



DU PAGE COUNTY

Human Services

Final Regular Meeting Agenda

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

Tuesday, March 21, 2023

9:30 AM

Room 3500A

1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIR REMARKS - CHAIR SCHWARZE

5. APPROVAL OF MINUTES

5.A. [23-1197](#)

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

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)

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)

6.C. [FI-R-0099-23](#)

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

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.

7.B. [23-1198](#)

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)

7.C. [23-1199](#)

Amendment to 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)

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)

8. BUDGET TRANSFERS8.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)

9. TRAVEL9.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.

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)

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.

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.

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)

10. CONSENT ITEMS10.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)

11. INFORMATIONAL11.A. [23-1208](#)

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

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)

12. RESIDENCY WAIVERS - JANELLE CHADWICK**13. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK****14. COMMUNITY SERVICES UPDATE - MARY KEATING****15. OLD BUSINESS****16. NEW BUSINESS****17. ADJOURNMENT**



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

Human Services

Final Summary

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

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. [23-1056](#)**

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. [23-1057](#)

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. [23-1059](#)

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.



Finance Resolution

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

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

BE IT FURTHER RESOLVED that should federal funding cease for this grant, the Human Services Committee shall review the need for continuing the specified program and related head count; and

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

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

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN 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

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries \$ 16,000
51000-0000 - Benefit Payments 118
51010-0000 - Employer Share I.M.R.F. 1,750
51030-0000 - Employer Share Social Security 1,750
51040-0000 - Employee Med & Hosp Insurance 2,000

TOTAL PERSONNEL \$ 21,618

CONTRACTUAL

53820-0000 - Grant Services \$ 266,629

TOTAL CONTRACTUAL \$ 266,629

TOTAL APPROPRIATION \$ 288,247



Finance Resolution

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

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

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

BE IT FURTHER RESOLVED that should federal funding cease for this grant, the Human Services Committee shall review the need for continuing the specified program and related head count; and

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

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

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

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

REVENUE

41000-0002 - Federal Operating Grant - HHS	\$ 1,860,190
46011-0000 - Program Income	<u>235,199</u>

TOTAL ANTICIPATED REVENUE \$ 2,095,389

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries	\$ 110,000
50040-0000 - Part Time Help	16,000
51000-0000 - Benefit Payments	4,500
51010-0000 - Employer Share I.M.R.F.	12,000
51030-0000 - Employer Share Social Security	12,000
51040-0000 - Employee Med & Hosp Insurance	12,000
51050-0000 - Flexible Benefit Earnings	<u>500</u>

TOTAL PERSONNEL \$ 167,000

COMMODITIES

52200-0000 - Operating Supplies & Materials	\$ 500
52260-0000 - Fuel & Lubricants	<u>1,000</u>

TOTAL COMMODITIES \$ 1,500

CONTRACTUAL

53000-0000 - Auditing & Accounting Services	\$ 5,000
53410-0000 - Rental Of Machinery & Equipmnt	1,000
53500-0000 - Mileage Expense	1,000
53510-0000 - Travel Expense	4,500
53610-0000 - Instruction & Schooling	5,000
53800-0000 - Printing	1,019
53820-0000 - Grant Services	<u>1,909,370</u>

TOTAL CONTRACTUAL \$ 1,926,889

TOTAL APPROPRIATION \$ 2,095,389



Finance Resolution

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

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

BE IT FURTHER RESOLVED that should federal funding cease for this grant, the Human Services Committee shall review the need for continuing the specified program and related head count; and

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

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

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ACCEPTANCE AND APPROPRIATION TO ESTABLISH
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

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries	\$	360,000	
50010-0000 - Overtime		5,000	
50040-0000 - Part Time Help		20,000	
51000-0000 - Benefit Payments		15,155	
51010-0000 - Employer Share I.M.R.F.		40,000	
51030-0000 - Employer Share Social Security		30,000	
51040-0000 - Employee Med & Hosp Insurance		40,000	
51050-0000 - Flexible Benefit Earnings		<u>1,000</u>	
TOTAL PERSONNEL	\$		511,155

COMMODITIES

52000-0000 - Furn/Mach/Equip Small Value	\$	300	
52100-0000 - I.T. Equipment-Small Value		2,000	
52200-0000 - Operating Supplies & Materials		2,000	
52260-0000 - Fuel & Lubricants		<u>1,000</u>	
TOTAL COMMODITIES	\$		5,300

CONTRACTUAL

53000-0000 - Auditing & Accounting Services	\$	5,000	
53090-0000 - Other Professional Services		60,000	
53100-0000 - Auto Liability Insurance		100	
53260-0000 - Wireless Communication Svc		5,000	
53380-0000 - Repair & Mtce Auto Equipment		500	
53410-0000 - Rental Of Machinery & Equipmnt		4,500	
53500-0000 - Mileage Expense		1,000	
53510-0000 - Travel Expense		12,000	

53600-0000 - Dues & Memberships	5,000
53610-0000 - Instruction & Schooling	8,000
53800-0000 - Printing	3,000
53804-0000 - Postage & Postal Charges	1,000
53806-0000 - Software Licenses	25,500
53820-0000 - Grant Services	3,016,425

TOTAL CONTRACTUAL	\$ <u>3,147,025</u>
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TOTAL APPROPRIATION	\$ <u><u>3,663,480</u></u>
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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

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

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

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

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

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Laundry 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
<i>FY is required, assure the correct FY is selected.</i>										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 following documents have been attached: ☐ W-9 ☒ Vendor Ethics Disclosure Statement



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

				✓ Ecolab Inc.	
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
SECTION 1: CHEMICAL					
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
SECTION 2: DISPENSING EQUIPMENT TECHNOLOGY					
9	DISPENSING EQUIPMENT	LS	1	NO CHARGE	
10	INSTALLATION	LS	1	NO CHARGE	
11	WASHING PROGRAMMING COSTS	LS	1	NO CHARGE	
SERVICE AND TRAINING					
12	TRAINING	LS	1	NO CHARGE	
13	PREVENTATIVE MAINTENANCE / SERVICE	LS	1	NO CHARGE	
14	STAIN AND WATER ANALYSIS	LS	1	NO CHARGE	
15	COST AND ENTERGY AUDITS	LS	1	NO CHARGE	
				GRAND TOTAL	\$ 25,854.53

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

SECTION 2

DISPENSING EQUIPMENT TECHNOLOGY

NO	ITEM	UOM			EXTENDED PRICE
9	DISPENSING EQUIPMENT	LS			\$ No Charge
10	INSTALLATION	LS			\$ No Charge
11	WASHING PROGRAMMING COSTS	LS			\$ No Charge

SERVICE 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 forty-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	BKT	15-GAL	\$ 94.55
* 18	TRI-STAR FLEXYLITE 6110356 6100916 Homestyle Liquid Laundry Det	CS	2.5-GAL	\$ 165.00
19	ECO-STAR™ BUILDER C 6110430	BKT	15-GAL	\$ 261.26
** 20	ECO-STAR™ DETERGENT MP 6100172 Laundry Neutral Det Plus	BKT	15-GAL	\$ 161.65
*** 21	TRI-STAR AQUA SOFT 6112084 6114310 Tri-Star So Fresh	BKT	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.

(Signature and Title)

CORPORATE SEAL
(If available)

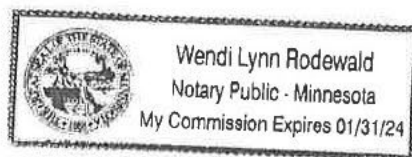
BID MUST BE SIGNED AND NOTARIZED (WITH SEAL) FOR CONSIDERATION

Subscribed and sworn to before me this 22nd day of February, AD, 20 23

Signature on File

My Commission Expires: 1/31/2024

SEAL



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:

		Signature on File
Tim Burns	who signs	<hr/>
Michele Kennedy	who signs	Signature on File <hr/>
Dale Mrozinski	who signs	Signature on File <hr/>
Heather Sheehan	who signs	Signature on File <hr/>
Benjamin Zuniga	who signs	Signature on File <hr/>

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**

*PO B
70343
Chicago
60673*

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Ecolab Inc.		
Main Business Address	1 Ecolab Place; Attn: Government Sales		
City, State, Zip Code	St. Paul, MN 55102		
Telephone Number	(800) 352-5326	Email Address	gov.sales@ecolab.com
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 Officer of the Corporation
 ☐ a Member of the Joint Venture

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

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

(President or Partner)

(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

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

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

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

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

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

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

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

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

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

CONTRACT ADMINISTRATION INFORMATION:

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME	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 Care Center Attn: Nancy Palima 400 North County Farm Road Wheaton, IL 60187 TX: (630) 784-4422 FX: (630) 784-4274 email: npalima@dupageco.org		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: vinet.patel@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

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

Date: 2/22/23

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

Company Name: Ecolab Inc.	Company Contact: 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.

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature **Signature on File**

Printed Name 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 #:

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



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 28, 2023

MinuteTraq (IQM2) ID #: 23-1110

Purchase Order #: 5756-0001 SERV	Original Purchase Order Date: Apr 13, 2022	Change Order #: 6	Department: DuPage Care Center
Vendor Name: Brightstar Care of Central DuPage		Vendor #: 12992	Dept Contact: Annabel Leonida
Background and/or Reason for Change Order Request:	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. Increase line 6, 1100-1215-53090 (FY23) in the amount of \$44,760.00 to cover services provided through the end of the contract of April 12, 2023. Maxim Healthcare (5759-0001) decrease will offset this increase		
IN ACCORDANCE WITH 720 ILCS 5/33E-9			

☒ (A) Were not reasonably foreseeable at the time the contract was signed.

☐ (B) The change is germane to the original contract as signed.

☐ (C) Is in the best interest for the County of DuPage and authorized by law.

INCREASE/DECREASE		
A	Starting contract value	\$394,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$394,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$44,760.00
E	New contract amount (C + D)	\$438,760.00
F	Percent of current contract value this Change Order represents (D / C)	11.36%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	11.36%
DECISION MEMO NOT REQUIRED		

☐ Cancel entire order ☐ Close Contract ☐ Contract Extension (29 days) ☐ Consent Only

☐ Change budget code from: _____ to: _____

☐ Increase/Decrease quantity from: _____ to: _____

☐ Price shows: _____ should be: _____

☐ Decrease remaining encumbrance and close contract ☐ Increase encumbrance and close contract ☐ Decrease encumbrance ☒ Increase encumbrance

DECISION MEMO REQUIRED

☐ Increase (greater than 29 days) contract expiration from: _____ to: _____

☒ Increase \geq \$2,500.00, or \geq 10%, of current contract amount ☐ Funding Source _____

☐ OTHER - explain below:

cdk	4208	Feb 28, 2023		4202	Feb 28, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
REVIEWED BY (Initials Only)					
Buyer	Date	Procurement Officer	Date		
Chief Financial Officer (Decision Memos Over \$25,000)	Date	Chairman's Office (Decision Memos Over \$25,000)	Date		



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) ID #: 23-1110

Department Requisition #: 5756-0001

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

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 \$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

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

#21-006-CARE
Date: 3/9/23
Bid/Contract/PO #: 5191-0001 SERV

Company Name: JDF SERVICES INC. d/b/a	Company Contact: LEONARD SANCHEZ
Contact Phone: 630.260.5300	Contact Email: LEONARD.SANCHEZ@BRIGHTSTAR

BRIGHTSTAR CARE OF CENTRAL DUPAGE - CARE.COM
WHEATON

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

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

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

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

- 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
LEONARD SANCHEZ	630.260.5300	LEONARD.SANCHEZ@BRIGHTSTARCARE.COM
JOHN SILVA	630.260.5300	JOHN.SILVA@BRIGHTSTARCARE.COM

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

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

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

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

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

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

Authorized Signature

[Redacted Signature]

Printed Name

LEONARD SANCHEZ

Title

OWNER AND CHIEF OPERATING OFFICER

Date

3/9/2023

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 #: 23-1199

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



Request for Change Order

Procurement Services Division

Attach copies of all prior Change Orders

Date: Feb 28, 2023

MinuteTraq (IQM2) ID #: 23-1107

HS 3/21
CB 3/28

Purchase Order #: 5758-0001 SERV	Original Purchase Order Date: Apr 13, 2022	Change Order #: 6	Department: DuPage Care Center
Vendor Name: Novastaff Healthcare Services			Vendor #: 37419
			Dept Contact: Christine Kliebhan
Background and/or Reason for Change Order Request:	Increase line 6, 1100-1215-53090-Covid-19-DCC (FY23) in the amount \$50,000.00, to cover crisis levels through the end of the contract period of 04/12/23. Maxim Healthcare (5759-0001) decrease will offset this increase		
IN ACCORDANCE WITH 720 ILCS 5/33E-9			

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

INCREASE/DECREASE		
A	Starting contract value	\$914,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$914,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$50,000.00
E	New contract amount (C + D)	\$964,000.00
F	Percent of current contract value this Change Order represents (D / C)	5.47%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	5.47%

DECISION MEMO NOT REQUIRED

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

DECISION MEMO REQUIRED

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

CDK	4208	Feb 28, 2023		Feb 28, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext
REVIEWED BY (Initials Only)				
Buyer	Date	<i>dec</i>	Procurement Officer	3/10/23
Chief Financial Officer (Decision Memos Over \$25,000)	Date		Chairman's Office (Decision Memos Over \$25,000)	Date



Decision Memo

Procurement Services Division

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

Date: Feb 28, 2023

MinuteTraq (IQM2) ID #: 23-1107

Department Requisition #: 5758-0001

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

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 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 \$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

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

Date: 2/23/2023

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

Company Name: <u>NOVASTAFF HEALTHCARE SERVICES INC</u>	Company Contact: <u>DAVID SIM</u>
Contact Phone: <u>630-472-1122</u>	Contact Email: <u>MANAGER@NOVASTAFF.COM</u>

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

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

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

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

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

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

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

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

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

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

Signature on File

Authorized Signature

Printed Name

DAVID SIM

Title

MANAGER

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: HUMAN SERVICES	TARGET COMMITTEE DATE: 03/21/2023	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 NAME: Annabel Leonida
VENDOR CONTACT: Christine Mazzucchelli	VENDOR CONTACT PHONE: 800-328-8111	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL:
VENDOR CONTACT EMAIL: Christine.Mazzucchelli@mcckesson.com	VENDOR WEBSITE:	DEPT REQ #: 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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING	

SECTION 3: DECISION MEMO

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.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: McKesson Medical Surgical Government Solutions	Vendor#: 30801	Dept: DuPage Care Center	Division: Nursing Division
Attn: Chrisitne Mazzucchelli	Email: christine.mazzucchelli@mckesson.com	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org
Address: 9954 Mayland Drive, Suite 5176	City: Henrico	Address: 400 N. County Farm Road	City: Wheaton
State: VA	Zip: 23233	State: IL	Zip: 60187
Phone: 833-343-2700	Fax:	Phone: 630-784-4250	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
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: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 22, 2023	Contract End Date (PO25): November 30, 2023
Contract Administrator (PO25): Christine Kliebhan			

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	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

Medical Equipment

McKESSON

DUPAGE CARE CENTER

DATE ISSUED: 2/24/2023

[illegible]

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 MAZZUCHELLI

Account Manager

Phone#847 212 9198

CHRISTINE.MAZZUCHELLI@MCKESSON.COM

By signature, you acknowledge special order items are not returnable
PRICE DOES NOT INCLUDE APPLICABLE SALES TAX, ADDITIONAL
FEES OR FREIGHT CHARGES; Please sign and fax back to 877-919-1832:

Reviewed By:

Date: _____



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: 3/10/2023

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

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

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

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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

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

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

Authorized Signature

Printed Name

Kameron 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
Company #

AGING CASE COORD UNIT GRTS
From: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
1720	53090		OTHER PROFESSIONAL SERVICES	\$ 19,000.00	66,657.12	47,657.12	3/14/23
1720	53500		MILEAGE EXPENSE	\$ 500.00	44,742.92	44,242.92	3/14/23
1720	53800		PRINTING	\$ 500.00	4,928.57	4,428.57	3/14/23
Total				\$ 20,000.00			

To: 5000
Company #

AGING CASE COORD UNIT GRANTS
To: Company/Accounting Unit Name

Accounting Unit	Account	Sub-Account	Title	Amount	Finance Dept Use Only Available Balance		Date of Balance
					Prior to Transfer	After Transfer	
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	3/14/23
Total				\$ 20,000.00			

Reason for Request:

Federal funding was approved to cover the cost for a contract for a case manager, for mileage incurred for the OMB program, and for printing of materials for the Seniors program. These expenses were originally budgeted for in the state funding budget of 5000-1720.

Signature on File

Department Head
Signature on File

Chief Financial Officer

Activity

(optional)

3/13/23
Date
3/13/23
Date

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

Finance Department Use Only			
Fiscal Year <u>23</u>	Budget Journal # _____	Acctg Period _____	
Entered By/Date _____	Released & Posted By/Date _____		

HHS - 3/21/23

FIN/CB - 3/28/23



Authorization to Travel

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

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:	TITLE: Intake & Referral Administrator
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
CSBG Grant funded authorization to travel: Administrator will attend the annual IACAA Learning Conference. The conference will provide training on our Federal grants, offer valuable information on best practices for managing our Federal Grants and attendance at the Family's of Distinction Award Ceremony. Cost includes registration, mileage, hotel and per diem approx. cost \$1222. Note registration cost includes Family of Distinction event Admin, Case Manager, Coordinator and FoD Family head of household.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 4/30/2023	DATE OF RETURN ARRIVAL: 5/2/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$665.00
TRANSPORTATION:	\$0.00
LODGING	\$195.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$275.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$147.00
TOTAL	\$1,282.00

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 3/15/23

(Signature)

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

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

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: Case Manager
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
CSBG Grant funded authorization to travel: Case Manager 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	
DATE OF DEPARTURE: 4/30/2023	DATE OF RETURN ARRIVAL: 5/1/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	\$96.90
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$275.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$70.00
TOTAL	\$441.90

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 3/9/23

(Signature)

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

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

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: Community Services Manager
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
CSBG Grant funded authorization to travel: Community Services Manager will attend the National Alliance of Information and Referral 2023 Training Conference 7/30-8/2, Orlando, Florida. Conference will provide training and networking on 211, information and referral processes, and best practices for operating these programs funded by our federal and state grants. Costs include registration, flight, taxi/uber, hotel, meals of approximately \$1986.	
DESTINATION: Orlando, Florida	
DATE OF DEPARTURE: 7/30/2023	DATE OF RETURN ARRIVAL: 8/2/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$500.00
TRANSPORTATION:	\$600.00
LODGING	\$436.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$150.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$300.00
TOTAL	\$1,986.00

REVIEWED BY AND DATE APPROVED:

Department Head: Signature on File
(Signature)

Date: 3/9/23

Committee Name: ALL OVERNIGHT TRAVEL

Date: _____

County Board: ONLY OUT-OF-STATE TRAVEL

Date: _____

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



Authorization to Travel

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

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: Director
DEPARTMENT: Community Services	ACCOUNT CODE: 1000-1750
PURPOSE OF TRIP: (explain fully the necessity of making the trip) to attend the NACo Board of Directors meeting	
DESTINATION: St. George County Utah	
DATE OF DEPARTURE: 5/15/2023	DATE OF RETURN ARRIVAL: 5/19/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$475.00
TRANSPORTATION:	\$1,000.00
LODGING	\$1,000.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$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 AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 3/10/23

(Signature)

Committee Name: _____

Date: _____

ALL OVERNIGHT TRAVEL

County Board: _____

Date: _____

ONLY OUT-OF-STATE TRAVEL

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



Authorization to Travel

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

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
NAME:	TITLE: Case Management Coordinator
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650
PURPOSE OF TRIP: (explain fully the necessity of making the trip) CSBG Grant funded authorization to travel: Case Management 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	
DATE OF DEPARTURE: 4/30/2023	DATE OF RETURN ARRIVAL: 5/1/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	\$96.90
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$275.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$70.00
TOTAL	\$441.90

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 3/15/23

Committee Name: _____

Date: _____

County Board: _____

Date: _____

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



Consent Item

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

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

Consent
HS 3/21
CB 3/28

Date: Feb 28, 2023

MinuteTraq (IQM2) ID #: 23-1106

Purchase Order #: 5759-0001	Original Purchase Order Date: Apr 10, 2022	Change Order #: 3	Department: DuPage Care Center
Vendor Name: Maxim Healthcare Services		Vendor #: 13962	Dept Contact: Nursing
Background and/or Reason for Change Order Request: Decrease line 1, line 1200-2050-53090 in the amount of \$108,573.37 (FY22) Decrease line 2, 1100-1215-53090-covid-19-DCC in the amount of \$149,737.91 (FY22) Decrease line 5, 1200-2050-53090 (FY23) in the amount of \$113,000.00 this is to cover supplemental staffing for the 2 other supplemental staffing contracts, Novastaff and Brightstar through the end of 04/12/23.			
IN ACCORDANCE WITH 720 ILCS 5/33E-9			

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

INCREASE/DECREASE		
A	Starting contract value	\$600,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$600,000.00
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$371,311.28)
E	New contract amount (C + D)	\$228,688.72
F	Percent of current contract value this Change Order represents (D / C)	-61.89%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	-61.89%
DECISION MEMO NOT REQUIRED		

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

DECISION MEMO REQUIRED	
<input type="checkbox"/> Increase (greater than 29 days) contract expiration from: _____ to: _____	
<input type="checkbox"/> Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount <input type="checkbox"/> Funding Source _____	
<input type="checkbox"/> OTHER - explain below:	

cdk	4208	Feb 28, 2023		Feb 28, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext Date
REVIEWED BY (Initials Only)				
Buyer	Date	<i>dlc</i>	Procurement Officer	3/13/23 Date
Chief Financial Officer (Decision Memos Over \$25,000)	Date		Chairman's Office (Decision Memos Over \$25,000)	Date



Grant Proposal Notifications

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

File #: 23-1208

Agenda Date: 3/21/2023

Agenda #: 11.A.



Grant Proposal Notification

GPN Number: 016-23
(Completed by Finance Department)

Date of Notification: 02/24/2023
(MM/DD/YYYY)

Parent Committee Agenda Date: 03/21/2023
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 02/24/2023
(MM/DD/YYYY)

Name of Grant: Weatherization DOE BIL Grant FY23

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

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

County Department: Community Services

Department Contact: David Watkins, Community Services Supervisor, x6469
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 1,074,096.00

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

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

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

If Federal, provide CFDA: 81.042 If State, provide CSFA: 420-70-0087



Grant Proposal Notification

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

The Weatherization DoE 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 operating supplies, mileage and travel expense and training expense.

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

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?

03/01/2023 to: 02/28/2025
(MM/DD/YYYY) (MM/DD/YYYY)

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

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

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

No

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

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

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

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

Grant Proposal Notification

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

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

6.1.1. Total salary \$1,898,870.62 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-provided fringe benefits disallowed? (Yes or No): No

6.1.3.1. If yes, which ones are disallowed?

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

5000-1430 Weatherization Grants

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

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

6.2.1.1. Full-time 4 Part-time _____ Temporary _____

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

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

5000-1430

Grant Proposal Notification

<p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p>	<p><u>No</u></p>
<p>6.3.1. If yes, please answer the following:</p>	
<p>6.3.1.1. How many years beyond the grant term?</p>	<p>_____</p>
<p>6.3.1.2. What Company-Accounting Unit(s) will be used?</p>	<p>_____</p>
<p>6.3.1.3. Total annual salary</p>	<p>_____</p>
<p>6.3.1.4. Total annual fringe benefits</p>	<p>_____</p>
<p>7. Does the grant allow for direct administrative costs? (Yes or No)</p>	<p><u>Yes</u></p>
<p>7.1. If yes, please answer the following:</p>	
<p>7.1.1. Total estimated direct administrative costs for project</p>	<p><u>\$80,557.00</u></p>
<p>7.1.2. Percentage of direct administrative costs covered by grant</p>	<p><u>100%</u></p>
<p>7.1.3. What percentage of the grant total is the portion covered by the grant</p>	<p><u>7.5%</u></p>
<p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p>	<p><u>92.5%</u></p>
<p>9. Are matching funds required? (Yes or No):</p>	<p><u>No</u></p>
<p>9.1. If yes, please answer the following:</p>	
<p>9.1.1. What percentage of match funding is required by granting entity?</p>	<p>_____</p>
<p>9.1.2. What is the dollar amount of the County's match?</p>	<p>_____</p>



Grant Proposal Notification

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

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

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

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

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$1,074,096.00



Grant Proposal Notifications

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

File #: 23-1209

Agenda Date: 3/21/2023

Agenda #: 11.B.



Grant Proposal Notification

GPN Number: 017-23
(Completed by Finance Department)

Date of Notification: 03/10/2023
(MM/DD/YYYY)

Parent Committee Agenda Date: 03/21/2023
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 03/14/2023
(MM/DD/YYYY)

Name of Grant: LIHEAP HHS Supplemental PY2023

Name of Grantor: IL Department of Commerce and Economic Opportunity

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

County Department: Community Services

Department Contact: Gina Stafford, Administrator x6444
(Name, Title, and Extension)

Parent Committee: Health and Human Services

Grant Amount Requested: \$ 1,118,000.00

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

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

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

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



Grant Proposal Notification

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

The Low Income Home Energy Assistance - 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(s) correlate with funding opportunity. Provide a brief explanation.

Imperative 1: Quality of Life:

1.2 Maintain the county-wide safety net to help people escape poverty, maximize independence, and achieve economic self-sufficiency

1.2.2 Provide services that help residents escape poverty, maximize independence and achieve economic self-sufficiency

3. What is the period covered by the grant?

03/01/2023 to: 06/30/2024
(MM/DD/YYYY) (MM/DD/YYYY)

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

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

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

No

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

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

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

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

Grant Proposal Notification

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

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

6.1.1. Total salary _____ Percentage covered by grant _____

6.1.2. Total fringe 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 disallowed?

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

5000-1420

6.2. Will receipt of this grant require the hiring of additional 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 1

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

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





Grant Proposal Notification

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

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

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

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

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$1,118,000.00