584.00
97	Urinary Leg Bag 600ml 500-LB20	Promed	URO-AMS-AS306Nea	EA	15	\$ 1.25	\$ 18.75
98	Urinary Leg or Abdomen bag 1000ml 500-LB30	Promed	URO-MDI-87004ea	EA	4	\$ 2.00	\$ 8.00
CATEGORY 5 - ENTERAL FEEDING FORMULAS							
99	Ensure Clear Apple Drink 24/8 ounce	Abbott-Ross	154-64903	CS	48	\$ 28.91	\$ 1,387.68
100	Ensure Clear Mixed Berry Drink 24/8 ounce	Abbott-Ross	154-64900	CS	48	\$ 28.91	\$ 1,387.68
101	Glucerna 1.0 packed 24/250ml cans	Abbott-Ross	154-64913	CS	250	\$ 40.43	\$ 10,107.50

NO	ITEM	MANUFACTURER	ITEM ID	UOM	QTY	PRICE	EXTENDED PRICE
102	Glucerna 1.0 packed 8/1000ml RTH bottles	Abbott-Ross	154-62671	CS	51	\$ 65.72	\$ 3,351.72
103	Glucerna 1.2 packed 8/1000ml RTH bottles	Abbott-Ross	154-62677	CS	10	\$ 83.07	\$ 830.70
104	Glucerna 1.5 packed 8/1000ml RTH bottles	Abbott-Ross	154-62679	CS	10	\$ 105.00	\$ 1,050.00
105	Jevity 1.0 Cal packed 8/1000ml RTH bottles	Abbott-Ross	154-62685	CS	52	\$ 41.44	\$ 2,154.88
106	Jevity 1.2 Cal packed 8/1000ml RTH bottles	Abbott-Ross	154-62683	CS	135	\$ 48.85	\$ 6,594.75
107	Jevity 1.5 Cal packed 8/1000ml RTH bottles	Abbott-Ross	154-62681	CS	64	\$ 51.81	\$ 3,315.84
108	Nepro packed 24/250ml cans	Abbott-Ross	154-64803	CS	15	\$ 78.57	\$ 1,178.55
109	Promote packed 8/1000ml bottles	Abbott-Ross	154-62701	CS	5	\$ 42.61	\$ 213.05
110	Pulmocare packed 8/1000ml RTH bottles	Abbott-Ross	154-62725	CS	3	\$ 76.22	\$ 228.66
111	TwoCal HN packed 8/1000ml RTH bottles	Abbott-Ross	154-68048	CS	24	\$ 51.75	\$ 1,242.00
112	Osmolite 1.0 packed 8/1,000ml RTH bottles	Abbott-Ross	154-62691	CS	4	\$ 37.56	\$ 150.24
113	Osmolite 1.2 packed 8/1,000 ml RTH bottles	Abbott-Ross	154-62697	CS	4	\$ 44.32	\$ 177.28
114	Osmolite 1.5 packed 8/1,000 ml RTH bottles	Abbott-Ross	154-62699	CS	2	\$ 47.74	\$ 95.48

CATEGORY 6 - PERCENT MARK-UP ON COST

NO	ITEM	PERCENTAGE MARK-UP	
115	Enteral supplies	15 %	
116	Ostomy Supplies	20 %	
117	Tracheostomy Supplies	20 %	
118	Urological Supplies	20 %	
119	Enteral Feeding Formulas	12 %	

GRAND TOTAL \$ 76,485.85

GRAND TOTAL
(In words)

Seventy-Six thousand, Four hundred Eighty-five Dollars and Eighty-five cents.

SECTION 9 - MANDATORY FORM
OSTOMY, TRACHEOSTOMY, UROLOGICAL, ENTERAL SUPPLIES AND SERVICES (MED B) & ENTERAL FEEDING
FORMULAS 22-040-DCC

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Professional Medical & Surgical Supply, Inc.		
Main Business Address	1917 Garnet Ct.		
City, State, Zip Code	New Lenox, IL 60451		
Telephone Number	800-648-5190	Email Address	alanf@promedsupply.com
Bid Contact Person	Alan Ferry		

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:

Terry Barnes
 (President or Partner)

 (Vice-President or Partner)

 (Secretary or Partner)

 (Treasurer or Partner)

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

Addenda No. 1, _____, _____, and _____ issued thereto.

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

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

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

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

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

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

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	Professional Medical Supply	NAME	Professional Medical Supply
CONTACT	Alan Ferry	CONTACT	Alan Ferry
ADDRESS	1917 Garnet Ct.	ADDRESS	1917 Garnet Ct.
CITY ST ZIP	New Lenox, IL 60451	CITY ST ZIP	New Lenox, IL 60451
TX	800-648-5190	TX	800-648-5190
FX	846-726-7414	FX	846-726-7414
EMAIL	alanf@promedsupply.com	EMAIL	alanf@promedsupply.com
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage County Care Center Attn: Connie Revita 400 North County Farm Road Wheaton, IL 60187 TX: (630) 407-2800		DuPage County Care Center Attn: Clementine Nelson, R.N., A.D.O.N. 400 North County Farm Road Wheaton, IL 60187 TX: (630) 784-4251 EMAIL: clementine.nelson@dupageco.org	

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



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:	Professional Medical Supply, Inc
CONTACT PERSON:	Alan Ferry
CONTACT EMAIL:	AlanF@PromedSupply.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: _____

Signature: _____

Title: _____

Date: _____



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0020-25

Agenda Date: 4/15/2025

Agenda #: 8.H.

AWARDING RESOLUTION ISSUED TO
ALCO SALES & SERVICE COMPANY
FOR REPLACEMENT ELITE EX LONG-TERM CARE BEDS
FOR THE DUPAGE CARE CENTER
(CONTRACT TOTAL AMOUNT \$110,880.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract to Alco Sales & Service Co., for replacement Elite Ex long-term care beds, for the period of April 23, 2025 through April 22, 2026, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is for replacement Elite Ex long-term care beds, for the period of April 23, 2025 through April 22, 2026, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract by the Procurement Division to Alco Sales & Service Co, 6851 High Grove Boulevard, Illinois 60527, for a contract total amount not to exceed \$110,880.00, per lowest responsible bid #25-042-DCC.

Enacted and approved this 22nd day of April, 2025 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-0979	RFP, BID, QUOTE OR RENEWAL #: 25-042-DCC	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$110,880.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/15/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$110,880.00
	CURRENT TERM TOTAL COST: \$110,880.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Alco Sales & Service Co.	VENDOR #: 10056	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Megan Hodges	VENDOR CONTACT PHONE: 630-366-2273	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: megans@alcosales.com	VENDOR WEBSITE:	DEPT REQ #: 7504	
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.). Elite Ex long-term care beds, for the DuPage Care Center, for the period 04/23/25 through 04/22/26, per bid #25-042-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement beds			

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 Co.	Vendor#: 10056	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Megan Hodges	Email: megans@alcosales.com	Attn: Vinit Patel	Email: Vinit.Patel@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: 630-366-2226	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Alco Sales & Service Co.	Vendor#: 10056	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Eleanor Patenaude	Email:	Attn: Vinit Patel	Email: Vinit.Patel@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: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 23, 2025	Contract End Date (PO25): April 22, 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	56	EA		Elite EX Long-Term Care Bed	FY25	1200	2075	54110		1,980.00	110,880.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 110,880.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Elite Ex long-term care beds, for the DuPage Care Center, for the period 04/23/25 through 04/22/26, per bid #25-042-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. April 15, 2025 HS Committee April 22, 2025 County Board Meeting
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
FURNISH & DELIVER ELITE EX™ LONG-TERM BEDS 25-042-DCC
BID TABULATION

NO.	ITEM	UOM	QTY	ALCO Sales & Service Co.		Tiles in Style LLC		Garson Group	
				PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
1	Elite EX™ Long-Term Beds	EA	56	\$ 1,332.00	\$ 74,592.00	\$ 4,555.00	\$ 255,080.00	\$ 1,580.00	\$ 88,480.00
2	Assembly	EA	56	\$ 30.00	\$ 1,680.00	\$ 749.00	\$ 41,944.00	\$ 330.00	\$ 18,480.00
3	Shipping	EA	56	\$ 73.00	\$ 4,088.00	NO CHARGE		\$ 40.00	\$ 2,240.00
4	Head & Footboard – 42", walnut	EA	56	\$ 134.00	\$ 7,504.00	NO CHARGE		NO BID	
5	Footboard Mounted Staff Control	EA	56	\$ 83.25	\$ 4,662.00	NO CHARGE		NO BID	
6	Soft Touch Assist Rail	EA	56	\$ 189.00	\$ 10,584.00	NO CHARGE		NO BID	
7	Underbed Lighting	EA	56	\$ 138.75	\$ 7,770.00	NO CHARGE		NO BID	
GRAND TOTAL				\$ 110,880.00		\$ 297,024.00		\$ 109,200.00	

NOTES

1. Medline Industries, LP has been deemed non-responsive due to proposed product not meeting Bid specifications.
2. Rehabmart eCommerce Solutions, LLC has been deemed non-responsive for not providing price as requested.
3. ReMED Services LLC has been deemed non-responsive for not providing price as requested.
4. Venus Supplies & Constructions has been deemed non-responsive for not providing required forms.

Bid Opening 3/27/2025 @ 2:30 PM	BR, DW
Invitations Sent	67
Total Vendors Requesting Documents	6
Total Bid Responses	7

BID PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-042-DCC
COMPANY NAME:	ALCO Sales & Service Co.
CONTACT PERSON:	James Pilat
CONTACT EMAIL:	jpilat@alcosales.com

Section II: Pricing

Quantities listed are estimates and used for bid canvassing purposes only.

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
SECTION 1: STANDARD BED					
1	Elite EX™ Long-Term Beds	EA	56	\$ 1332.00	\$ 74,592.00
2	Assembly	EA	56	\$ 30.00	\$ 1680.00
3	Shipping	EA	56	\$ 73.00	\$ 4088.00
SECTION 2: OPTIONAL FEATURES					
4	Head & Footboard – 42", walnut	EA	56	\$ 134.00	\$ 7,504.00
5	Footboard Mounted Staff Control	EA	56	\$ 83.25	\$ 4,662.00
6	Soft Touch Assist Rail	EA	56	\$ 189.00	\$ 10,584.00
7	Underbed Lighting	EA	56	\$ 138.75	\$ 7,770.00
GRAND TOTAL					\$ 110,880.00
GRAND TOTAL					
(In words)		One Hundred and ten thousand, eight hundred and eighty dollars and zero cents			

Section III: Certification

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

Printed Name: James Pilat Signature: [Signature]

Title: Executive Vice President/
Chief Operating Officer Date: COO 3/26/25



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:	25-042-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 Hodges
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:	James Pilat	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.:	630-366-2235	PHONE NO.:	630-366-2245
EMAIL:	jpilat@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

Mark D. Herman

(President or Partner)

(Vice-President or Partner)

Mark D. Herman

Jeff Herman

(Secretary or Partner)

(Treasurer or Partner)

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

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

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

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

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

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

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

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

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

Signature on File

Printed Name: James Pilat

Signature: _____

Title: Executive Vice President/
Chief Operating Officer

Date: 4-4-25



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:	25-042-DCC
COMPANY NAME:	ALCO Sales & Service Co.
CONTACT PERSON:	James Pilat
CONTACT EMAIL:	jpilat@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

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

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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: James Pilat

Signature: /

Title: Executive Vice President/
Chief Operating Officer

Date: 4-4-25



Budget Transfer

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

File #: 25-1056

Agenda Date: 4/15/2025

Agenda #: 9.A.

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective January 22, 2024

From: 1400
Company #

NEUTRAL SITE CUSTODY EXCHANGE
From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
5920	50010		OVERTIME	\$ 1,800.00	2,400.00	600.00	3/28/25	1400-9104
5920	53828		CONTINGENCIES	\$ 6,800.00	7,560.00	760.00	3/28/25	1400-9104
Total				\$ 8,600.00				

To: 1400
Company #

NEUTRAL SITE CUSTODY EXCHANGE
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance	B/S Fund
					Prior to Transfer	After Transfer		
5920	51040		EMPLOYEE MED & HOSP INSURANCE	\$ 8,600.00	(1,877.96)	6,722.04	3/28/25	1400-9104
Total				\$ 8,600.00				

Reason for Request:

Amount transferred covers deficits in the Employee Med & Hosp Insurance that were unanticipated when the FY25 budget was prepared.

Signature on File

Department Head

Signature on File

Chief Financial Officer

3/28/25
Date

4/3/25
Date

Activity

(optional)

****Please sign in blue ink on the original form****

Finance Department Use Only			
Fiscal Year <u>25</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 4/15/25
FIN/CB - 4/22/25



Budget Transfer

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

File #: 25-1057

Agenda Date: 4/15/2025

Agenda #: 9.B.

DuPage County, Illinois
BUDGET ADJUSTMENT
Effective October 1, 2024

From: 1000
Company #

COMMUNITY SERVICES
From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
1750	50000		REGULAR SALARIES	\$ 4,000.00	917,624.55	913,624.55	3/31/25
Total				\$ 4,000.00			

To: 1000
Company #

COMMUNITY SERVICES
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
1750	50010		OVERTIME	\$ 4,000.00	(3,919.22)	80.78	3/31/25
Total				\$ 4,000.00			

Reason for Request:

Transfer of funds for staff granted overtime to assist the Information & Referral unit manage the client caseload while being short-staffed.

Signature on File

Department Head Signature on File

Chief Financial Officer

Activity

(optional)

3/31/25
Date
4/3/25
Date

****Please sign in blue ink on the original form****

Finance Department Use Only			
Fiscal Year <u>25</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HS - 4/15/25
FIN/CB - 4/22/25



Authorization to Travel

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

File #: 25-1058

Agenda Date: 4/15/2025

Agenda #: 10.A.



DuPage County Employee Overnight Business Travel Expense Reimbursement Request

This expense form is used to request advance approval for County reimbursement of **overnight travel expenses**. Advance approval is required for County reimbursement for all overnight travel whether in-state or out-of-state. After travel is completed, a separate [Overnight Business Travel Report Form](#) must be completed and submitted to receive reimbursement for travel expenses.

Elected Officials subject to 50 ILCS 150/15 should not use this Overnight Business Travel Request Form. [Applicable form for Elected Officials subject to 50 ILCS 150/15.](#)

Do not use this form for travel that does not include an overnight stay. Advance approval is not required for travel that does not include an overnight stay.

Written documentation is not required for approval prior to travel. However, complete itemized documentation is required for reimbursement after travel.

Please review the [County's Business Travel Expense Policy](#) before completing this form.

The County's Business Travel Expense Policy : ["Yes"]

Employee Name:

Employee Email Address: dupagecounty.gov

Department: Community Services

Supervisor Email: mary.keating@dupagecounty.gov

Secondary Department Contact (Department Admin or Accounts Payable):

Karen.graczyk@dupagecounty.gov

Description of the Requested Business Travel

Description of conference, training or other out of town event: National Alliance to End Homelessness Conference in Washington DC. This is a 3 Day HUD approved conference.

Start date of conference, training or other out of town event: 06-30-2025

End date of conference, training or other out of town event: 07-02-2025

Departure travel date: 06-29-2025

Return travel date: 07-03-2025

If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: Conference is until 4:30 pm on 7/2/2025. I will need the hotel through check out time on 7/3/25

Estimate of costs for the requested business travel

Budget Account Code: 5000-1510

Registration fees for conference, training or event: \$900

Form of Payment: Invoiced to county

Estimated transportation cost to and from location: \$800

Describe methods of transportation to and from location: Estimated cost of round trip air fair and taxi to and from the hotel.

Rental Vehicle request:

Provide estimated rental car cost: \$

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: \$1285

Description of lodging needs, including number of nights and cost per night: 4 nights @ conference rate of 277 per night plus taxes

Meal Per Diem Policy

See **Business Travel Expense Policy Section 6.0** regarding meal per diems. Individual meals, **including room service**, are not reimbursable and meal receipts are not required or accepted. Tips are included in the per diem and are not reimbursable. Per diems are paid at 100% of applicable GSA CONUS rates for non-travel days and at 75% of applicable GSA CONUS rates for the travel day at the beginning of the trip and the travel day for returning from the trip.

See the per diem rates at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

Estimate Total Per Diem expenses: \$439

Estimate such additional expenses: \$0

Describe expected additional expenses:

Estimated total cost of the requested Overnight Business Travel: \$3424

Confirmation and Submission

By typing my name below, the employee submitting this request certifies that the information provided herein accurately describes the proposed business travel and the requested travel expenses are my best estimate of the costs and expenses related to that travel. I understand that this request requires advance approval by my Department Head and the Parent Committee Chair (if the total is not more than \$2,500) or the Parent Committee (if the total is more than \$2,500).

Employee Name: .

Instructions for Immediate Supervisor other than Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please forward the form by email to the Department Head and indicate your approval.

Instructions for Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please print this form, sign below, scan and email to the Chair of the relevant Parent Committee.

Instructions for Parent Committee Chair

Please review this Overnight Business Travel Request Form. If \$2,500 or less, and you approve the requested travel, please print this form, sign below, scan, and return via email to the Department Head. If more than \$2,500, place this item on the agenda of the relevant Parent Committee. After approval by the Parent Committee, please print this form, sign below, scan, and return via email to the Department Head.

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: _____ 4/3/25

Committee Chair: _____

Date: _____

If the request is over \$2,500 the Committee Chair certifies that the travel was approved by a majority vote at a scheduled meeting of the Parent Committee

Committee Name: _____

Meeting Date: _____



Authorization to Travel

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

File #: 25-1059

Agenda Date: 4/15/2025

Agenda #: 10.B.



DuPage County Employee Overnight Business Travel Expense Reimbursement

Request

This expense form is used to request advance approval for County reimbursement of **overnight travel expenses**. Advance approval is required for County reimbursement for all overnight travel whether in-state or out-of-state. After travel is completed, a separate [Overnight Business Travel Report Form](#) must be completed and submitted to receive reimbursement for travel expenses.

Elected Officials subject to 50 ILCS 150/15 should not use this Overnight Business Travel Request Form. [Applicable form for Elected Officials subject to 50 ILCS 150/15.](#)

Do not use this form for travel that does not include an overnight stay. Advance approval is not required for travel that does not include an overnight stay.

Written documentation is not required for approval prior to travel. However, complete itemized documentation is required for reimbursement after travel.

Please review the [County's Business Travel Expense Policy](#) before completing this form.

The County's Business Travel Expense Policy : ["Yes"]

Employee Name:

Employee Email Address: @dupagecounty.gov

Department: DuPage County Community Services

Supervisor Email: Joan.Fox@dupagecounty.gov

Secondary Department Contact (Department Admin or Accounts Payable):

Mary.Keating@dupagecounty.gov

Description of the Requested Business Travel

Description of conference, training or other out of town event: 100% Grant Funded travel for Senior Housing and Community Development Planner to attend the 2025 National Alliance to End Homeless Conference in Washington, DC. Conference will provide forum for system leaders, advocates, and service providers to discuss best practices and housing focused solutions.

Start date of conference, training or other out of town event: 06-30-2025

End date of conference, training or other out of town event: 07-02-2025

Departure travel date: 06-29-2025

Return travel date: 07-02-2025

If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: Departing the night before conference registration begins at 8:00 am EST on 6/30/25.

Estimate of costs for the requested business travel

Budget Account Code: 5000-1500

Registration fees for conference, training or event: \$900

Form of Payment: Invoiced to county

Estimated transportation cost to and from location: \$680

Describe methods of transportation to and from location: Airfare, limo transportation to airport, transportation to/from conference center

Rental Vehicle request:

Provide estimated rental car cost: \$

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: \$964

Description of lodging needs, including number of nights and cost per night: Three nights (6/29, 6/30, 7/1) @ discounted rate of \$277.00 per night plus \$44 per night in taxes and fees

Meal Per Diem Policy

See **Business Travel Expense Policy Section 6.0** regarding meal per diems. Individual meals, **including room service**, are not reimbursable and meal receipts are not required or accepted. Tips are included in the per diem and are not reimbursable. Per diems are paid at 100% of applicable GSA CONUS rates for non-travel days and at 75% of applicable GSA CONUS rates for the travel day at the beginning of the trip and the travel day for returning from the trip.

See the per diem rates at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

Estimate Total Per Diem expenses: \$322

Estimate such additional expenses: \$0

Describe expected additional expenses:

Estimated total cost of the requested Overnight Business Travel: \$2866

Confirmation and Submission

By typing my name below, the employee submitting this request certifies that the information provided herein accurately describes the proposed business travel and the requested travel expenses are my best estimate of the costs and expenses related to that travel. I understand that this request requires advance approval by my Department Head and the Parent Committee Chair (if the total is not more than \$2,500) or the Parent Committee (if the total is more than \$2,500).

Employee Name:

Instructions for Immediate Supervisor other than Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please forward the form by email to the Department Head and indicate your approval.

Instructions for Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please print this form, sign below, scan and email to the Chair of the relevant Parent Committee.

Instructions for Parent Committee Chair

Please review this Overnight Business Travel Request Form. If \$2,500 or less, and you approve the requested travel, please print this form, sign below, scan, and return via email to the Department Head. If more than \$2,500, place this item on the agenda of the relevant Parent Committee. After approval by the Parent Committee, please print this form, sign below, scan, and return via email to the Department Head.

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: _____

Committee Chair: _____

Date: _____

If the request is over \$2,500 the Committee Chair certifies that the travel was approved by a majority vote at a scheduled meeting of the Parent Committee

Committee Name: _____

Meeting Date: _____



Consent Item

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

File #: 25-1060

Agenda Date: 4/15/2025

Agenda #: 11.A.



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Consent
HS 4/15
CB 4/22

Date: 3/20/2025

MinuteTraq (IQM2) ID #: _____

Purchase Order #: 6840	Original Purchase Order Date: Jan 1, 2024	Change Order #: 1	Department: Health & Human Services
Vendor Name: 360 Youth Services		Vendor #: 13527	Dept Contact: Gina Strafford
Background and/or Reason for Change Order Request:	Reduce \$18,964.77 from line 1 and close the contract at \$36,277.23.		
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	\$55,242.00
B	Net \$ change for previous Change Orders	\$0.00
C	Current contract amount (A + B)	\$55,242.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$18,964.77)
E	New contract amount (C + D)	\$36,277.23
F	Percent of current contract value this Change Order represents (D / C)	-34.33%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-34.33%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

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

Lan	6131	Mar 20, 2025	<i>[Signature]</i>	6444	3/21/25
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		



Grant Proposal Notifications

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

File #: 25-1061

Agenda Date: 4/15/2025

Agenda #: 12.A.



Grant Proposal Notification

GPN Number: 007-25
(Completed by Finance Department)

Date of Notification: 04/07/2025
(MM/DD/YYYY)

Parent Committee Agenda Date: 04/15/2025
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/04/2025
(MM/DD/YYYY)

Name of Grant: LIHEAP HHS Grant PY26

Name of Grantor: IL Dept. of Commerce and Economic Opportunity

Originating Entity: U.S. Dept. of Health and Human Services
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Gina Strafford-Ahmed, Administrator x6444
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 3,657,594.00

Type of Grant: Formula
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☐ Yes ☒ No

Source of Grant: ☒ Federal ☐ State ☐ Private ☐ Corporate

If Federal, provide CFDA: 93.568 If State, provide CSFA: 420-70-0090



Grant Proposal Notification

1. Justify the department's need for this grant.

The Low Income Home Energy Assistance (LIHEAP) Program, funded through U.S. Department of Health and Human Services and the Supplemental Low Income Energy Assistance Fund (SLIHEAP) allows DuPage County to provide services to eligible low income households in DuPage County. The client assistance funds available through this grant program assist eligible households with the costs of home energy by incorporating fuel assistance, home weatherization, and other related measures in accordance with the current LIHEAP regulations and requirements.

2. Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Community Well-Being:

Collaborate with non-profits and use federal and state funds to help residents lead healthier, more independent lives.

3. What is the period covered by the grant?

10/01/2025 to 08/31/2027
(MM/DD/YYYY) (MM/DD/YYYY)

3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. _____ and _____
(MM/YY) (Duration)

4. Will the County provide "seed" or startup funding to initiate grant project? (Yes or No)

No

4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront) ☐

5.2. After expenditure of costs (reimbursement-based) ☒

Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes

6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.

6.1.1. Total salary \$1,134,001.00 Percentage covered by grant 34%

6.1.2. Total fringe benefits \$331,978.00 Percentage covered by grant 35%

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): No

6.1.3.1. If yes, which ones are disallowed?

6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?

Liheap: 5000-1495 State

6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No

6.2.1. If yes, how many new positions will be created?

6.2.1.1. Full-time _____ Part-time _____ Temporary _____

6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit?
(Yes or No)

6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

Grant Proposal Notification

<p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p>	<p>No</p> <hr/>
<p>6.3.1. If yes, please answer the following:</p>	
<p>6.3.1.1. How many years beyond the grant term?</p>	<hr/>
<p>6.3.1.2. What Company-Accounting Unit(s) will be used?</p>	<hr/>
<p>6.3.1.3. Total annual salary</p>	<hr/>
<p>6.3.1.4. Total annual fringe benefits</p>	<hr/>
<p>7. Does the grant allow for direct administrative costs? (Yes or No)</p>	<p>Yes</p> <hr/>
<p>7.1. If yes, please answer the following:</p>	
<p>7.1.1. Total estimated direct administrative costs for project</p>	<p>\$219,456.00</p> <hr/>
<p>7.1.2. Percentage of direct administrative costs covered by grant</p>	<p>100%</p> <hr/>
<p>7.1.3. What percentage of the grant total is the portion covered by the grant</p>	<p>6%</p> <hr/>
<p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p>	<p>85%</p> <hr/>
<p>9. Are matching funds required? (Yes or No):</p>	<p>No</p> <hr/>
<p>9.1. If yes, please answer the following:</p>	
<p>9.1.1. What percentage of match funding is required by granting entity?</p>	<hr/>
<p>9.1.2. What is the dollar amount of the County's match?</p>	<hr/>



Grant Proposal Notification

9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

10. What amount of funding is already allocated for the project? \$0.00

10.1. If allocated, in what Company-Accounting Unit are the funds located? _____

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): _____

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$3,657,594.00



Grant Proposal Notifications

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

File #: 25-1062

Agenda Date: 4/15/2025

Agenda #: 12.B.



Grant Proposal Notification

GPN Number: 008-25
(Completed by Finance Department)

Date of Notification: 04/07/2025
(MM/DD/YYYY)

Parent Committee Agenda Date: 04/15/2025
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/04/2025
(MM/DD/YYYY)

Name of Grant: LIHEAP State Supplemental Grant PY26

Name of Grantor: IL Dept. of Commerce and Economic Opportunity

Originating Entity: _____
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Gina Strafford-Ahmed, Administrator x6444
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 3,422,595.00

Type of Grant: Formula
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☐ Yes ☒ No

Source of Grant: ☐ Federal ☒ State ☐ Private ☐ Corporate

If Federal, provide CFDA: _____ If State, provide CSFA: 420-70-0090



Grant Proposal Notification

1. Justify the department's need for this grant.

The Low Income Home Energy Assistance (LIHEAP) Program, funded through U.S. Department of Health and Human Services and the Supplemental Low Income Energy Assistance Fund (SLIHEAP) allows DuPage County to provide services to eligible low income households in DuPage County. The client assistance funds available through this grant program assist eligible households with the costs of home energy by incorporating fuel assistance, home weatherization, and other related measures in accordance with the current LIHEAP regulations and requirements.

2. Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Community Well-Being:

Collaborate with non-profits and use federal and state funds to help residents lead healthier, more independent lives.

3. What is the period covered by the grant?

06/01/2025 to 08/31/2026
(MM/DD/YYYY) (MM/DD/YYYY)

- 3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. _____ and _____
(MM/YY) (Duration)

4. Will the County provide "seed" or startup funding to initiate grant project? (Yes or No)

No

- 4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront) ☐

5.2. After expenditure of costs (reimbursement-based) ☒

Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes
- 6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.
- 6.1.1. Total salary \$1,134,001.00 Percentage covered by grant 36%
- 6.1.2. Total fringe benefits \$331,978.00 Percentage covered by grant 37%
- 6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): No
- 6.1.3.1. If yes, which ones are disallowed?
- 6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?
- 5000-1420 HHS
- 6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No
- 6.2.1. If yes, how many new positions will be created?
- 6.2.1.1. Full-time _____ Part-time _____ Temporary _____
- 6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit?
(Yes or No)
- 6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

Grant Proposal Notification

<p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p>	<p>No</p> <hr/>
<p>6.3.1. If yes, please answer the following:</p>	
<p>6.3.1.1. How many years beyond the grant term?</p>	<hr/>
<p>6.3.1.2. What Company-Accounting Unit(s) will be used?</p>	<hr/>
<p>6.3.1.3. Total annual salary</p>	<hr/>
<p>6.3.1.4. Total annual fringe benefits</p>	<hr/>
<p>7. Does the grant allow for direct administrative costs? (Yes or No)</p>	<p>Yes</p> <hr/>
<p>7.1. If yes, please answer the following:</p>	
<p>7.1.1. Total estimated direct administrative costs for project</p>	<p>\$273,808.00</p> <hr/>
<p>7.1.2. Percentage of direct administrative costs covered by grant</p>	<p>100%</p> <hr/>
<p>7.1.3. What percentage of the grant total is the portion covered by the grant</p>	<p>8%</p> <hr/>
<p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p>	<p>83%</p> <hr/>
<p>9. Are matching funds required? (Yes or No):</p>	<p>No</p> <hr/>
<p>9.1. If yes, please answer the following:</p>	
<p>9.1.1. What percentage of match funding is required by granting entity?</p>	<hr/>
<p>9.1.2. What is the dollar amount of the County's match?</p>	<hr/>



Grant Proposal Notification

9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

10. What amount of funding is already allocated for the project? \$0.00

10.1. If allocated, in what Company-Accounting Unit are the funds located? _____

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): _____

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$3,422,595.00



Grant Proposal Notifications

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

File #: 25-1063

Agenda Date: 4/15/2025

Agenda #: 12.C.



Grant Proposal Notification

GPN Number: 009-25
(Completed by Finance Department)

Date of Notification: 04/07/2025
(MM/DD/YYYY)

Parent Committee Agenda Date: 04/15/2025
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/07/2025
(MM/DD/YYYY)

Name of Grant: Weatherization DOE Grant PY26

Name of Grantor: IL Dept. of Commerce and Economic Opportunity

Originating Entity: U.S. Dept. of Energy
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Gina Strafford-Ahmed, Intake Administrator x6444
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 638,116.00

Type of Grant: Formula
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☐ Yes ☒ No

Source of Grant: ☒ Federal ☐ State ☐ Private ☐ Corporate

If Federal, provide CFDA: 81.042

If State, provide CSFA: 420-70-0087



Grant Proposal Notification

1. Justify the department's need for this grant.

The Weatherization DoE Grant is funded through the U.S. Department of Energy and passed through the IL Department of Commerce and Economic Opportunity to DuPage County Community Services. The Weatherization Department utilizes 62% of this grant to provide client services by our contractors to low income households to install energy conservation measures to permanently reduce their energy bills. Conservation measures include, but are not limited to, air – sealing, insulation of attics and walls, caulking and weather-stripping, installation of high efficiency furnaces, and baseload measures such as Energy Star Refrigerators and LED light bulbs. In addition, the grant funding addresses Health& Safety concerns by providing smoke detectors, carbon monoxide detectors and proper ventilation to improve indoor air quality. Under the guidance of the Illinois Home Weatherization Assistance Program (IHWAP), these improvements are provided at no cost to income eligible households that would not otherwise be able to afford them.

The remainder of the funding from this grant covers the cost of administering the Weatherization Program, including but not limited to staff salary and benefits, office and operating supplies, mileage and travel expense and training expense.

2. Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Community Well-being for low income residents of DuPage County is significantly improved by reducing excessive energy burdens to those that struggle to cover their monthly utility bills. Health & Safety improvements create a safer and healthier home. Research has shown that the payback from these improvements are many- fold. Households that receive LIHEAP assistance are also weatherized which creates a synergistic effect and leverages funding.

Thriving Economy is stimulated in DuPage County by bringing in state and federal funding to be spent at the local level for the cost of labor and material to install these measures by our Weatherization contractors. In addition, several of the Weatherization staff are residents of DuPage County and spend their earnings locally.

3. What is the period covered by the grant?

07/01/2025 to: 06/30/2026
(MM/DD/YYYY) (MM/DD/YYYY)

3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. _____ and _____
(MM/YY) (Duration)

4. Will the County provide "seed" or startup funding to initiate grant project? (Yes or No)

No

4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront) ☐

5.2. After expenditure of costs (reimbursement-based) ☒

Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes
- 6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.
- 6.1.1. Total salary \$1,055,592.56 Percentage covered by grant 16.1%
- 6.1.2. Total fringe benefits \$307,946.45 Percentage covered by grant 15.7%
- 6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): No
- 6.1.3.1. If yes, which ones are disallowed?
- 6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?
- 5000-1555; 5000-1440
- 6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No
- 6.2.1. If yes, how many new positions will be created?
- 6.2.1.1. Full-time _____ Part-time _____ Temporary _____
- 6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit?
- (Yes or No)
- 6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

Grant Proposal Notification

<p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p>	<p><u>No</u></p>
<p>6.3.1. If yes, please answer the following:</p>	
<p>6.3.1.1. How many years beyond the grant term?</p>	<p>_____</p>
<p>6.3.1.2. What Company-Accounting Unit(s) will be used?</p>	<p>_____</p>
<p>6.3.1.3. Total annual salary</p>	<p>_____</p>
<p>6.3.1.4. Total annual fringe benefits</p>	<p>_____</p>
<p>7. Does the grant allow for direct administrative costs? (Yes or No)</p>	<p><u>Yes</u></p>
<p>7.1. If yes, please answer the following:</p>	
<p>7.1.1. Total estimated direct administrative costs for project</p>	<p><u>\$47,859.00</u></p>
<p>7.1.2. Percentage of direct administrative costs covered by grant</p>	<p><u>100%</u></p>
<p>7.1.3. What percentage of the grant total is the portion covered by the grant</p>	<p><u>8%</u></p>
<p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p>	<p><u>66%</u></p>
<p>9. Are matching funds required? (Yes or No):</p>	<p><u>No</u></p>
<p>9.1. If yes, please answer the following:</p>	
<p>9.1.1. What percentage of match funding is required by granting entity?</p>	<p>_____</p>
<p>9.1.2. What is the dollar amount of the County's match?</p>	<p>_____</p>



Grant Proposal Notification

9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

10. What amount of funding is already allocated for the project? \$0.00

10.1. If allocated, in what Company-Accounting Unit are the funds located? _____

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): No

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$638,116.00



Grant Proposal Notifications

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

File #: 25-1064

Agenda Date: 4/15/2025

Agenda #: 12.D.



Grant Proposal Notification

GPN Number: 010-25
(Completed by Finance Department)

Date of Notification: 04/07/2025
(MM/DD/YYYY)

Parent Committee Agenda Date: 04/15/2025
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/07/2025
(MM/DD/YYYY)

Name of Grant: Weatherization HHS Grant PY26

Name of Grantor: IL Dept. of Commerce and Economic Opportunity

Originating Entity: U.S. Dept. of Health and Human Services
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Gina Strafford-Ahmen, Intake Administrator x6444
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 974,465.00

Type of Grant: Formula
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☐ Yes ☒ No

Source of Grant: ☒ Federal ☐ State ☐ Private ☐ Corporate

If Federal, provide CFDA: 93.568

If State, provide CSFA: 420-70-0087



Grant Proposal Notification

1. Justify the department's need for this grant.

The Weatherization HHS Grant is funded through the U.S. Department of Health and Human Services passed through the IL Department of Commerce and Economic Opportunity to DuPage County Community Services. The Weatherization Department utilizes 67% of this grant to provide client services by our contractors to low income households to install energy conservation measures to permanently reduce their energy bills. Conservation measures include, but are not limited to, air – sealing, insulation of attics and walls, caulking and weather-stripping, installation of high efficiency furnaces, and baseload measures such as Energy Star Refrigerators and LED light bulbs. In addition, the grant funding addresses Health& Safety concerns by providing smoke detectors, carbon monoxide detectors and proper ventilation to improve indoor air quality. Under the guidance of the Illinois Home Weatherization Assistance Program (IHWAP), these improvements are provided at no cost to income eligible households that would not otherwise be able to afford them.

The remainder of the funding from this grant covers the cost of administering the Weatherization Program, including but not limited to staff salary and benefits, office and operating supplies, mileage and travel expense and training expense.

2. Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Community Well-Being for low income residents of DuPage County is significantly improved by reducing excessive energy burdens to those that struggle to cover their monthly utility bills. Health & Safety improvements create a safer and healthier home. Research has shown that the payback from these improvements are many- fold. Households that receive LIHEAP assistance are also weatherized which creates a synergistic effect and leverages funding.

Thriving Economy is stimulated in DuPage County by bringing in state and federal funding to be spent at the local level for the cost of labor and material to install these measures by our Weatherization contractors. In addition, several of the Weatherization staff are residents of DuPage County and spend their earnings locally.

3. What is the period covered by the grant?

06/01/2025 to: 09/30/2026
(MM/DD/YYYY) (MM/DD/YYYY)

3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. _____ and _____
(MM/YY) (Duration)

4. Will the County provide "seed" or startup funding to initiate grant project? (Yes or No)

No

4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront) ☐

5.2. After expenditure of costs (reimbursement-based) ☒

Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes
- 6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.
- 6.1.1. Total salary \$1,055,592.56 Percentage covered by grant 22.5%
- 6.1.2. Total fringe benefits \$307,946.45 Percentage covered by grant 21.9%
- 6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): No
- 6.1.3.1. If yes, which ones are disallowed?
- 6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?
- 5000-1555; 5000-1440
- 6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No
- 6.2.1. If yes, how many new positions will be created?
- 6.2.1.1. Full-time _____ Part-time _____ Temporary _____
- 6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit?
- (Yes or No)
- 6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

Grant Proposal Notification

<p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p>	<p>No</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1. If yes, please answer the following:</p>	
<p>6.3.1.1. How many years beyond the grant term?</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1.2. What Company-Accounting Unit(s) will be used?</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1.3. Total annual salary</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>6.3.1.4. Total annual fringe benefits</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>7. Does the grant allow for direct administrative costs? (Yes or No)</p>	<p>Yes</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>7.1. If yes, please answer the following:</p>	
<p>7.1.1. Total estimated direct administrative costs for project</p>	<p>\$58,468.00</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>7.1.2. Percentage of direct administrative costs covered by grant</p>	<p>100%</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>7.1.3. What percentage of the grant total is the portion covered by the grant</p>	<p>6%</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p>	<p>68%</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>9. Are matching funds required? (Yes or No):</p>	<p>No</p> <hr style="border: 0; border-top: 1px solid black;"/>
<p>9.1. If yes, please answer the following:</p>	
<p>9.1.1. What percentage of match funding is required by granting entity?</p>	<hr style="border: 0; border-top: 1px solid black;"/>
<p>9.1.2. What is the dollar amount of the County's match?</p>	<hr style="border: 0; border-top: 1px solid black;"/>



Grant Proposal Notification

9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

10. What amount of funding is already allocated for the project? \$0.00

10.1. If allocated, in what Company-Accounting Unit are the funds located? _____

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): No

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$974,465.00



Grant Proposal Notifications

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

File #: 25-1065

Agenda Date: 4/15/2025

Agenda #: 12.E.



Grant Proposal Notification

GPN Number: 011-25
(Completed by Finance Department)

Date of Notification: 04/07/2025
(MM/DD/YYYY)

Parent Committee Agenda Date: 04/15/2025
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/07/2025
(MM/DD/YYYY)

Name of Grant: Weatherization State Grant PY26

Name of Grantor: IL Dept. of Commerce and Economic Opportunity

Originating Entity: _____
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Gina Strafford-Ahmed, Intake Administrator x6444
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 568,959.00

Type of Grant: Formula
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☐ Yes ☒ No

Source of Grant: ☐ Federal ☒ State ☐ Private ☐ Corporate

If Federal, provide CFDA: _____ If State, provide CSFA: 420-70-0087



Grant Proposal Notification

1. Justify the department's need for this grant.

The Weatherization State Grant is funded through the IL Department of Commerce and Economic Opportunity to DuPage County Community Services. The Weatherization Department utilizes 68% of this grant to provide client services by our contractors to low income households to install energy conservation measures to permanently reduce their energy bills. Conservation measures include, but are not limited to, air – sealing, insulation of attics and walls, caulking and weather-stripping, installation of high efficiency furnaces, and baseload measures such as Energy Star Refrigerators and LED light bulbs. In addition, the grant funding addresses Health& Safety concerns by providing smoke detectors, carbon monoxide detectors and proper ventilation to improve indoor air quality. Under the guidance of the Illinois Home Weatherization Assistance Program (IHWAP), these improvements are provided at no cost to income eligible households that would not otherwise be able to afford them.

The remainder of the funding from this grant covers the cost of administering the Weatherization Program, including but not limited to staff salary and benefits, office and operating supplies, mileage and travel expense and training expense.

2. Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Community Well-Being for low income residents of DuPage County is significantly improved by reducing excessive energy burdens to those that struggle to cover their monthly utility bills. Health & Safety improvements create a safer and healthier home. Research has shown that the payback from these improvements are many- fold. Households that receive LIHEAP assistance are also weatherized which creates a synergistic effect and leverages funding.

Thriving Economy is stimulated in DuPage County by bringing in state funding to be spent at the local level for the cost of labor and material to install these measures by our Weatherization contractors. In addition, several of the Weatherization staff are residents of DuPage County and spend their earnings locally.

3. What is the period covered by the grant?

06/01/2025 to: 09/30/2026
(MM/DD/YYYY) (MM/DD/YYYY)

3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. _____ and _____
(MM/YY) (Duration)

4. Will the County provide "seed" or startup funding to initiate grant project? (Yes or No)

No

4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront) ☐

5.2. After expenditure of costs (reimbursement-based) ☒



Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes

6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.

6.1.1. Total salary \$1,055,592.56 Percentage covered by grant 13.1%

6.1.2. Total fringe benefits \$307,946.45 Percentage covered by grant 12.8%

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): No

6.1.3.1. If yes, which ones are disallowed?

6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?

5000-1555; 5000-1440

6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No

6.2.1. If yes, how many new positions will be created?

6.2.1.1. Full-time _____ Part-time _____ Temporary _____

6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit? _____
(Yes or No)

6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

Grant Proposal Notification

<p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p>	<p>No</p> <hr/>
<p>6.3.1. If yes, please answer the following:</p>	
<p>6.3.1.1. How many years beyond the grant term?</p>	<hr/>
<p>6.3.1.2. What Company-Accounting Unit(s) will be used?</p>	<hr/>
<p>6.3.1.3. Total annual salary</p>	<hr/>
<p>6.3.1.4. Total annual fringe benefits</p>	<hr/>
<p>7. Does the grant allow for direct administrative costs? (Yes or No)</p>	<p>Yes</p> <hr/>
<p>7.1. If yes, please answer the following:</p>	
<p>7.1.1. Total estimated direct administrative costs for project</p>	<p>\$45,517.00</p> <hr/>
<p>7.1.2. Percentage of direct administrative costs covered by grant</p>	<p>100%</p> <hr/>
<p>7.1.3. What percentage of the grant total is the portion covered by the grant</p>	<p>8%</p> <hr/>
<p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p>	<p>68%</p> <hr/>
<p>9. Are matching funds required? (Yes or No):</p>	<p>No</p> <hr/>
<p>9.1. If yes, please answer the following:</p>	
<p>9.1.1. What percentage of match funding is required by granting entity?</p>	<hr/>
<p>9.1.2. What is the dollar amount of the County's match?</p>	<hr/>



Grant Proposal Notification

9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

10. What amount of funding is already allocated for the project? \$0.00

10.1. If allocated, in what Company-Accounting Unit are the funds located? _____

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): No

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$568,959.00