

DU PAGE COUNTY

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

Human Services Final Summary

Tuesday, March 21, 2023

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

In attendance at the meeting were Assistant State's Attorneys Paul Bruckner and Renee Zerante, County Board Members Yeena Yoo and Patty Gustin, Community Services Administrators Natasha Belli and Gina Strafford-Ahmed, Buyer Valerie Calvente, and Mary Keating, Director of Community Services.

PRESENT

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

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze welcomed County Board Members Patty Gustin and Yeena Yoo to the meeting. The Chair deferred to Member Galassi. Ms. Galassi presented five AP Government students from Hinsdale Central High School. A class requirement is to shadow an elected official for eight hours and they selected Member Galassi. Ms. Galassi met with the students Monday night in which she explained the process. She concluded by saying the students have been great to work with and she is honored to have them here.

Chair Schwarze stated that he met with four of the larger food pantries in our area, along with Mary Keating and Vice Chair Garcia. As a background, Chair Schwarze explained the County Board earmarked \$5M for food assistance last year. \$2.75M was appropriated to food pantries in 2022 with \$2.25M in reserve. Mr. Schwarze, Ms. Garcia, and Ms. Keating met with Loaves and Fishes Community Services, People's Resource Center, Neighborhood Food Pantries, and West Suburban Community Pantry seeking their input related to the allocation of the remaining \$2.25M. They will meet with Northern Illinois Food Bank next week and then some of the smaller food pantries after that to share ideas relating to the allocation of the remaining \$2.25M. Chair Schwarze announced the 19th Annual DuPage Care Center Foundation Golf Outing and Dinner will be held on June 16, in partnership with the Tony Reyes Family Foundation at Prairie Landing Golf Club in West Chicago. The event includes lunch, 18 holes of golf, a raffle and dinner, all for the benefit of the 300 plus individuals that call the Care Center home. This year is exceptionally exciting as we look forward to the Care Center renovations. Lunch begins at noon, with a shotgun golf start at 1:00 p.m. followed by dinner at 6:00 p.m., when they will announce the raffles. Early bird registration is now available through April 28. Golf and dinner are \$225 per person, dinner only is \$50. Individuals can register at dpccfoundation.org. The handout flyer is attached hereto and made part of the minutes packet.

23-1280

19th Annual DuPage Care Center Foundation Golf Outing and Dinner

5. APPROVAL OF MINUTES

Member Childress stepped out of the meeting during the previous minutes vote.

5.A. **23-1197**

Human Services - Regular Meeting - Tuesday, March 7, 2023

RESULT: APPROVED

MOVER: Paula Garcia

SECONDER: Lynn LaPlante

6. COMMUNITY SERVICES - MARY KEATING

6.A. **FI-R-0097-23**

Acceptance and Appropriation of the Thirty-Fifth (35th) Year Emergency Solutions Grant FY23, Company 5000 - Accounting Unit 1470, \$288,247. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia

SECONDER: Michael Childress

6.B. **FI-R-0098-23**

Acceptance and Appropriation of the Thirty-Second (32nd) Year Home Investment Partnerships Grant FY23, Company 5000 - Accounting Unit 1450, \$2,095,389. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Michael Childress

SECONDER: Paula Garcia

6.C. <u>FI-R-0099-23</u>

Acceptance and Appropriation of the Forty-Ninth (49th) Year Community Development Block Grant FY23, Company 5000 - Accounting Unit 1440, \$3,663,480. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia

SECONDER: Michael Childress

7. DUPAGE CARE CENTER - JANELLE CHADWICK

7.A. **HS-P-0052-23**

Recommendation for the approval of a contract purchase order to Ecolab, Inc., for Laundry Chemicals, for the DuPage Care Center, for the period April 24, 2023 through April 23, 2024, for a total contract not to exceed \$32,000; per bid #23-028-DCC.

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Michael Childress

SECONDER: Kari Galassi

7.B. **23-1198**

HHS-P-0130A-22 Amendment to Resolution HHS-P-0130-22, issued to Brightstar Care of Central DuPage, for Supplemental Nursing Staffing, for the DuPage Care Center, for the period April 13, 2022 through April 12, 2023, to increase encumbrance in the amount of \$44,760., a 11.36%. (5756-0001 SERV)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Michael Childress

SECONDER: Kari Galassi

7.C. **23-1199**

HHS-P-0128A-22 Amendment to HHS-P-0128-22, contract purchase order 5758-0001 SERV, issued to Novastaff Healthcare Services, for supplemental Nursing staffing, for the period April 13, 2022 through April 12, 2023, to increase encumbrance in the amount of \$50,000, resulting in a new contract total of \$964,000, a 5.47% increase. (ARPA ITEM)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Michael Childress

SECONDER: Paula Garcia

7.D. **23-1200**

Recommendation for the approval of a contract purchase order to McKesson Medical Surgical Government Solutions, to furnish and deliver Connex Spot Vital Sign Monitors and Mobile Work Stands with Baskets, for the DuPage Care Center, for the period March 22, 2023 through November 30, 2023, for a contract total not to exceed \$24,706.71; per MMCAP Cooperative Purchasing Agreement. (ARPA ITEM)

RESULT: APPROVED

MOVER: Lynn LaPlante

SECONDER: Kari Galassi

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

8. BUDGET TRANSFERS

8.A. **23-1201**

Budget Transfer to transfer funds to cover the cost for a case manager contract, mileage incurred for the Ombudsman program, and for printing of materials for the Seniors program, with newly approved Federal funding. Expenses were originally budgeted for in the state funding budget of 5000-1720 \$20,000. (Community Services)

RESULT: APPROVED

MOVER: Dawn DeSart

SECONDER: Michael Childress

9. TRAVEL

9.A. **23-1202**

Community Services Administrator to attend the annual Illinois Association of Community Action Agencies (IACAA) Learning Conference in Springfield, Illinois from April 30, 2023 through May 2, 2023. Expenses to include registration, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$1,282. Note: Registration cost includes Family of Distinction event Administrator, Case Manager, Coordinator and FoD Family head of household. CSBG grant funded.

RESULT: APPROVED AT COMMITTEE

MOVER: Paula Garcia
SECONDER: Michael Childress

9.B. **23-1203**

Family Self Sufficiency Case Manager to attend the annual Illinois Association of Community Action Agencies (IACAA) Family's of Distinction Award Ceremony in Springfield, Illinois from April 30, 2023 through May 1, 2023. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$441. Registration cost included in Administrator's total. CSBG grant funded. (Community Services)

RESULT: APPROVED AT COMMITTEE

MOVER: Paula Garcia SECONDER: Kari Galassi

9.C. **23-1204**

Community Services Manager to attend the National Alliance of Information and Referral 2023 Training Conference in Orland. Florida from July 30, 2023 through August 2, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$1,986. CSBG grant funded.

RESULT: APPROVED AT COMMITTEE

MOVER: Paula Garcia

SECONDER: Michael Childress

9.D. **23-1205**

Community Services Director to attend the NACo Board of Directors meeting in St. George County, Utah, from May 15, 2023 through May 19, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$2,840.50.

RESULT: APPROVED AT COMMITTEE

MOVER: Dawn DeSart

SECONDER: Michael Childress

9.E. **23-1206**

Case Manager Coordinator to attend the annual Illinois Association of Community Action Agencies (IACAA) Family's of Distinction Award Ceremony in Springfield, Illinois from April 30, 2023 through May 1, 2023. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$441.90. Registration cost included in Administrator's total. (Community Services)

RESULT: APPROVED AT COMMITTEE

MOVER: Michael Childress

SECONDER: Paula Garcia

10. CONSENT ITEMS

10.A. **23-1207**

Decrease contract 5759-0001 SERV, issued to Maxim Healthcare Services, in the amount of \$371,311.28. This decrease will offset the increases to two other supplemental staffing contracts. (5759-0001)

RESULT: APPROVED AT COMMITTEE

MOVER: Dawn DeSart SECONDER: Paula Garcia

11. INFORMATIONAL

11.A. **23-1208**

GPN 016-23: Weatherization Department of Energy (DOE) Bipartisan Infrastructure Law (BIL) Grant FY23 - Illinois Department of Commerce and Economic Opportunity - U.S. Department of Energy - \$1,074,096. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia
SECONDER: Lynn LaPlante

11.B. **23-1209**

GPN 017-23: LIHEAP HHS Supplemental Grant PY2023 - Illinois Department of Commerce and Economic Opportunity - U.S. Department of Health and Human Services - \$1,118,000. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia
SECONDER: Lynn LaPlante

12. RESIDENCY WAIVERS - JANELLE CHADWICK

No residency waivers were offered.

13. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick, Administrator of the DuPage Care Center, stated there are currently no covid cases at the Care Center. However, there are multiple cases of Human Metapneumonvirus (hMPV) on one unit. The virus is a respiratory virus that impacts the immunocompromised, similar to the Respiratory Syncytial Virus (RSV). Staff are in close communication with the Illinois Department of Public Health and the DuPage County Health Department. The Care Center infection control practice is on a high level, staff are wearing full PPE, and monitoring and isolating the infected individuals.

Ms. Chadwick updated the committee on the Care Center renovation, stating they are nearing completion on the Certificate of Need. The Certificate should be complete this week, in plenty of time to submit the paperwork within the required 60 days prior to the Health Facilities Planning & Review Board's quarterly meeting in June. The Illinois Department of Public Health (IDPH) oversees health facilities and other entities with projects related to renovation or new build. Due to the size of the Care Center, the IDPH determined the Care Center must complete the Certificate of Need. The architecture firm hired a consultant to assist that is very well versed in this submission.

Member DeSart referred to an article in the Health in the Headlines publication from the DuPage County Health Department regarding proposed legislation in several states against staffing agencies price gouging during the pandemic, which was a declared emergency. A New York bill includes a cap on the amount staffing agencies can charge health agencies. Ms. DeSart expressed her concerns that the Care Center is not being price gouged by the supplemental staffing agencies. Ms. Chadwick responded, stating one of the big things coming through with legislation is that the Care Center can now hire individuals from that agency. There used to be a non-compete clause or they had to buy them out, which was tens of thousands of dollars. For instance, the CNA tenure payment hourly rate increase has enticed agency staff to want to work at the Care Center, and with new legislation they no longer are required to buy them out. The Care Center staff is working with Procurement to help drive down the rates as much as possible.

14. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating, Director of Community Services, explained the Department of Energy (DOE) Bipartisan Infrastructure Law (BIL) provided additional funding for the Weatherization program. Ms. Keating was pleased to see the federal government is continuing to support the programs we provide and continues to fund them.

Gina Strafford Ahmed, Administrator for Intake and Referral, spoke regarding the travel requests to the Family of Distinction Award Ceremony. She stated that for the last fifteen years the Illinois Association of Community Action Agencies (IACAA) has held an awards ceremony that honors families that have graduated out of case management programs. Community Services has nominated individuals for the last ten years, winning a distinction every year. Thirty-six agencies have nominated fifteen families in categories that include success in health, employment, and income. The recipients will be selected by the community action agencies that serve on the IACAA Board. Ms. Strafford-Ahmed hopes to feature the recipient in the Community Services' Annual Report and the at CSBG Advisory Board. The ceremony will be held on April 30, 2023, at the Crown Plaza in Springfield. The cost of the family to attend is provided by the CSBG grant.

Ms. Keating updated the committee on the small agency grant program, stating they will submit the appropriation resolution next week. The County Board will not be asked to approve the application in case there are edits needed along the way. The agency recipients will complete individual agreements, which will be consolidated to a single agreement with the names of the agencies and their list of projects to be submitted to the Committee and County Board. Ms. Keating expects the application period to open early to mid-April and close at the end of May. The intent will be for the board to have their recommendations by the July meeting or first meeting in August to avoid entering into the heavy budget preparation period. Ms. Keating added that funding would be split accordingly to any agencies that cross over County Board districts.

15. OLD BUSINESS

No old business was discussed.

16. NEW BUSINESS

No new business was discussed.

17. ADJOURNMENT

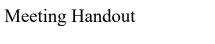
With no further business, the meeting was adjourned at 9:57 AM.

MOTION TO ADJOURN

RESULT: APPROVED

MOVER: Lynn LaPlante

SECONDER: Michael Childress



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

File #: 23-1280 **Agenda Date:** 3/21/2023 Agenda #:



DuPage Care Center Foundation 19th ANNUAL GOLF OUTING & DINNER

When

June 16, 2023
Golf & lunch begin at 12pm
Dinner served at 6pm

Where

Prairie Landing Golf Club 2325 Longest Drive West Chicago, IL 60185

Early bird registration available until April 28. Register by June 9.

Lunch, Golf and Dinner......\$225/guest*
Dinner.....\$50/guest*

To register, please scan the QR code below or visit https://bit.ly/3J53YVr

Sponsorship packages available. Learn more at dpccfoundation.org/19th-annual-golf-outing-dinner-sponsorships/





DuPage Care Center Foundation 19th ANNUAL GOLF OUTING SPONSORSHIP OPPORTUNITIES

SIGNATURE SPONSOR - \$10,000

SOLD OUT

Thank you to The Tony Reyes Family **Foundation**

DINNER SPONSOR - \$4,000

Signage at dinner. Company recognition during dinner program. Bonus: Complimentary dinner for 6.

LUNCH SPONSOR - \$2,500

Signage at lunch. Company recognition during dinner program. Bonus: Complimentary twosome.

BEVERAGE CART SPONSOR - \$1,300 SOLD OUT

Signage on Beverage Cart. Golfers receive a free drink ticket with company name/logo.

GOLF CART SPONSOR - \$1,300

Signage on all golf carts.

VOLUNTEER SPONSOR - \$1,300

SOLD OUT

Company name on volunteer t-shirts.

WELCOME BAG SPONSOR - \$1,300

Company logo printed on golfer welcome bags.

HOLE SPONSOR - \$600

On-site signage on hole. Company representative(s) host hole with optional giveaways.

CARE CENTER FRIEND - \$300+

Recognition in dinner program.

To become a sponsor, please visit dpccfoundation.org.

All above sponsorships include recognition in dinner program, outing literature, and website.

Please contact Connor.Brown@DuPageCo.org with any questions.

Minutes



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

File #: 23-1197 Agenda Date: 3/21/2023 Agenda #: 5.A.



DU PAGE COUNTY

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Human Services Final Summary

Tuesday, March 7, 2023

9:30 AM

Room 3500A

1. CALL TO ORDER

9:30 AM meeting was called to order by Chair Greg Schwarze at 9:32 AM.

2. ROLL CALL

Also in attendance at the meeting were Assistant State's Attorneys Paul Bruckner, Lisa Smith, and Renee Zerante, County Board Member Yeena Yoo, Chief Communications Officer Joan Olson, Community Services Administrators Natasha Belli, Gina Strafford-Ahmed, and David McDermott, Buyer Donna Weidman, Jan Kay from League of Women Voters, and Mary Keating, Director of Community Services.

PRESENT

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

3. PUBLIC COMMENT

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze invited everyone to enjoy pastries donated by Chef Rafael from the cafeteria to express his gratitude for supporting the updates and new equipment for the 421 building cafeteria.

Chair Schwarze recognized outgoing Community Development Administrator David McDermott for his time working for DuPage County. David resigned effective March 8, 2023. Mr. McDermott responded that he has enjoyed his three years at DuPage County and working with everyone.

Chair Schwarze talked of the Transformational Renovation kickoff and asked Joan Olson, Chief Communications Officer, to speak. Ms. Olson stated the renovation celebration is going to be a smashing good time because the actual renovations will kick off with sledgehammers and not a ribbon cutting. Everyone is invited to attend the event on March 21 at 12:00 p.m., which has been three decades in the making. All the County Board members and the DuPage Care Center Foundation are invited. Food will be served, tours will be available, and pictures will be taken with the sledgehammer. Ms. Olson encouraged attendees to arrive early as current covid status may require a covid screening.

5. APPROVAL OF MINUTES

5.A. **23-1054**

Human Services Committee - Regular Meeting - Tuesday, February 21, 2023

RESULT: APPROVED

MOVER: Michael Childress

SECONDER: Paula Garcia

6. COMMUNITY SERVICES - MARY KEATING

6.A. **FI-R-0088-23**

Acceptance and Appropriation of the HOME Investment Partnership Grant - American Rescue Plan Grant Agreement No. M21-DP170214, Company 5000 - Accounting Unit 1450, \$6,179,987. (Community Services)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Dawn DeSart SECONDER: Kari Galassi

7. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING

7.A. **23-1055**

Recommendation for Approval of a 3rd Modification, 2nd Time Extension of a Community Development Block Grant Agreement (CDBG) between DuPage County and Kenneth Moy DuPage Care Center, Project Number CD21-15 – Air Handling Units - extending the Project Completion Date through April 30, 2023.

RESULT: APPROVED

MOVER: Paula Garcia

SECONDER: Dawn DeSart

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

8. DUPAGE CARE CENTER - JANELLE CHADWICK

8.A. **FI-R-0089-23**

Correction of a Scrivener's Error in Resolution FI-R-0077-23. (Care Center)

RESULT: APPROVED AND SENT TO FINANCE

MOVER: Paula Garcia
SECONDER: Michael Childress

9. BUDGET TRANSFERS

9.A. <u>23-1056</u>

Budget Transfer for the Aging Case Coordinator Unit grant to correct the line items due to the FY23 budget template populated incorrectly and line item 53834 omitted. A portion of the ARPA funding for operating supplies is now being allocated to mileage expense. \$141,295. (Community Services)

Member DeSart asked for an explanation on the budget transfer for the Aging Case Coordinator Unit grant. Mary Keating explained that the grant monies are often carried over from one county budget year to the next. In the process of uploading the carryover funds to the FY23 fiscal year, the Paratransit line item was inadvertently uploaded to the wrong expense line (home repairs) and not discovered until an expense to the Paratransit was being entered.

RESULT: APPROVED

MOVER: Michael Childress

SECONDER: Paula Garcia

9.B. <u>23-1057</u>

Budget Transfer to transfer monies for cleaning supplies for the ARPA2 line that have been encumbered for Sysco and Performance Food Contracts \$15,000. (DuPage Care Center)

RESULT: APPROVED

MOVER: Dawn DeSart

SECONDER: Michael Childress

10. TRAVEL

10.A. **23-1058**

Travel Request for Weatherization Assessor to attend the Annual National Home Performance Conference hosted by the Building Performance Association and the Department of Energy for Weatherization agencies. Training to be held in Seattle, Washington from April 16, 2023 through April 20, 2023. Expenses to include registration, transportation, lodging, and per diems for approximate total of \$3,590. Weatherization Grant funded 5000-1440. (Community Services)

RESULT: APPROVED AT COMMITTEE

MOVER: Michael Childress

SECONDER: Kari Galassi

10.B. <u>23-1059</u>

Travel Request for Weatherization Assessor to attend the Annual National Home Performance Conference hosted by the Building Performance Association and the Department of Energy for Weatherization agencies. Training to be held in Seattle, Washington from April 16, 2023 through April 20, 2023. Expenses to include registration, transportation, lodging, and per diems for approximate total of \$3,590. Weatherization Grant funded 5000-1440. (Community Services)

RESULT: APPROVED AT COMMITTEE

MOVER: Paula Garcia SECONDER: Kari Galassi

10.C. **23-1060**

Travel Request for Weatherization Supervisor to attend the Annual National Home Performance Conference hosted by the Building Performance Association and the Department of Energy for Weatherization agencies. Training to be held in Seattle, Washington from April 16, 2023 through April 20, 2023. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.) and per diems for approximate total of \$3,700. Weatherization Grant funded 5000-1440. (Community Services)

RESULT: APPROVED AT COMMITTEE

MOVER: Michael Childress

SECONDER: Kari Galassi

10.D. **23-1061**

Travel Request for Weatherization Assessor to attend the Weatherization Quality Control Inspector (QCI) training and take the BPI Proficiency exam in Champaign, Illinois from April 24, 2023 through April 27, 2023. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diems for approximate total of \$1,640.97. Weatherization Grant funded. (Community Services)

RESULT: APPROVED AT COMMITTEE

MOVER: Paula Garcia SECONDER: Kari Galassi

11. RESIDENCY WAIVERS - JANELLE CHADWICK

No residency waivers were offered.

12. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Christine Kliebhan, Financial Analyst, spoke on behalf of the DuPage Care Center, stating the DuPage Care Center is out of outbreak status.

Ms. Kliebhan also referred to the Transformational Renovation kickoff mentioned in Chair Schwarze's remarks.

13. COMMUNITY SERVICES UPDATE - MARY KEATING

Mary Keating, Director of Community Services, commented on the challenge David McDermott faced starting at DuPage County the week preceding the onset of Covid-19. She thanked Mr. McDermott for his service and wished him well.

Ms. Keating referred to the contract approval at Public Works at the earlier meeting for the playground equipment being built at the Family Center and how this will enhance the supervised visitations with the families. At the request of Member DeSart, Ms. Keating explained the functions of the Family Center, stating the Family Center provides supervised visitation, mediation, and neutral exchange for divorced or never married parents. As part of the supervised visitation, staff have to observe the interaction of the parents and children. The playground will elevate the opportunities of families to engage with each other outside with a basketball hoop, hopscotch, swings, and a picnic table with shelter for families to share meals.

There will be a ribbon cutting to celebrate the opening of the playground when complete.

Ms. Keating added she is excited about the Americans with Disabilities Act (ADA) parking spots being constructed at the front of the building.

Ms. Keating expressed her appreciation to the County Board members touring the Family Center either today after the meeting or in the next couple of weeks.

14. OLD BUSINESS

No old business was discussed.

15. NEW BUSINESS

Assistant State's Attorney Paul Bruckner introduced the new Assistant State's Attorney, Renee Zerante, who will soon be presiding over the Human Services Committee meetings.

16. ADJOURNMENT

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



File #: FI-R-0097-23 Agenda Date: 3/21/2023 Agenda #: 6.A.

ACCEPTANCE AND APPROPRIATION
OF THE THIRTY-FIFTH (35th) YEAR
EMERGENCY SOLUTIONS GRANT FY23
COMPANY 5000 - ACCOUNTING UNIT 1470
\$288,247

(Under the administrative direction of the Community Services Department)

WHEREAS, the DuPage County Board passed a motion on February 14, 2023 which adopted the 2023 Action Plan for Housing and Community Development and accepted the Community Development Commission's recommendations on projects and funding amounts for the Thirty-Fifth (35th) Year Emergency Solutions Grant FY23 of \$288,247 (TWO HUNDRED EIGHT-EIGHT THOUSAND, TWO HUNDRED FORTY-SEVEN AND NO/100 DOLLARS); and

WHEREAS, all funding for the program will be provided by the U.S. Department of Housing and Urban Development; and

WHEREAS, the period of performance of this grant is April 1, 2023 to March 31, 2024; and

WHEREAS, no additional County funds are required to receive said funding from the U.S. Department of Housing and Urban Development; and

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

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

NOW THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$288,247 (TWO HUNDRED EIGHTY-EIGHT THOUSAND, TWO HUNDRED FORTY-SEVEN AND NO/100 DOLLARS) be made to establish the Thirty-Fifth (35th) Year Emergency Solutions Grant FY23, Company 5000 - Accounting Unit 1470 for the period of April 1, 2023 to March 31, 2024; and

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

File #: FI-R-0097-23	Agenda Date: 3/21/2023	Agenda #: 6.A.
	LVED that should federal funding cease for different for continuing the specified program and re-	<u> </u>
	LVED that should the Human Services Concommend action to the DuPage County Boar	
Enacted and appr	oved this 28th of March, 2023 at Wheaton, l	Illinois.
		DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD
	Attest:	
		KACZMAREK, COUNTY CLERK

ATTACHMENT I

ACCEPTANCE AND APPROPRIATION TO ESTABLISH THE THIRTY-FIFTH (35TH) YEAR OF THE EMERGENCY SOLUTIONS GRANT FY23 COMPANY 5000 – ACCOUNTING UNIT 1470 \$288,247

REVENUE

41000-0001 - Federal Operating Grant - HUD	\$ 288,247	_	
TOTAL ANTICIPATED REVENUE		\$	288,247
<u>EXPENDITURES</u>			
PERSONNEL			
50000-0000 - Regular Salaries 51000-0000 - Benefit Payments 51010-0000 - Employer Share I.M.R.F. 51030-0000 - Employer Share Social Security 51040-0000 - Employee Med & Hosp Insurance	\$ 16,000 118 1,750 1,750 2,000	\$	21,618
CONTRACTUAL			
53820-0000 - Grant Services	\$ 266,629	_	
TOTAL CONTRACTUAL		\$	266,629
TOTAL APPROPRIATION		\$	288,247



File #: FI-R-0098-23 Agenda Date: 3/21/2023 Agenda #: 6.B.

ACCEPTANCE AND APPROPRIATION OF THE THIRTY-SECOND (32nd) YEAR HOME INVESTMENT PARTNERSHIPS GRANT FY23 COMPANY 5000 - ACCOUNTING UNIT 1450 \$2,095,389

(Under the administrative direction of the Community Services Department)

WHEREAS, the DuPage County Board passed a motion on February 14, 2023 which adopted the 2023 Action Plan and authorized the submission of an application for the Thirty-Second (32nd) Year HOME Investment Partnership Program for \$1,860,190 (ONE MILLION, EIGHT HUNDRED SIXTY THOUSAND, ONE HUNDRED NINETY AND NO/100 DOLLARS); and

WHEREAS, all funding for the program will be provided by the U.S. Department of Housing and Urban Development; and

WHEREAS, DuPage County's HOME Investment Partnerships Program expects \$235,199 (TWO HUNDRED THIRTY-FIVE THOUSAND, ONE HUNDRED NINETY-NINE and NO/100 DOLLARS) in program income to be available in Program Year 2023 that should be included in the program's budget; and

WHEREAS, the period of performance of this grant is April 1, 2023 to March 31, 2024; and

WHEREAS, no additional County funds are required to receive said funding from the U.S. Department of Housing and Urban Development; and

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

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

NOW THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of 2,095,389 (TWO MILLION, NINETY -FIVE THOUSAND, THREE HUNDRED EIGHTY-NINE AND NO/100 DOLLARS) be made to establish the Thirty-Second (32nd) Year HOME Investment Partnerships Program FY23, Company 5000 - Accounting Unit 1450 for the period of April 1, 2023 to March 31, 2024; and

Agenda Date: 3/21/2023	Agenda #: 6.B.
LVED by the DuPage County Board that the orized Representative; and	he Director of Community Services
LVED that should federal funding cease for continuing the specified program and a	•
LVED that should the Human Services Coommend action to the County Board by re	
eved this 28 th of March, 2023, at Wheaton,	Illinois.
	DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD
Attest:	
JEAN	KACZMAREK, COUNTY CLERK
	LVED by the DuPage County Board that to orized Representative; and LVED that should federal funding cease for continuing the specified program and LVED that should the Human Services Commend action to the County Board by respect this 28th of March, 2023, at Wheaton, Attest:

ATTACHMENT I

ACCEPTANCE AND APPROPRIATION TO ESTABLISH THE THIRTY-SECOND (32ND) YEAR OF THE HOME INVESTMENT PARTNERSHIPS GRANT FY23 COMPANY 5000 – ACCOUNTING UNIT 1450 \$2,095,389

RE	VEN	NUE

	41000-0002 - Federal Operating Grant - HHS 46011-0000 - Program Income	\$ 1,860,190 235,199	_	
TOTAL	ANTICIPATED REVENUE		\$	2,095,389
EXPEN	<u>DITURES</u>			
PERSO	NNEL			
	50000-0000 - Regular Salaries 50040-0000 - Part Time Help 51000-0000 - Benefit Payments 51010-0000 - Employer Share I.M.R.F. 51030-0000 - Employer Share Social Security 51040-0000 - Employee Med & Hosp Insurance 51050-0000 - Flexible Benefit Earnings	\$ 110,000 16,000 4,500 12,000 12,000 12,000 500		
	TOTAL PERSONNEL		\$	167,000
COMM	ODITIES			
	52200-0000 - Operating Supplies & Materials 52260-0000 - Fuel & Lubricants	\$ 500 1,000	_	
	TOTAL COMMODITIES		\$	1,500
CONTR	ACTUAL			
	53000-0000 - Auditing & Accounting Services 53410-0000 - Rental Of Machinery & Equipmnt 53500-0000 - Mileage Expense 53510-0000 - Travel Expense 53610-0000 - Instruction & Schooling 53800-0000 - Printing 53820-0000 - Grant Services	\$ 5,000 1,000 1,000 4,500 5,000 1,019 1,909,370	_	
	TOTAL CONTRACTUAL		\$_	1,926,889
TOTAL	APPROPRIATION		\$_	2,095,389



File #: FI-R-0099-23 Agenda Date: 3/21/2023 Agenda #: 6.C.

ACCEPTANCE AND APPROPRIATION OF THE FORTY-NINTH (49TH) YEAR COMMUNITY DEVELOPMENT BLOCK GRANT FY23 COMPANY 5000 - ACCOUNTING UNIT 1440 \$3,663,480

(Under the administrative direction of the Community Services Department)

WHEREAS, the DuPage County Board passed a motion on February 14, 2023 which adopted the 2023 Action Plan for Housing and Community Development and accepted the Community Development Commission's recommendations on projects and funding amounts for the Forty-Ninth (49th) Year Community Development Block Grant FY23 of \$3,663,480 (THREE MILLION, SIX HUNDRED SIXTY-THREE THOUSAND, FOUR HUNDRED EIGHTY AND NO/100 DOLLARS); and

WHEREAS, all funding for the program will be provided by the U.S. Department of Housing and Urban Development; and

WHEREAS, the period of performance of this grant is April 1, 2023 to March 31, 2024; and

WHEREAS, no additional County funds are required to receive said funding from the U.S. Department of Housing and Urban Development; and

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

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

NOW THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$3,663,480 (THREE MILLION, SIX HUNDRED SIXTY-THREE THOUSAND, FOUR HUNDRED EIGHTY AND NO/100 DOLLARS) be made to establish the Forty-Ninth (49th) Year Community Development Block Grant FY23, Company 5000 - Accounting Unit 1440 for the period of April 1, 2023 to March 31, 2024; and

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

File #: FI-R-0099-23	Agenda Date: 3/21/2023	Agenda #: 6.C.
	OLVED that should federal funding cease for the ded for continuing the specified program and related to the specified program and the specifi	_
	OLVED that should the Human Services Commerce action to the DuPage County Board	
Enacted and app	proved this 28th of March, 2023 at Wheaton, Ill	inois.
	Ε	DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD
	Attest:	
	JEAN KA	ACZMAREK, COUNTY CLERK

ATTACHMENT I

ACCEPTANCE AND APPROPRIATION TO ESTABISH THE FORTY-NINTH (49TH) YEAR OF THE COMMUNITY DEVELOPMENT BLOCK GRANT FY23 COMPANY 5000 – ACCOUNTING UNIT 1440 \$3,663,480

REVENUE

41000-0001 - Federal Operating Grant - HUD	\$ 3,663,480	_	
TOTAL ANTICIPATED REVENUE		\$_	3,663,480
<u>EXPENDITURES</u>			
PERSONNEL			
50000-0000 - Regular Salaries 50010-0000 - Overtime 50040-0000 - Part Time Help 51000-0000 - Benefit Payments 51010-0000 - Employer Share I.M.R.F. 51030-0000 - Employer Share Social Security 51040-0000 - Employee Med & Hosp Insurance 51050-0000 - Flexible Benefit Earnings	\$ 360,000 5,000 20,000 15,155 40,000 30,000 40,000 1,000	_	
TOTAL PERSONNEL		\$	511,155
COMMODITIES			
52000-0000 - Furn/Mach/Equip Small Value 52100-0000 - I.T. Equipment-Small Value 52200-0000 - Operating Supplies & Materials 52260-0000 - Fuel & Lubricants	\$ 300 2,000 2,000 1,000	-	5,300
CONTRACTUAL		*	- /
53000-0000 - Auditing & Accounting Services 53090-0000 - Other Professional Services 53100-0000 - Auto Liability Insurance 53260-0000 - Wireless Communication Svc 53380-0000 - Repair & Mtce Auto Equipment 53410-0000 - Rental Of Machinery & Equipmnt 53500-0000 - Mileage Expense 53510-0000 - Travel Expense	\$ 5,000 60,000 100 5,000 500 4,500 1,000 12,000		

53600-0000 - Dues & Memberships 5,	,000	
53610-0000 - Instruction & Schooling 8,	,000	
53800-0000 - Printing 3,	,000	
53804-0000 - Postage & Postal Charges	,000	
53806-0000 - Software Licenses 25,	,500	
53820-0000 - Grant Services 3,016,	,425	
TOTAL CONTRACTUAL	\$_	3,147,025
TOTAL APPROPRIATION	\$ <u></u>	3,663,480

COUNTY OF BURACE.

Care Center Requisition \$30,000 and Over

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

File #: HS-P-0052-23 Agenda Date: 3/21/2023 Agenda #: 7.A.

AWARDING RESOLUTION ISSUED TO ECOLAB, INC. FOR LAUNDRY CHEMICALS FOR THE DUPAGE CARE CENTER (CONTRACT TOTAL AMOUNT \$32,000.00)

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 Ecolab, Inc., for laundry chemicals, for the period of April 24, 2023 through April 23, 2024, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract is for laundry chemicals, for the period of April 24, 2023 through April 23, 2024 for the DuPage Care Center per Bid #23-028-DCC, be, and it is hereby approved for the issuance of a contract purchase order by the Procurement Division to Ecolab, Inc., 1 Ecolab Place, St. Paul, Minnesota 55102, for a contract total amount of \$32,000.00.

Enacted and approved this 28th of March, 2023 at	Wheaton, Illinois.
	DEBORAH A. CONROY, CHAIR DU PAGE COUNTY BOARD
Atte	est: JEAN KACZMAREK, COUNTY CLERK



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION			
General Tracking		Contract Terms	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:
23-1097	23-028-DCC	1 YR + 3 X 1 YR TERM PERIODS	\$32,000.00
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL
HUMAN SERVICES	03/21/2023	3 MONTHS	RENEWALS:
THOMPHY SERVICES	05/21/2025		\$128,000.00
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:
	\$32,000.00	FOUR YEARS	INITIAL TERM
Vendor Information		Department Information	
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:
Ecolab, Inc.	10335	DuPage Care Center	Vinit Patel
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:
Ben Zuniga	800-352-5326	630-784-4273	Vinit.patel@dupageco.org
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	1
gov.sales@ecolab.com		7277	

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). This contract purchase order is for laundry chemicals, for the DuPage Care Center, for the period April 24, 2023 though April 23, 2024, for a contract total amount not to exceed \$32,000.00, per bid #23-028-DCC.

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

Laundry chemicals are necessary supplies in providing clean linens and clothing to the residents of the DuPage Care Center.

SECTION 2: DECISION MEMO REQUIREMENTS			
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.		
LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)			
DECISION MEMO REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.			

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

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

Send Purch	ase Order To:	Send Invoices To:					
Vendor:	Vendor#:	Dept:	Division:				
Ecolab, Inc.	10335	DuPage Care Center	Laundy Services				
Attn:	Email:	Attn:	Email:				
Ben Zuniga	gov.sales@ecolab.com	Vinit Patel	vinit.patel@dupageco.org				
Address:	City:	Address:	City:				
1 Ecolab Place, Attn: Government Sales	St. Paul	400 N. County Farm Road	Wheaton				
State:	Zip:	State:	Zip:				
MN	55102	IL	60187				
Phone:	Fax:	Phone:	Fax:				
800-352-5326		630-784-4273					
Send Pa	yments To:		Ship to:				
Vendor:	Vendor#:	Dept:	Division:				
Ecolab, Inc.	10335	DuPage Care Center	Laundry Services				
Attn:	Email:	Attn:	Email:				
		Vinit Patel	vinit.patel@dupageco.org				
Address:	City:	Address:	City:				
PO Box 70343	Chicago	400 N. County Farm Road	Wheaton				
State:	Zip:	State:	Zip:				
IL	60673	IL	60187				
Phone:	Fax:	Phone:	Fax:				
800-352-5326		630-784-4273					
Shi	pping	Cor	ntract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25)				
PER 50 ILCS 505/1	Destination	April 24, 2023	April 23, 2024				

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					Purchas	se Requis	ition Lin	e Details			
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Laundry Chemicals	FY23	1200	2030	52280		19,100.00	19,100.00
2	1	EA		Laundry Chemicals	FY24	1200	2030	52280		12,900.00	12,900.00
FY i	FY is required, assure the correct FY is selected. Requisition Total \$ 32,000.00										

	Comments
HEADER COMMENTS	Provide comments for P020 and P025. This contract purchase order is for laundry chemicals, for the DuPage Care Center, for the period April 24, 2023 though April 23, 2024, for a contract total amount not to exceed \$32,000.00, per bid #23-028-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. March 21, 2023 HS Committee March 28, 2023 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 fol	lowing d	ocuments l	have k	oeen attacl	hed:		W-9		✓	٧	enc	lor	Eth	ics	Disc	losur	e St	ater	ner	١t
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Form under revision control 01/04/2023



THE COUNTY OF DUPAGE FINANCE - PROCUREMENT LAUNDRY CHEMICALS 23-028-DDD BID TABULATION

					٧		
					Ecola	b Ind	c.
NO.	ITEM	UOM	QTY		PRICE	111700000	TENDED
SECT	ION 1: CHEMICAL			nu B.i.			
1	PERSONALS (COLOR)	LB.	180,675	\$	0.0084	\$	1,517.6
2	PERSONALS (WHITE)	LB,	60,775	\$	0.0099	\$	601.6
3	BLANKET, FITTED, FLAT	LB.	481,800	\$	0.0099	\$	4,769.8
4	TOWELS / WASH CLOTH	LB,	542,025	\$	0.0099	\$	5,366.0
5	PAD/HEAVY SOIL	LB.	249,000	\$	0.0246	\$	6,125.4
6	TABLE LINEN WHITE	LB.	60,225	\$	0.0099	\$	596.2
7	RECLAIM	LB	60,225	\$	0.0845	\$	5,089.0
8	PATIENT GOWN	LB,	180,675	\$	0.0099	\$	1,788.6
BECTI	ON 2: DISPENSING EQUIPMENT TECHNOLOGY	′		-			
9	DISPENSING EQUIPMENT	LS	1		NO CH	IARG	E
10	INSTALLATION	LS	1		NO CH	IARG	Ε
11	WASHING PROGRAMMING COSTS	LS	1		NO CH	IARG	E
SERVI	CE AND TRAINING						
12	TRAINING	LS	1		NO CH	ARG	Ε
13	PREVENTATIVE MAINTENANCE / SERVICE	LS	1		NO CH	ARG	Ε
14	STAIN AND WATER ANALYSIS	LS	1		NO CH	ARG	Ε
15	COST AND ENTERGY AUDITS	LS	1		NO CH	ARG	E

NOTES

Bid Opening 2/28/2023 @ 2:30 PM	VC, NE
Invitations Sent	14
Total Vendors Requesting Documents	1
Total Bid Responses	1

SECTION 7 - BID FORM PRICING

SECTION 1 CHEMICAL

Pricing shall represent cost per pound. Quantity is based on yearly poundage.

NO	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	PERSONALS (COLOR)	LB.	180,675	\$ 0.0084	\$ 1,517.67
2	PERSONALS (WHITE)	LB,	60,775	\$ 0.0099	\$ 601.67
3	BLANKET, FITTED, FLAT	LB,	481,800	\$ 0.0099	\$ 4,769.82
4	TOWELS / WASH CLOTH	LB.	542,025	\$ 0.0099	\$ 5,366.05
5	PAD/HEAVY SOIL	LB.	249,000	\$ 0.0246	\$ 6,125.40
6	TABLE LINEN WHITE	LB.	60,225	\$ 0.0099	\$ 596.23
7	RECLAIM	LB,	60,225	\$ 0,0845	\$ 5,089.01
8	PATIENT GOWN	LB.	180,675	\$ 0.0099	\$ 1,788.68
ECTIO	NI 2			1	

SECTION 2

DISPENSING EQUIPMENT TECHNOLOGY

NO	ITEM	UOM		ΕX	TENDED PRICE
9	DISPENSING EQUIPMENT	LS		\$	No Charge
10	INSTALLATION	LS		\$	No Charge
11	WASHING PROGRAMMING COSTS	LS		\$	No Charge
SERVIC	E AND TRAINING				
12	TRAINING	LS		\$	No Charge
13	PREVENTATIVE MAINTENANCE / SERVICE	LS		\$	No Charge
14	STAIN AND WATER ANALYSIS	LS		\$	No Charge
15	COST AND ENTERGY AUDITS	LS		\$	No Charge
			GRAND TOTAL	\$	25,854.43

GRAND TOTAL (In words) Section 1 (Chemicals) Grand Total is \$25,854.43 (Twenty-five thousand, eight hundred and fifty-four dollars and fourty-three cents.

Section 2 (Dispensing Equipment Technology and Service and Training) is at no charge because it is part of our regular service.

SECTION 3

Based on the annual usage, Bidder shall provide Units per Packaging. No substitutions are allowed. Manufacture is ECOLAB®

NO	ITEM	UOM	PACK SIZE	COST PER UNIT
16	STAINBLASTER™ POWER PAK WHITE 6100909	cs	12 - 1.2 LB.	\$ 76.03
17	ECO-STAR™ DESTAINER 6116146	ВКТ	15-GAL	\$ 94.55
* 18	-TRI-STAR-FLEXYLITE 6110356 6100916 Homestyle Liq	CS uid Laundry Di	2.5-GAL	\$ 165.00
19	ECO-STAR™ BUILDER C 6110430	BKT	15-GAL	\$ 261.26
** 20	ECO-STARTM-DETERGENT MP 6100172 Laundry Neutral De	t Plus	15-GAL	\$ 161.65
*** 21	TRI-STAR-AQUA-SOFT 6112081 6114310 Tri-Star So Fr	DICT	5-GAL	\$ 83.34

^{*18 -} Item # 6110356 has been discontinued and the replacement product is 6100916 HOMESTYLE LIQUID LAUNDRY DETERGENT 2.5 GL Please see the attached MSDS and product spec sheets**

^{**20 -} Eco-Star Detergent MP has been discontinued and the replacement product is 6100172 LAUNDRY NEUTRAL DETERGENT PLUS 5 GL Please see the attached MSDS and product spec sheets***

^{***21 -} Tri-Star Aqua Soft has been discontinued and the replacement product is 6114310 TRI-STAR SO FRESH LIQUID LAUNDRY SOFTNER 5 GL. Please see the attached MSDS and product spec sheets***

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				3.4
/				Bid Contracts Mana	ager I
	(Signature ar	nd Title)			
					CORPORATE SEAL (If available)
	BID MUST BE	SIGNED AND N	OTARIZEC	(WITH SEAL) FO	OR CONSIDERATION
Subscribe	ed and sworn to before me	this 22nd da	y ofFet	oruary	AD, 20 23
Signatu	ire on File	<i>y</i>			
		'			1/04/0004
	(Notary Public)	IVIy	Commiss	ion Expires:	1/31/2024
	3		SEAL		
		OTT BO	neoceneeene	accesses to the second	
		218.2	Wotan B	ynn Rodewald	
			My Commiss	ublic - Minnesota ion Expires 01/31/24	
		T-SHEAR MAINTENNE	-	***************************************	

ECOLAB INC.

CERTIFICATE OF DESIGNATION

I, David F. Duvick, duly elected and acting Assistant Secretary of Ecolab Inc., a Delaware corporation, hereby certify that the following persons have been duly designated and are duly authorized to sign and deliver, in the name and on behalf of the Corporation, government and non-profit customer agreements, proposals and bids relating to the sale of various products, equipment and services undertaken by the Corporation (which includes, without limitation, EcoSure, Ecotemp, Food & Beverage, Healthcare, Institutional, Pest Elimination and Textile Care) in the normal course of business:

Tim Burns	who signs	Signature on File
, m Buno	mie eigne	
Michele Kennedy	who signs	Signature on File
	5	U
Dale Mrozinski	who signs	Signature on File
		<i>22</i>
Heather Sheehan	who signs	Signature on File
		v
Benjamin Zuniga	who signs	Signature on File
		1.37

I further certify that the foregoing designations and authorizations have been granted pursuant to a resolution regarding Sale and Other Disposition Transactions adopted at a meeting of the Board of Directors of Ecolab Inc. duly held on the 18th day of December,1992, and that said resolution is still in full force and effect.

IN WITNESS WHEREOF, I have affixed my signature and the seal of the said Ecolab Inc. this 22nd day of February 2023.



Signature on File

David F. Duvick Assistant Secretary

SECTION 9 - MANDATORY FORM LAUNDRY CHEMICALS 23-028-DCC

B
03.5
4043
8

(Vice-President or Partner)

(Treasurer or Partner)

	(PLEASE TYPE OR PRINT TH	E FOLLOW	ING INFO	RMATION	1)	80			
	Full Name of Bidder	Ecolab Inc.								
	Main Business Address	1 Ecolab Place; Attn: Government Sales								
	City, State, Zip Code	St. Paul, MN 55102						C		
	Telephone Number	(800) 352-5326	Email Address	gov.sales	@ecolab.c	om				
	Bid Contact Person	Ben Zuniga, Bid Contracts Manager I								
The	undersigned certifies that	he is:								
	the Owner/Sole Proprietor	a Member authorized to sign on behalf of the Partnership	an Co	Officer orporation	of the		a Member of the Jo Venture	oint		
Her	ein after called the Bidder	and that the members of the Pa	artnership c	r Officers	of the Cor	poratio	on are as follows:			

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

Please see the attached page with our current list of corporate officers and board of directors

Addenda No. 1, ____, and ___ issued thereto. Attached below.

(President or Partner)

(Secretary or Partner)

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 seg., 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:

CORRESPONI	DENCE TO CONTRACTOR:	REMIT TO CONTRACTOR:			
NAME	Ecolab Inc.	NAME	Ecolab Inc.		
CONTACT	Ben Zuniga	CONTACT	Accounts Receivables		
ADDRESS	1 Ecolab Place, Attn: Govt Sales	ADDRESS	PO Box 70343		
CITY ST ZIP	St. Paul, MN 55102	CITY ST ZIP	Chicago, IL 60673		
TX	800-352-5326	TX	(800) 352-5326		
FX	(651) 306-5429	FX	(651) 306-5429		
EMAIL	gov.sales@ecolab.com	EMAIL	Finance-AccountsReceivable@Ecolab.com		
COUNTY BILL	TO INFORMATION:	COUNTY SHIP	TO INFORMATION:		
DuPage County Attn: Nancy Pa 400 North Cour Wheaton, IL 60 TX: (630) 784- FX: (630) 784-	lima ity Farm Road 187 4422	Attn: Vinit Pate 400 North Cou Wheaton, IL 60 TX: (630) 784	DuPage County Care Center Attn: Vinit Patel, Environmental Services Manager 400 North County Farm Road Wheaton, IL 60187 TX: (630) 784-4273 FX: (630)-784-4274		
email: npalima@	@dupageco.org	email: vinet.pa	tel@dupageco.org		

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



Required Vendor Ethics Disclosure Statement

Date: 2/22/23

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

Bid/Contract/PO #: 23-028-DCC

Company Name: Ecolab Inc.	CompanyContact: Ben Zuniga	
Contact Phone: (800) 352-5326	Contact Email: gov.sales@ecolab.com	

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

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature	Signature on File
Printed Name	Ben Zuniga
Title	Bid Contracts Manager I
Date	2/23/2023

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

Change Order



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

File #: 23-1198 Agenda Date: 3/21/2023 Agenda #: 7.B.

HHS-P-0130A-22

AMENDMENT TO RESOLUTION HHS-P-0130-22 ISSUED TO BRIGHTSTAR CARE OF CENTRAL DUPAGE FOR SUPPLEMENTAL NURSING STAFFING FOR THE DUPAGE CARE CENTER (INCREASE ENCUMBRANCE \$44,760.00, AN INCREASE OF 11.36%)

WHEREAS, Resolution HHS-P-0130-22 was approved by the Human Services Committee on March 22, 2022; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to County Contract 5756-0001 SERV, issued to Brightstar Care of Central DuPage, for Supplemental Nursing Staffing, for the DuPage Care Center, to increase encumbrance in the amount of \$44,760.00 resulting in an amended contract total of \$438,760.00, an increase of 11.36%.

NOW, THEREFORE BE IT RESOLVED, that the County Board adopt the Change Order Notice to County Contract 5756-0001 SERV, issued to Brightstar Care of Central DuPage, for Supplemental Nursing Staffing, for the DuPage Care Center, to increase encumbrance in the amount of \$44,760.00 resulting in an amended contract total of \$438,760.00, an increase of 11.36%.

Enacted and approved this 28th of March, 2023 at Wheaton, Illinois.

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



Date: Feb 28, 2023
MinuteTraq (IQM2) ID #: 23-1110

Purchase Orde	r #: 5756-0001 SERV Original P Order Dat	Apr 13, 2022	Change Order #: 6	Department: DuPage	Care Center
Vendor Name:	Brightstar Care of Central DuPag	je	Vendor #: 12992	Dept Contact: Annabe	el Leonida
Background and/or Reason for Change Order Request:	This contract is to provide per Proposal 21-006-CARE. Increase line 6, 1100-1215-the contract of April 12, 20 Maxim Healthcare (5759-0	53090 (FY23) in the a 23.	mount of \$44,760.00 to co	•	-
	Maxim reditired (3733 0		WITH 720 ILCS 5/33E-9		
(B) The char	t reasonably foreseeable at the t nge is germane to the original co best interest for the County of D	ime the contract was signtract as signed.	gned.		
		INCREAS	E/DECREASE		
A Starting c	ontract value				\$394,000.00
B Net \$ cha	nge for previous Change Orders				
C Current co	ontract amount (A + B)				\$394,000.00
D Amount o	of this Change Order		Decrease		\$44,760.00
E New cont	ract amount (C + D)				\$438,760.00
F Percent o	f current contract value this Cha	nge Order represents (D) / C)		11.36%
G Cumulativ	ve percent of all Change Orders (B+D/A); (60% maximum or	n construction contracts)		11.36%
		DECISION MEN	MO NOT REQUIRED		
Increase/De	ecrease quantity from: :: ::::::::::::::::::::::::::::::::	Close Contract to should be: Increase encumbrance and close contract	Contract Extension (29 to:		
		DECISION M	IEMO REQUIRED		
	eater than 29 days) contract exp 52,500.00, or ≥ 10%, of current co plain below:		to: nding Source		
cdk Prepared By (Ini	4208 Phone Ext	Feb 28, 2023 Date	Recommended for Approx	val (Initials) 4202 Phone Ext	Feb 28, 2023 Date
		REVIEWED E	BY (Initials Only)		
Buyer		Date	Procurement Officer		Date
Chief Financial (Decision Memo	Officer os Over \$25,000)	— Date	Chairman's Office (Decision Memos Over \$2	25,000)	Date



Decision Memo

Procurement Services Division

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

	Date:	Feb 28, 2023
MinuteTraq (IQ	M2) ID #:_	23-1110
Department Requisition	n #:	5756-000

Requesting Department: DuPage Care Center	Department Contact: Nursing Department
Contact Email: annabel.leonida@dupageco.org	Contact Phone: 630-784-4251
Vendor Name: Brightstar Care of Central DuPage	Vendor #: 12992

ction Requested - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.	
crease contract in the amount of \$44,760.00 to cover services through end of contract.	

Summary Explanation/Background - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.

This contract is to provide supplemental staffing (CNA's, LPN's & RN's) for the period 04/13/22 through 04/12/23, per Proposal #21-006-CARE.

DPCC has decreased Maxim Healthcare (1 of 3 supplemental staffing companies) in the amount of \$113,000.00 to accommodate this increase to Brightstar Care, as well as the other supplemental staffing company in need of increase. Maxim Healthcare has not provided the amount of staff that Brightstar Care is currently providing, therefore utilizing the monies for the contracts that provide more staffing on a consistent basis.

NOTE: Decreasing Maxim Healthcare contract (1 of 3) to allow for an increase to Brightstar Care, which will not impact Budget Line. NO CHANGE IN BUDGET LINE AMOUNT NEEDED AT THIS TIME.

Strategic Impact

Quality of Life

Select one of the five strategic imperatives in the County's Strategic Plan this action will most impact and provide a brief explanation.

Brightstar Care is one (1) of three (3) companies that provides supplemental staffing to our facility. Brightstar Care has been one of the companies that continues to provide consistent agency staff for the DuPage Care Center.

With the continued challenges that DPCC has with staffing, due to Covid, unscheduled and scheduled time off, Brightstar Care has continued to provide staffing during challenging times.

Source Selection/Vetting Information - Describe method used to select source.

RFP - #21-006-CARE

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

- 1) DuPage Care Center recommends that this contract for supplemental staffing (CNA's, LPN's & RN's) to the DuPage Care Center for the period April 13, 2022 through April 12, 2023 be increased in the amount of \$44,760.00 to cover services provided through the end of this contract period.
- 2) Develop cash based incentives (beyond those that already are offered) to further entice current staff to work more overtime to cover the open shifts. This has the potential to cause significant staff burnout, resulting in less than desirable performance levels and an exacerbation to the current challenges.

Fiscal Impact/Cost Summary - Include projected cost for each fiscal year, approved budget amount and account number, source of funds, and any future funding requirements along with any narrative.

NO CHANGE TO THE BUDGET LINE



Required Vendor Ethics Disclosure Statement

#21-006-1	CARE	-10/17
T. 7.2	n Dat	e: 3/9/13
(Bid/Contra	ct/(0#:)-5	191-000 SERV

County's Contractual	nd return this form may result in de				
S. T. F. C. C. A.	Obligation.	•	Bid	Contract/(0#:)-5	791-000 SEA
Company Name	ICES INC. dra	Company Contact: LEON	ADD	SANCHE Z	_
Contact Phone: 630.26	261	Contact Email: LEON			
	(RPIGHTSTA	RCADE OF CENTRAL I	MARAG	F= CARE	- COM I
The DuPage County Procureme	ent Ordinance requires the fo	llowing written disclosures	prior	to award: Wh	HEATOW
Division a written disclosure of al calendar year to any incumbent of	e county resulting in an aggregate a I political campaign contributions m county board member, county boar	amount at or in excess of \$25,00 nade by such contractor, union, d chairman, or countywide elec	00, shall or vend ted offic	provide to Procure lor within the curre tial whose office th	ement Services ent and previous e contract to be
	tor, union or vendor shall update so uiring approval by the county board				
includes owners, officers, manage	ers, lobbyists, agents, consultants, t contracting person, and political ac	oond counsel and underwriters	counsel,	, subcontractors an	d corporate
NONE (check here) - If no con	tributions have been made				
Recipient	Donor	Description (e.g. cash, type of ite kind services, etc.)	em, in-	Amount/Value	Date Made
	esentatives and all individuals who a late such disclosure with any chang		n count	y officers of emplo	yees in relation to
NONE (check here) - If no con		1			
Lobbyists, Agents and Represe	tacts have been made ntatives and all individuals who are county officers or employees in	Telephone	Email		
Lobbyists, Agents and Represe or will be having contact with a relation to the contract or bid	ntatives and all individuals who are county officers or employees in	Telephone		VARIS.SANCI	HF=Z-Q2
Lobbyists, Agents and Represe or will be having contact with a	ntatives and all individuals who are county officers or employees in		LEON	GHTSTARCE	4RE, COM
Lobbyists, Agents and Represe or will be having contact with a relation to the contract or bid LEONALL SAN	ntatives and all individuals who are county officers or employees in	630.260.5300	LEON BIZI ITOM	GHTSTARCE N.SILVA@	ARE COM
Lobbyists, Agents and Represe or will be having contact with a relation to the contract or bid LEONAL SAN	ntatives and all individuals who are county officers or employees in	Telephone 630.260.5300 630.260.5300 630.260.5300 irrements is subject to penalties	LEON BIZI ITOM	GHTSTARCE N.SILVA@	ARE COM
Lobbyists, Agents and Represer or will be having contact with a relation to the contract or bid LEONARY SILVA A contractor or vendor that know the immediate cancellation of the Continuing disclosure is required and a second	ntatives and all individuals who are county officers or employees in	Telephone 630.260.5300 630.260.5300 direments is subject to penalties from future county contracts. closure form as follows: nge, or prior to county action, we cat anniversary of said contract	LEON BIZI JOH STE which i	GHTS TARCE N.SILVA @ HRCANE. C may include, but ar	ARE COM
Lobbyists, Agents and Represer or will be having contact with a relation to the contract or bid LEONALL SAN A contractor or vendor that know the immediate cancellation of the Continuing disclosure is require If information and days prior to the Annual disclosure is with any requirements.	vingly violates these disclosure reque contract and possible disbarment ed, and I agree to update this dischanges, within five (5) days of chaot the optional renewal of any contract for multi-year contracts on the est for change order except those is thics and procurement policies and country and procurement policies and procurement policies and procurement policies and country of the country and procurement policies	Telephone 630.260.5300 630.260.5300 direments is subject to penalties from future county contracts. closure form as follows: nge, or prior to county action, we cact anniversary of said contract ssued by the county for adminis	BIZE JOH	GHTS TARCE N.SILVA @ HRCANE. C may include, but ar	ARE COM
Lobbyists, Agents and Represer or will be having contact with a relation to the contract or bid LEONAL SAN A contractor or vendor that know the immediate cancellation of the and the immediate cancellation of the solution	vingly violates these disclosure reque contract and possible disbarment ed, and I agree to update this dischanges, within five (5) days of chaot the optional renewal of any contract for multi-year contracts on the est for change order except those is thics and procurement policies and country and procurement policies and procurement policies and procurement policies and country of the country and procurement policies	Telephone 630.260.5300 630.260.5300 direments is subject to penalties from future county contracts. closure form as follows: nge, or prior to county action, want anniversary of said contract anniversary of said contract ssued by the county for administ dordinances are available at:	BIZE JOH	GHTS TARCE N.SILVA @ HRCANE. C may include, but ar	ARE COM
Lobbyists, Agents and Represer or will be having contact with a relation to the contract or bid LEONAL SAN A contractor or vendor that know the immediate cancellation of the continuing disclosure is required. If information and a 30 days prior to a Annual disclosure with any required. The full text for the county's ethory in the county's	vingly violates these disclosure reque contract and possible disbarment ed, and I agree to update this disc changes, within five (5) days of chaothe optional renewal of any contract for multi-year contracts on the est for change order except those is thics and procurement policies and tyBoard/Policies/	Telephone 630.260.5300 630.260.5300 direments is subject to penalties from future county contracts. closure form as follows: nge, or prior to county action, we act anniversary of said contract ssued by the county for administed ordinances are available at: erstand these requirements.	BIZE JOH	GHTS TARCE N.SILVA @ HRCANE. C may include, but ar	ARE COM

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

OWNER AND CHIEF OPERATING OFFICER
3/9/2023

Title Date

Change Order



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

File #: 23-1199 Agenda Date: 3/21/2023 Agenda #: 7.C.

HHS-P-0128A-22

AMENDMENT TO COUNTY RESOLUTION HHS-P-0128-22 ISSUED TO NOVASTAFF HEALTHCARE SERVICES FOR SUPPLEMENTAL NURSING STAFFING FOR THE DUPAGE CARE CENTER (INCREASE ENCUMBRANCE \$50,000.00, AN INCREASE OF 5.47%)

WHEREAS, Resolution HHS-P-0128-22 was approved by the Human Services Committee on March 22, 2022; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to County Contract 5758-0001 SERV, issued to Novastaff Healthcare Services, for Supplemental Nursing Staffing, for the DuPage Care Center, to increase encumbrance in the amount of \$50,000.00 resulting in an amended contract total of \$964,000.00, an increase of 5.47%.

NOW, THEREFORE BE IT RESOLVED, that the County Board adopt the Change Order Notice to County Contract 5758-0001 SERV, issued to Novastaff Healthcare Services, for Supplemental Nursing Staffing, for the DuPage Care Center, to increase encumbrance in the amount of \$50,000.00 resulting in an amended contract total of \$964,000.00, an increase of 5.47%.

Enacted and approved this 28th of March, 2023 Wheaton, Illinois.

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



Date:	Feb 28, 202
MinuteTraq (IQM2) ID #:	23-110

Purchase Order #	#: 5758-0001 SERV Origina	I Purchase Apr 13, 2022	Change Order #: 6	Department: Du	Page Care Center
Vendor Name: N	ovastaff Healthcare Services		Vendor #: 37419	Dept Contact: Cl	nristine Kliebhan
Background and/or Reason for Change Order Request:	Increase line 6, 1100-121 end of the contract perio Maxim Healthcare (5759	od of 04/12/23.	(FY23) in the amount \$50	,000.00, to cover	crisis levels through the
	Provide a contract of the cont		/ITH 720 ILCS 5/33E-9		
(A) Were not r	easonably foreseeable at the				
(B) The change	e is germane to the original	contract as signed.			
(C) Is in the be	st interest for the County of	DuPage and authorized by	y law.		
		INCREASE	/DECREASE		
A Starting cor	ntract value				\$914,000.00
B Net \$ chang	je for previous Change Orde	rs			
C Current con	tract amount (A + B)				\$914,000.00
D Amount of t	this Change Order		Decrease		\$50,000.00
E New contra	ct amount (C + D)				\$964,000.00
F Percent of c	urrent contract value this Ch	ange Order represents (D	/ C)		5.47%
G Cumulative	percent of all Change Order	s (B+D/A); (60% maximum on	construction contracts)		5.47%
		DECISION MEM	O NOT REQUIRED		
Cancel entire of Change budge		Close Contract	Contract Extension ((29 days) [Consent Only
Increase/Decre	ease quantity from;	to:	=1		
Price shows:		should be:			
Decrease rema		Increase encumbrance and close contract	Decrease encur	nbrance 🔀 I	ncrease encumbrance
		DECISION ME	MO REQUIRED	153	
Increase (great	ter than 29 days) contract ex	piration from:	to:		
Note increase ≥ \$2,5	600.00 , or $\geq 10\%$, of current of	contract amount Fund	ding Source		
OTHER - explai					
CDK	4208	Feb 28, 2023			Feb 28, 2023
Prepared By (Initial	s) Phone Ext	Date	Recommended for Approv	al (Initials) Phone	Ext Date
		REVIEWED BY	(Initials Only)		
			ded		3/10/13
Buyer		 Date	Procurement Officer		Date
			** FEATREE		
Chief Financial Offi	Cer		Chairman's Office		
(Decision Memos C		Date	(Decision Memos Over \$2	5 000)	Date



Decision Memo

Procurement Services Division

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

[Date:	Feb 28, 2023
MinuteTraq (IQM2	2) ID #:	23-1107
Department Requisition #	‡:	5758-000

Requesting Department: DuPage Care Center	Department Contact: Nursing Department
Contact Email: annabel.leonida@dupageco.org	Contact Phone: 630-784-4251
Vendor Name: Novastaff Healthcare, Inc.	Vendor #: 37419

Action Requested - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.	_
Increase contract in the amount of \$50,000.00 to cover services through end of contract.	_

Summary Explanation/Background - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.

This contract is to provide supplemental staffing (CNA's, LPN's & RN's) for the period 04/13/22 through 04/12/23, per Proposal #21-006-CARE.

DPCC has decreased Maxim Healthcare (1 of 3 supplemental staffing companies) in the amount of \$113,000.00 to accommodate this increase to Novastaff, as well as the other supplemental staffing company in need of increase. Maxim Healthcare has not provided the amount of staff that Novastaff is currently providing, therefore utilizing the monies for the contracts that provide more staffing on a consistent basis.

NOTE: Decreasing Maxim Healthcare contract (1 of 3) to allow for an increase to Novastaff, which will not impact Budget Line. NO CHANGE IN BUDGET LINE AMOUNT NEEDED AT THIS TIME.

Strategic Impact

Quality of Life

Select one of the five strategic imperatives in the County's Strategic Plan this action will most impact and provide a brief explanation.

Novastaff Healthcare Services is one (1) of three (3) companies that provides supplemental staffing to our facility. Novastaff has been the company that is currently providing consistent agency staff for the DuPage Care Center.

With the continued challenges that DPCC has with staffing, due to Covid, unscheduled and scheduled time off, Novastaff has continued to provide staffing during challenging times.

Source Selection/Vetting Information - Describe method used to select sour	ce.
---	-----

RFP - #21-006-CARE

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

- 1) DuPage Care Center recommends that this contract for supplemental staffing (CNA's, LPN's & RN's) to the DuPage Care Center for the period April 13, 2022 through April 12, 2023 be increased in the amount of \$50,000.00 to cover services provided through the end of this contract period.
- 2) Develop cash based incentives (beyond those that already are offered) to further entice current staff to work more overtime to cover the open shifts. This has the potential to cause significant staff burnout, resulting in less than desirable performance levels and an exacerbation to the current challenges.

Fiscal Impact/Cost Summary - Include projected cost for each fiscal year, approved budget amount and account number, source of funds, and any future funding requirements along with any narrative.

NO CHANGE TO THE BUDGET LINE



Required Vendor Ethics Disclosure Statement

Date: 2 13 2023

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

Bid/Contract/PO#: 21-006-CARE

Company Name: NOVHSTAFE HEALTHCARE SERVICE: WO	Company Contact:	DAVID SIAM
Contact Phone: 630-472-1122	Contact Email:	MANAGER @ NOVASTAFF. COM

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

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

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

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

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

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

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

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

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

I hereby acknowledge Authorized Signature	that I have received, have read, and understand these requirements. Signature on File
Printed Name	DAVID SIM
Title	MAJAGER
Date	2 23 2023

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

Care Center Requisition Under \$30,000



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

File #: 23-1200 Agenda Date: 3/21/2023 Agenda #: 7.D.



Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

	SECTION 1:	DESCRIPTION			
General Tracking		Contract Terms			
FILE ID#: 23-1092	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$24,706.71		
COMMITTEE: TARGET COMMITTEE DATE: PROBLEM 103/21/2023		PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$24,706.71		
	CURRENT TERM TOTAL COST: \$24,706.71	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM		
Vendor Information		Department Information			
VENDOR: McKesson Medical Surgical Government Solutions	VENDOR #: 30801	DEPT: DuPage Care Center DEPT CONTACT PHONE #:	DEPT CONTACT NAME: Annabel Leonida DEPT CONTACT EMAIL:		
VENDOR CONTACT: VENDOR CONTACT PHONE: Christine Mazzucchelli 800-328-8111		630-784-4250 DEPT REQ #:			
VENDOR CONTACT EMAIL: Christine.Mazzucchelli@mckesson.c om	VENDOR WEBSITE:	7376			

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.). Connex Spot Vital Sign Monitors and mobile work stands with baskets for the DuPage Care Center, for the period March 22, 2023 through November 30, 2023, for a contract total not to exceed \$24,706.71, per MMCAP Cooperative Purchasing Agreement (ARPA item)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The Connex Vital Signs Monitor is an advanced, touch screen monitor for all health care environments and clinical workflows, it measures pulse oximetry, blood pressure and temperature. These additional machines will specifically be used for Covid Unit and or isolated units.

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 COOPERATIVE (DPC2-352), GOVER	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. NMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING						

	SECTION 3: DECISION MEMO						
STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact. QUALITY OF LIFE						
SOURCE SELECTION	Describe method used to select source. MMCAP Cooperative Purchasing Agreement						
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 the purchase of Connex Spot Vital Sign Monitors and Mobile Work rolling stands with baskets for the Covid Unit and or isolated units, so that when these situation exists, current machines are not being taken from other units in need. 2) Do not approve purchase of Connex Spot Vital Sign Monitors and Mobile Work rolling stands with baskets for the Covid Unit and or isolated units, which would cause units to move machines to other units, hard to keep track of machines and operationally take more time for nursing staff to identify a resident issue without the use of monitors.						

Form under revision control 01/04/2023 49

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

Send Purc	hase Order To:	Send Invoices To:			
Vendor: McKesson Medical Surgical Government Solutions	Vendor#: 30801	Dept: DuPage Care Center	Division: Nursing Division		
Attn: Chrisitne Mazzucchelli	Email: christine.mazzucchelli@mckesson.c om	Attn: Email: Annabel Leonida annabel.leonida@dupa			
Address: 9954 Mayland Drive, Suite 5176	City: Henrico	Address: 400 N. County Farm Road	City: Wheaton		
State: VA	Zip: 23233	State:	Zip: 60187		
Phone: Fax: 833-343-2700		Phone: 630-784-4250	Fax:		
Send Po	ayments To:	Ship to:			
Vendor: McKesson Medical Surgical Government Solutions	Vendor#: McKesson Medical Surgical Government Solutions	Dept: DuPage Care Center	Division:		
Attn:	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org		
Address: PO Box 936279	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton		
State: GA	Zip: 31193-6279	State:	Zip: 60187		
Phone:	Fax:	Phone: 630-784-4250	Fax:		
Sh	ipping	Cor	itract Dates		
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 22, 2023	Contract End Date (PO25): November 30, 2023		

Form under revision control 01/04/2023 50

	Purchase Requisition Line Details										
IINI Oty I HOM I I Description I EV (Company) All I Acct Code I							Sub-Accts/ Activity Code	Unit Price	Extension		
1	7	EA	946244	Connex Spot Vital Sign Monitor w/NIBP, SPO2, sure temp thermometers	FY23	5000	2115	52000	ARPA2302 29	3,141.18	21,988.26
2	7	EA	959363	Spot Monitor Mobile Work Stand w/basket for Connex Unit	FY23	5000	2115	52000	ARPA2302 29	538.35	3,768.45
3	7	EA		rebate	FY23					-150.00	-1,050.00
FY is required, assure the correct FY is selected. Requisition Total \$									\$ 24,706.71		

	Comments						
HEADER COMMENTS	Provide comments for P020 and P025. Connex Spot Vital Sign Monitors and mobile works stands with baskets for the DuPage Care Center, for the period March 22, 2023 through November 30, 2023, for a contract total not to exceed \$24,706.71, per MMCAP Cooperative Purchasing Agreement (ARPA item)						
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.						
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.						
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.						

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

Form under revision control 01/04/2023 51

Medical Equipment MSKESSON **DUPAGE CARE CENTER** DATE ISSUED: 2/24/2023 **Item Number** Item Description **Vendor Name** Mfr# UOM Price Qty Total 946244 CONNEX SPOT VITAL W/NIBP, SPO2, SURE TEMP THERMOMETER **WELCH ALLYN** 71WT-B EA \$3,141.18 7 (BAXTER) 21,988.26 959363 SPOT MONITOR MOBILE WORK STAND W BASKET FOR CONNEX UNIT **WELCH ALLYN** 7000-MS3 EA \$538.35 7 (BAXTER) 3,768.45 1 **REBATE ON SPOT VITALS** \$150.00 7 1,050.00 1 \$ 1 \$ SUBTOTAL 24,706.71 Est. FREIGHT **TBD** TAX TBD TOTAL \$ 24,706.71 The information provided in this product quote request is confidential and proprietary information of McKesson Medical-Surgical and is being provided exclusively for use in evaluating a upcoming purchase. The pricing proposed is valid for 30 days from the Date Issued. Thereafter, we reserve the right to change the prices to reflect any cost increases we may occur from the manufacturer. **This proposal does not include any applicable freight. CHRISTINE MAZZUCCHELLI By signature, you acknowledge special order items are not returnable Account Manager PRICE DOES NOT INCLUDE APPLICABLE SALES TAX, ADDITIONAL Phone#847 212 9198 FEES OR FREIGHT CHARGES; Please sign and fax back to 877-919-1832: CHRISTINE.MAZZUCCHELLI@MCKESSON.COM

Reviewed By:



Required Vendor Ethics Disclosure Statement

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

Date:	3/	1	0/	2	0	2	3
-------	----	---	----	---	---	---	---

Bid/Contract/PO #:

Company Name: McKesson Medical-Surgical Government Solutions LLC	Company Contact: Proposal Specialist
Contact Phone: 833-343-2700	Contact Email: Government.Bids@McKesson.com

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

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

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

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

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

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

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

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

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

i nereby acknowledge	that I have received, have read, and understand these requirements.
Authorized Signature	
Printed Name	Kameren Jewett
Title	Contract Administration Manager
Date	3/10/2023

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

Budget Transfer



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

File #: 23-1201 Agenda Date: 3/21/2023 Agenda #: 8.A.

DuPage County, Illinois BUDGET ADJUSTMENT Effective October, 2022

From	; 5000			From		G CASE COORD UNIT	GRTS	_
	Company #	-		1101	п. сопрану/яссо		ept Use Only	
Accounting		Cub Assertat	Tale				le Balance	Date of
Unit	Account	Sub-Account	Title	1	Amount	Prior to Transfer	After Transfer	Balance
1720	53090		OTHER PROFESSIONAL SERVICES	\$	19,000.00	66,637.12	47,657.12	3/14/27
1720	53500		MILEAGE EXPENSE	\$	500.00	44,142.47	44,242.92	3/14/2)
1720	53800		PRINTING	\$	500.00	4,928.57	4,418.57	3/1923
			Total	\$	20,000.00		8	
			Total	[5		l		
To	F000			- /		CASE COORD UNIT G	RANTS	-
To:	5000 Company #	-		To: (Company/Account	ting Unit Name		
	**************************************					Finance De	ept Use Only	
Accounting							e Balance	Date of
Unit	Account	Sub-Account	Title	1	Amount	Prior to Transfer	After Transfer	Balance
1660	53090		OTHER PROFESSIONAL SERVICES	\$	19,000.00	(3,295.14)	15,704.86	3/14/23
1660	53500		MILEAGE EXPENSE	\$	500.00	(41.65)	458,35	3/14/23
1660	53800		PRINTING	\$	500.00	(102.00)	398,00	3/1423
			Total	\$	20,000.00			
	Reason for Req							
			Federal funding was approved to cover the cost for a co program, and for printing of materials for the Seniors p					
			state funding budget of 5000-1720.		,			
		L		S	ignature on F	ile	3	1/2/1
				Dena	rtment Head	/ X		Date
				ССРО	rtment Head_ Signatu	re on 🖊	-	2/12/2
	Aethalta			Chief	File			2/17/0
	Activity	-	(optional)	Chief	Financial Officer	1		Date
			****Please sign in blue ink on t	ne origi	nal form****			
	2.	7	Finance Department Use On	ly				
	Fiscal Year	Budget Jo	ournal # Acctg Period					
	Entered By/Dat	te	Released & Posted	By/Da	te		-	

HHS - 3/21/23 FIN/CB - 3/28/23

Authorization to Travel





File #: 23-1202 Agenda Date: 3/21/2023 Agenda #: 9.A.

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel Revised 3-14-2017

REQUEST DATE:	15-Mar-23		
NAME:		TITI F: I	Intake & Referral Administrator
		111666	THAT A TEICHAI AGHIMISTATO
DEPARTMENT: Commu	inity Services	ACCOUNT CODE:	5000-1650
PURPOSE OF TRIP: (explain fully	the necessity of mak	ing the trin)	
CSBG Grant funded authorization	to travel: Administrate	or will attend the annual IACAA L	corning Conformed The
conference will provide training on Federal Grants and attendance at and per diem approx. cost \$1222.	our Federal grants, of the Family's of Distinct	fer valuable information on best potion Award Ceremony.Cost include	practices for managing our des registration, mileage, hotel
Coordinator and FoD Family head	of household.	includes Family of Distinction eve	ent Admin, Case Manager,
DESTINATION: Springfi	eld, IL		
DATE OF DEPARTURE: 4/30	0/2023	DATE OF RETURN ARRIVAL:	5/2/2023
(Please include a detailed explana			0,2,2020
Please indicate the estimated and REGISTRATION: TRANSPORTATION: LODGING			\$665.00 \$0.00 \$195.00
MISCELLANEOUS EXPENSES (p RENTAL CAR: (explain fully the ne	arking, mileage, etc.)		\$275.00 \$0.00
The state of the complete training the tree	ocounty		\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$147.00
TOTAL			\$1,282.00
	REVIEWED BY A	ND DATE APPROVED:	Date: 3/15/23
	(Signature)		Date. VIII & 3
Committee Name:			Date:
County Board			Date

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.

Authorization to Travel





File #: 23-1203 Agenda Date: 3/21/2023 Agenda #: 9.B.

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel Revised 3-14-2017

REQUEST DATE:	8-Mar-23		
NAME:		TITLE: 0	Case Manager
DEPARTMENT: Co	mmunity Consises	40001 NIT 0005	5000 4050
DEPARTMENT, CO	minumity Services	ACCOUNT CODE:	5000-1650
PURPOSE OF TRIP: (explain	fully the necessity of	making the trip)	
CSBG Grant funded authoriza	ation to travel: Case M	lanager will attend the annual IACAA F	amily's of Distinction Award
Ceremony. Cost includes miles	age, hotel and per die	m approx. cost \$441.90. Note registrat	tion cost included in
Administrator's total.	2071 dt		
DESTINATION: Spr	rinafield II		
DEGINATION: Spi	inglieid, IL		
DATE OF DEPARTURE:	4/30/2023	DATE OF RETURN ARRIVAL:	5/1/2023
(Please include a detailed expl		om official business dates)	3/ 1/2023
		The street business dutes,	
ill			
Please indicate the estimate	d amount for each a	policable expense	
		pp	
REGISTRATION:			\$0.00
TRANSPORTATION:			\$0.00
LODGING			\$96.90
MISCELLANEOUS EXPENSE	S (parking, mileage, e	etc.)	\$275.00
RENTAL CAR: (explain fully th	e necessity)		\$0.00
REFERENCE MATERIALS:			20.4-
MEALS: (Per Diems)			\$0.00
TOTAL			\$70.00
1017.12			\$441.90
	REVIEWED B	Y AND DATE APPROVED:	
Sig	nature on File		11
Department Head:			Date: 3/9/23
· · · · · · · · · · · · · · · · · · ·	(Signature)		541700
)	
Committee Name:			Date:
County Board:			Date:

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.

Authorization to Travel





File #: 23-1204 Agenda Date: 3/21/2023 Agenda #: 9.C.

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel Revised 1-08-2019

REQUEST DATE:	3/8/2023		
NAME:		TITLE: C	ommunity Services Manager
DEDARTMENT	Community Consises	ACCOUNT CODE	5000 4050
DEPARTMENT:	Community Services	ACCOUNT CODE:	5000-1650
PURPOSE OF TRIP: (eyn)	ain fully the necessity of mal	king the trip)	
CSBG Grant funded author	ization to travel: Community	Services Manager will attend the N	lational Alliance of
Information and Referral 20	23 Training Conference 7/3	Services Manager will attend the N 0-8/2, Orlando, Florida. Conference	will provide training and
networking on 211, informa	ation and referral processes.	and best practices for operating the	ese programs funded by our
federal and state grants. C	osts include registration, fligh	ht, taxi/uber, hotel, meals of approx	imately \$1986.
	, ,	т, таки	
DESTINATION:	Orlando, Florida		
DATE OF DEPARTURE:		DATE OF RETURN ARRIVAL:	8/2/2023
(Please include a detailed of	explanation if different from o	official business dates)	
Please indicate the estim	ated amount for each appl	licable expense	
rease maleate the estim	ated amount for each appr	icable expense.	
REGISTRATION:			\$500.00
TRANSPORTATION:			\$600.00
LODGING			\$436.00
MISCELLANEOUS EXPEN	ISES (parking, mileage, etc.))	\$150.00
RENTAL CAR: (explain full	y the necessity)		\$0.00
REFERENCE MATERIALS			\$0.00
MEALS: (Per Diems)			\$300.00
TOTAL			\$1,986.00
	DEVIEWED DV	AND DATE ADDROVED	
		AND DATE APPROVED:	200
Department Head	Signature on File		Date: 3/9/23
Department Head:	(Signature)		Date: 2/1/20
	(Signature)		
Committee Name:			Data
Committee Name.	ALL OVERNIGHT	TRAVEL	Date:
	ALL OVERMIGHT	IIIVYLL	
County Board:			Date:
,	ONLY OUT-OF-S	STATE TRAVEL	

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.

Authorization to Travel





File #: 23-1205 Agenda Date: 3/21/2023 Agenda #: 9.D.

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel Revised 1-08-2019

REQUEST DATE:	3/10/2023		
NAME:		TITLE: D	irector
10 1012.			ilector
DEPARTMENT: C	community Services	ACCOUNT CODE:	1000-1750
			1000 1100
PURPOSE OF TRIP: (explain		naking the trip)	
to attend the NACo Board of	Directors meeting		
DESTINATION: S	t Connect County Library		
DESTINATION: 5	t. George County Utah		
DATE OF DEPARTURE:	5/15/2023	DATE OF RETURN ARRIVAL:	5/19/2023
(Please include a detailed ex			0/10/2020
Please indicate the estimat	ed amount for each au	onlicable expense	
	anount for cuentup	эрпоиые схрепзе.	
REGISTRATION:			\$475.00
TRANSPORTATION:			\$1,000.00
LODGING			\$1,000.00
MISCELLANEOUS EXPENS	ES (parking, mileage, e	tc.)	\$100.00
RENTAL CAR: (explain fully	the necessity)		\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$265.50
TOTAL			\$2,840.50
	REVIEWED BY	Y AND DATE APPROVED:	
Department Head:	(Signaturé)	<u> </u>	Date: 3/10/23
Committee Name:	ALL OVERNIC	GHT TRAVEL	Date:
County Board:	ONLY OUT-O	F-STATE TRAVEL	Date:

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.

Authorization to Travel





File #: 23-1206 Agenda Date: 3/21/2023 Agenda #: 9.E.

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel Revised 3-14-2017

REQUEST DATE: 15-Mar-23	
10 1101 20	
NAME:	TITLE: Case Management Coordina
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650
PURPOSE OF TRIP: (explain fully the necessity of makin	g the trip)
CSBG Grant funded authorization to travel: Case Manage	ement Coordinator will attend the annual IACAA Family's of
Distinction Award Ceremony.Cost includes mileage, hotel	and per diem approx. cost \$441.90. Note registration cost
included in Administrator's total.	
DESTINATION: Springfield, IL	
Decritation. opinignoid, in	
DATE OF DEPARTURE: 4/30/2023 DA	TE OF RETURN ARRIVAL: 5/1/2023
(Please include a detailed explanation if different from offi	
(i)	
Please indicate the estimated amount for each applica-	able expense.
REGISTRATION:	\$0
TRANSPORTATION:	\$0
LODGING	\$96
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$275
RENTAL CAR: (explain fully the necessity)	\$0
REFERENCE MATERIALS:	40
MEALS: (Per Diems)	
TOTAL	\$441
101712	944 I.
REVIEWED BY AN Signature on File	ID DATE APPROVED:
Signature on File	
Department Head:	Date: 3/15/2
(Signature)	
Committee Name:	Date:
County Board:	Date:

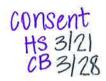
Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.

Consent Item





File #: 23-1207 Agenda Date: 3/21/2023 Agenda #: 10.A.





Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 28, 2023
MinuteTraq (IQM2) ID #: 23-1106

Purc	Purchase Order #: 5759-0001 Original P Order Date		rchase Apr 10, 2022	Change Order #: 3	Department	: DuPage Care Center		
Ven	dor Name: N	laxim Healthcare	Services		Vendor #: 13962	Dept Contac	t: Nursing	
and/ for C	aground for Reason Thange er Request:	Decrease line 2 Decrease line 5	2, 1100-1215- 5, 1200-2050- supplement	53090-covid-19-DCC 53090 (FY23)in the a al staffing for the 2 o	ount of \$108,573.37 (FY22 in the amount of \$149,73 mount of \$113,000.00 ther supplemental staffing	7.91(FY22)	ovastaff and Brightstar	
				IN ACCORDANCE V	VITH 720 ILCS 5/33E-9			
	B) The chang	e is germane to t	ne original con	-				
	(C) Is in the best interest for the County of DuPage and authorized by law. INCREASE/DECREASE							
A	Starting cor	ntract value		IIICNEAS	L/DECREASE		\$600,000.00	
В		ge for previous Ch	ango Ordore				\$400,000.00	
							÷500,000,00	
C		tract amount (A			7.5		\$600,000.00	
D		this Change Orde		Increase	Decrease		(\$371,311.28)	
Ε		ct amount (C + D		0.1	(6)		\$228,688.72	
F				ge Order represents (D			-61.89%	
G	Cumulative	percent of all Cha	ange Orders (B	+D/A); (60% maximum or			-61.89%	
					O NOT REQUIRED			
	Cancel entire			se Contract	Contract Extension ((29 days)	Consent Only	
		et code from:			to:			
	ncrease/Decr	ease quantity fro	m:	to:	_			
P	rice shows:			should be:				
	Decrease remaind close con	aining encumbra tract	1 1	rease encumbrance close contract	Decrease encur	nbrance [Increase encumbrance	
				DECISION M	EMO REQUIRED			
 Ir	_			ation from: Fund	to:ding Source			
cdk Prepa	ared By (Initia	ls)	4208 Phone Ext	Feb 28, 2023 Date	Recommended for Approv	al (Initials) Ph	Feb 28, 2023 Date	
				REVIEWED B	Y (Initials Only)			
Buyer				Date	Procurement Officer		3 3 23 Date	
	Financial Off	icer Over \$25,000)		Date	Chairman's Office (Decision Memos Over \$2	5,000)	Date	



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

File #: 23-1208 Agenda Date: 3/21/2023 Agenda #: 11.A.

GPN Number: 016-23			Date of Notification:	02/24/202	
(Completed by Finance Department				(MM/DD/YYYY	
Parent Committee Agenda Date: (Completed by Finance Department		Grant A _l	pplication Due Date:	02/24/202 (MM/DD/YYYY	
Name of Grant:	Weatheri	zation DOE	BIL Grant FY23	3	
Name of Grantor:	IL Dept. of Comr	nerce and E	conomic Oppo	ortunity	
Originating Entity:	(Name the entity from which t	.S. Dept. of		hru entity)	
County Department:	Community Services				
Department Contact:	David Watkins, Co (Name, Title, and Extension)	mmunity Ser	rvices Supervis	or, x6469	
Parent Committee:	Human Services				
Grant Amount Requested:		\$ 1,074,09	6.00		
Type of Grant:	(Competitive, Continuation, Fo	Formula		ease Specify)	
Is this a new non-recurring Gran	t: ✓ Yes	No			
Source of Grant:	✓ Federal	State	Private	Corporate	
If Federal, provide CFDA:81	L.042 If State, pro	vide CSFA: 420-	70-0087		

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

operating supplies, mileage and travel expense and training expense.

The Weatherization DoE BIL 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 61% 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. Some home rehabilitation work can also be done to make repairs which allow homes to be weatherized.

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

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

Quality of Life 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.

Economic Growth 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?	$\frac{03/01/2023}{\text{(MM/DD/YYYY)}}$	to: 02/2	8/2025	2
		(MM/DD/YYYY)	(MM)	/DD/YYYY)	
	3.1. If period is unknown, estimate the year the project or project ph	nase will begin and ant	icipated dura	tion:	
	3.1.1 and (MM/YY) (Duration)				
1	Will the County provide "seed" or startup funding to initiate grant pr	oiect? (Ves or No)		No	
⋆.	will the county provide seed of startup funding to initiate grant pr	oject: (Tes of No)			-
	4.1. If yes, please identify the Company-Accounting Unit used for the	e funding _			_
5.	If grant is awarded, how is funding received? (select one):				
	5.1. Prior to expenditure of costs (lump-sum reimbursement upfront	t)			
	5.2. After expenditure of costs (reimbursement-based)	√			

		<u> </u>			
6.	Does the grant allow for Person	nel Costs? (Yes or No)			Yes
	6.1. If yes, what are the total protection the entire term of the gran		benefit costs of personnel charginded benefits at 40%.	ng time to the	grant for
	6.1.1. Total salary	\$1,898,870.62	Percentage covered by grant	16.68%	,) —
	6.1.2. Total fringe benefits	\$574,643.89	_ Percentage covered by grant	16.30%	,) –
	6.1.3. Are any of the County	y-provided fringe benefits	disallowed? (Yes or No):	No	_
	6.1.3.1. If yes, which	h ones are disallowed?			
	_	does not cover 100% of thicit be paid?	ne personnel costs, from what Coi	mpany-Accou	nting Unit
	5	000-1430 Weatherizatio	on Grants		
	6.2. Will receipt of this grant re	quire the hiring of addition	nal staff? (Yes or No):	Yes	_
	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 hea	adcount of the new position	on(s) be placed in the grant accou	nting unit?	No (Yes or No)
	6.2.1.2.1. If n	o, in what Company-Accou	unting Unit will the headcount(s)	be placed?	
		E000 143	30		

5000-1430

6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)		No		
	6.3.1. If yes, pl	ease answer the following:		
	6.3.1.1.	How many years beyond the grant term?		
	6.3.1.2.	What Company-Accounting Unit(s) will be used?		
	6.3.1.3.	Total annual salary		
	6.3.1.4.	Total annual fringe benefits		
7.	Does the grant allo	ow for direct administrative costs? (Yes or No)		Yes
	7.1. If yes, please answer the following: 7.1.1. Total estimated direct administrative costs for project \$80,55			
			\$80,557	7.00
	7.1.2. Percenta	age of direct administrative costs covered by grant		100%
	7.1.3. What pe	ercentage of the grant total is the portion covered by the grant		7.5%
3.	What percentage of	of the grant funding is non-personnel cost / non-direct administr	rative cost?	92.5%
Э.	Are matching fund	s required? (Yes or No):		No
	9.1. If yes, please	answer the following:		
	9.1.1. What pe	ercentage of match funding is required by granting entity?		
	9.1.2. What is	the dollar amount of the County's match?		

9.1.3.	What Company-Accounting Unit(s) will provide the matching requirement?	
10. What amo	unt 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 N	No
11. What is th	e total project cost (Grant Award + Match + Other Allocated Funding)?	\$1,074,096.00



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

File #: 23-1209 Agenda Date: 3/21/2023 Agenda #: 11.B.

Date of Notification: Grant Application Due Date:	(MM/DD/YYYY	
Grant Application Due Date:	02/14/202	
	03/14/202	
	(MM/DD/YYY	
EAP HHS Supplemental PY2023		
IL Department of Commerce and Economic Opportunity		
U.S. Department of Health and Human Services (Name the entity from which the funding originates, if Grantor is a pass-thru entity)		
Community Services		
Gina Stafford, Administrator x6444 (Name, Title, and Extension)		
Health and Human Services		
\$ 1,118,000.00		
Formula lation, Formula, Project, Direct Payment, Other – Ple	ease Specify)	
Yes No		
Federal State Private	Corporate	
f Federal, provide CFDA: 93.568 If State, provide CSFA: 420-70-0090		
	rtment of Health and Human Somewhich the funding originates, if Grantor is a pass-tile Community Services The a Stafford, Administrator x6444 (tension) Health and Human Services \$ 1,118,000.00 Formula The audion, Formula, Project, Direct Payment, Other – Planta The audion The audi	

1.	Justify the department's need for this grant. The Low Income Home Energy Assistance - Supplemental Grant, funded through U.S. Department of Health and Human Services, allows DuPage County to provide services to eligible low income households in DuPage County. The client assistance funding that is available through this program will assist eligible households with the costs of home energy in accordance with the current LIHEAP regulations and requirements.			
2.	Based on the County's Strategic Plan, which strategic imperative brief explanation.	e(s) correlate with funding op	portunity. Provide a	
	Imperative 1: Quality of Life: 1.2 Maintain the county-wide safety net to help people escarchieve economic self-sufficiency 1.2.2 Provide services that help residents escape poverty, masself-sufficiency			
3.	What is the period covered by the grant?	$\frac{03/01/2023}{\text{(MM/DD/YYYY)}}$	to: 06/30/2024	
	3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:			
	3.1.1 and (Duration)		No	
4.	Will the County provide "seed" or startup funding to initiate grant project? (Yes or No)			
	4.1. If yes, please identify the Company-Accounting Unit used for	or 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)

6.	Does the grant all	low for Personnel Costs? (Yes o	r No)	No
	•	are the total projected salary ar rm of the grant? Compute Cou	nd fringe benefit costs of personnel charging time nty-provided benefits at 40%.	e to the grant for
	6.1.1. Total sa	alary	Percentage covered by grant	
	6.1.2. Total fr	inge benefits	Percentage covered by grant	
	6.1.3. Are any	of the County-provided fringe	benefits disallowed? (Yes or No):	
	6.1.3.1.	If yes, which ones are disallo	owed?	
	6.1.3.2.	If the grant does not cover 1 will the deficit be paid?	.00% of the personnel costs, from what Company	-Accounting Unit
		5000	0-1420	
	6.2. Will receipt of	of this grant require the hiring o	of additional staff? (Yes or No):	Yes
	6.2.1. If yes, h	now many new positions will be	e created?	
	6.2.1.1.	Full-time Part	t-time Temporary1	
	6.2.1.2.	Will the headcount of the ne	ew position(s) be placed in the grant accounting (
	6.2.1	.2.1. If no, in what Compa	any-Accounting Unit will the headcount(s) be pla	(Yes or No) ced?

	6.3. Does the gran	nt award require the positions to be retained beyond the grant ter	m? (Yes or No)	No
	6.3.1. If yes, p	lease answer the following:		
	6.3.1.1.	How many years beyond the grant term?		
	6.3.1.2.	What Company-Accounting Unit(s) will be used?		
	6.3.1.3.	Total annual salary		
	6.3.1.4.	Total annual fringe benefits		
7.	Does the grant allo	ow for direct administrative costs? (Yes or No)		No
	7.1. If yes, please	answer the following:		
	7.1.1. Total es	timated direct administrative costs for project		
	7.1.2. Percent	age of direct administrative costs covered by grant		
	7.1.3. What pe	ercentage of the grant total is the portion covered by the grant		
8.	What percentage	of the grant funding is non-personnel cost / non-direct administra	tive cost?	100%
9.	Are matching fund	ls required? (Yes or No):		No
	9.1. If yes, please	answer the following:		
	9.1.1. What pe	ercentage of match funding is required by granting entity?		
	9.1.2. What is	the dollar amount of the County's match?		

9.1.3.	What Company-Accounting Unit(s) will provide the matching requirement?	
10. What amo	ount 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 N	No): No
11. What is th	e total project cost (Grant Award + Match + Other Allocated Funding)?	\$1,118,000.00