



# DU PAGE COUNTY

## Human Services

### Final Regular Meeting Agenda

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

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**Tuesday, May 16, 2023**

**9:30 AM**

**Room 3500A**

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**1. CALL TO ORDER**

**2. ROLL CALL**

**3. PUBLIC COMMENT**

**4. CHAIR REMARKS - CHAIR SCHWARZE**

**5. APPROVAL OF MINUTES**

5.A. [23-1835](#)

Human Services Committee - Regular Meeting - Tuesday, May 2, 2023

**6. LENGTH OF SERVICE AWARDS**

6.A. Length of Service Award - Arlene Rodriguez - 20 Years - DuPage Care Center Rehab Services Department

6.B. Length of Service Award - Eric Hill - 20 Years - DuPage Care Center Rehab Services Department

**7. DUPAGE CARE CENTER - JANELLE CHADWICK**

7.A. [HS-CO-0009-23](#)

Amendment issued to Lifescan Laboratories of Illinois for patient phlebotomy and lab services, for the DuPage Care Center, for the period September 20, 2022 through September 19, 2023, to increase encumbrance in the amount of \$15,000, a 75.00% increase. (6005-0001 SERV) (ARPA ITEM)

7.B. [HS-CO-0010-23](#)

Amendment issued to KCI USA, Inc., for rental of wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center, for the period January 26, 2023 through January 25, 2024, to increase encumbrance in the amount of \$45,500, a 304.35% increase. (6266-0001 SERV)

7.C. [23-1836](#)

Recommendation for the approval of a contract purchase order to Linde Gas & Equipment, Inc., to furnish and deliver Oxygen, Helium and Carbon Dioxide, for the period June 1, 2023 through May 31, 2024, for a total contract total not to exceed \$23,500, under bid renewal #21-015-CARE, first of two (2) one (1)-year optional renewals.

7.D. [23-1837](#)

Recommendation for the approval of a contract purchase order to Warehouse Direct, for a disk rider floor scrubber with rear spray bar with handle gun, for the DuPage Care Center, for the period of May 17, 2023 through November 30, 2023, for a total amount not to exceed \$20,292, per joint Purchasing, National Cooperative Purchasing Alliance (NCPA) agreement with American Office Products Distributors, contract #189. (ARPA2 Item)

**8. BUDGET TRANSFERS**8.A. [23-1838](#)

Budget Transfer to move the projected unspent administrative funding to Project CDCV21-01 DuPage Care Center Rehab project in order to fully expend the grant award, from various accounts to 5000-1440/53820 - \$500,000. (Community Services)

8.B. [23-1839](#)

Budget Transfer to transfer monies from Building Improvements (1200-2040/54010) to Engineering & Architectural Services (1200-2040/53010) for WSP for the DuPage Care Center Renovations. \$23,880. (DuPage Care Center)

**9. TRAVEL**9.A. [23-1840](#)

Travel Request for Community Services Administrator to attend the annual Community Services Block Grant (CSBG) and Weatherization mandated grant funding training in Springfield, Illinois, from June 6, 2023 through June 8, 2023. Expenses to include lodging, miscellaneous expenses (parking, mileage, etc.), and per diem, for approximate total of \$622. CSBG grant funded. (Community Services)

9.B. [23-1841](#)

Travel Request for Community Services Manager to attend the annual Community Services Block Grant (CSBG) and Weatherization mandated grant funding training in Springfield, Illinois, from June 6, 2023 through June 8, 2023. Expenses to include lodging and per diem, for approximate total of \$347. Employee will not incur travel costs, traveling with administrator. CSBG grant funded. (Community Services)

9.C. [23-1842](#)

Travel Request for Community Services Supervisor to attend the annual Community Services Block Grant (CSBG) and Weatherization mandated grant funding training in Springfield, Illinois, from June 7, 2023 through June 8, 2023. Expenses to include lodging, miscellaneous expenses (parking, gasoline (County vehicle), etc.), and per diem, for approximate total of \$263.50. CSBG grant funded. (Community Services)

9.D. [23-1843](#)

Travel Request for Community Services Weatherization Coordinator to attend the annual Community Services Block Grant (CSBG) and Weatherization mandated grant funding training in Springfield, Illinois, from June 7, 2023 through June 8, 2023. Expenses to include lodging, and per diem, (no travel expenses incurred, riding with Supervisor), for approximate total of \$188.50. CSBG grant funded. (Community Services)

**10. CONSENT ITEMS****10.A. [23-1844](#)**

Decrease and Close WellSky Corporation - P.O. 5480-0001 SERV \$32,254.67 - Contract Expired. (Community Services)

**11. INFORMATIONAL****11.A. [23-1845](#)**

GPN 027-23 LIHEAP HHS Grant PY24 - Illinois Department of Commerce and Economic Opportunity - U.S. Department of Health and Human Services - \$2,948,471. (Community Services)

**11.B. [23-1846](#)**

GPN 028-23 LIHEAP State Supplemental Grant PY24 - Illinois Department of Commerce and Economic Opportunity - \$5,528,383. (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](http://www.dupagecounty.gov)

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**File #: 23-1835**

**Agenda Date: 5/16/2023**

**Agenda #: 5.A.**

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# DU PAGE COUNTY

## Human Services

### Final Summary

421 N. COUNTY FARM ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**Tuesday, May 2, 2023**

**9:30 AM**

**Room 3500A**

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**1. CALL TO ORDER**

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

**2. ROLL CALL**

Also attending the meeting were County Board Member Yeena Yoo, Assistant State's Attorneys Conor McCarthy and Renee Zerante, Chief Administrative Officer Nick Kottmeyer, Chief Policy and Program Officer Sheryl Markay, Chief Communications Officer Joan Olson, Public Information Officer Evan Shields, Chief Financial Officer Jeffrey Martynowicz, Deputy Chief Financial Officer MaryCatherine Wells, Senior Accountant Gerald Smith, Accountant Keith Jorstad, Buyer Nickon Etminan, Administrative Assistant Katrina Holman, Community Services Administrator Natasha Belli, Community Services Director Mary Keating, Administrator of the DuPage Care Center, Janelle Chadwick (remote), and Jan Kay of the League of Women Voters.

<b>PRESENT</b>	Childress, Galassi, Garcia, LaPlante, and Schwarze
<b>ABSENT</b>	DeSart

**3. PUBLIC COMMENT**

No public comments were offered.

**4. CHAIR REMARKS - CHAIR SCHWARZE**

Chair Schwarze stated that he participated in a lengthy meeting last week with Vice Chair Garcia, Mary Keating, and DuPage Foundation staff to review the grant requests for the immediate transformational grants. Thirty-seven applicants submitted applications totaling \$3.8M for availability of less than \$1.5M in grant funding. Twenty-two organizations were then invited to complete a full proposal, assigning a one-month application deadline. Chair Schwarze thanked Mary Keating, Paula Garcia, and the DuPage Foundation for their hard work. Giving DuPage Days began May 1st and runs through May 5th. There are approximately 98 charitable organizations enlisted that help provide food, create housing solutions, provide educational literacy programs, serve our local senior citizens with medical and healthcare support, empower people with disabilities, offer programs for young teens and children, support the military, veterans, and families, and aid pets and shelter animals. More information is available at [givingdupage.org](http://givingdupage.org). There is also a post on the DuPage County website for sharing. The Dupage Care Center Foundation's 19th Annual Golf Outing is approaching on June 16 at Prairie Landing Golf Club in West Chicago. Registration is available through June 9th. Golf and lunch will begin at 12:00 p.m. Individuals can also attend the dinner only at 6:00 p.m. for \$50.

**5. APPROVAL OF MINUTES**5.A. [23-1683](#)

Human Services Committee - Regular Meeting - Tuesday, April 18, 2023

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Michael Childress
<b>SECONDER:</b>	Kari Galassi

**6. COMMUNITY SERVICES - MARY KEATING**6.A. [FI-R-0122-23](#)

Acceptance and Appropriation of the Illinois Home Weatherization Assistance Program  
Department of Energy (DOE) - Bipartisan Infrastructure Law (BIL) Grant FY23  
Inter-Governmental Agreement No. 23-461028 Company 5000 - Accounting Unit 1400  
\$1,074,098 (Community Services)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Michael Childress
<b>SECONDER:</b>	Paula Garcia

6.B. [FI-R-0120-23](#)

Acceptance and Appropriation of Additional Funding for the Illinois Department of  
Human Services (IDHS) Homeless Prevention Grant PY23 Agreement No. FCSBH00172  
Company 5000 - Accounting Unit 1760 \$40,000 (Community Services)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Michael Childress
<b>SECONDER:</b>	Kari Galassi

**7. COMMUNITY DEVELOPMENT COMMISSION - MARY KEATING****7.A. [23-1684](#)**

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 CD21-06 – Window Replacement, South Wing, Water Heater - extending the Project Completion Date through August 31, 2023.

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Kari Galassi
<b>AYES:</b>	Childress, Galassi, Garcia, LaPlante, and Schwarze
<b>ABSENT:</b>	DeSart

**8. DUPAGE CARE CENTER - JANELLE CHADWICK****8.A. [FI-R-0121-23](#)**

Acceptance and Appropriation of the DuPage Care Center Foundation Music Therapy Grant FY22, Company 5000 - Accounting Unit 2120, \$55,332. (DuPage Care Center)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Lynn LaPlante
<b>SECONDER:</b>	Kari Galassi

**8.B. [HS-P-0056-23](#)**

Recommendation for the approval of a contract purchase order to Medline Industries, Inc., to furnish and deliver Spectra 1000 UV Disinfection Device Systems, for the DuPage Care Center, for the period of May 10, 2023 through November 30, 2023, for a contract total not to exceed \$75,000. Contract pursuant to the Intergovernmental Cooperation Act, OMNIA Partners Cooperative Contract #2021003157. (ARPA2 Funded)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Michael Childress
<b>SECONDER:</b>	Kari Galassi

8.C. [23-1685](#)

Recommendation for the approval of a contract purchase order to Verathon, Inc., for Bladder scanners, mobile carts, printers and Phantom scanner, for the DuPage Care Center, for the period of May 2, 2023 through November 30, 2023, in the amount of \$22,768.10, per GSA Advantage Contract #V797D-50352. (Partial ARPA funded)

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Kari Galassi
<b>AYES:</b>	Childress, Galassi, Garcia, LaPlante, and Schwarze
<b>ABSENT:</b>	DeSart

9. **BUDGET TRANSFERS**9.A. [23-1686](#)

Budget Transfer to transfer funds from the indirect cost reimbursement (1200-2020/53829) to the software licenses and software maintenance agreements (1200-2020/53806 and 1200-2020/53807) to cover Adobe, Network, and ERP charges - FY23 \$141,745. (DuPage Care Center)

County Board member Yeena Yoo asked about the 53806 and 53807 budget lines starting with a zero balance. Jeffrey Martynowicz replied that IT pays for all the software licenses and the ERP network during the year. Finance budgets the indirect costs line to cover the costs of software licenses and the ERP network, and moves the funds to the correct budget line to submit payments as indicated by IT.

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Michael Childress

10. **RESIDENCY WAIVERS - JANELLE CHADWICK**

No residency waivers were offered.

**11. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK**

Janelle Chadwick, Administrator of the DuPage Care Center, stated they are on covid outbreak status, but they do not have any units on quarantine. The Care Center is still having periodic cases that cause them to go in and out of outbreak status.

Ms. Chadwick gave an update on the renovation, stating they are reviewing products and continually looking at cost efficiencies and reduced-price products, trying to get the most out of the funds they have. She hopes to bring products forward in the future to show the committee. The Care Center receives reimbursement by the Centers for Medicare and Medicaid Services (CMS) and state partners, based on their quality performance. As a 5-star facility, the Care Center is receiving \$150,000 on a quarterly basis for their quality rating. The metrics used to determine their rating are partly derived by looking at their staffing and turnover, information available by requiring the facility to report their payroll to CMS via the Payroll Based Journal (PBJ) system. Ms. Chadwick added this is the accolade for the entire team at the Care Center and their focus on quality. Chair Schwarze asked if the quarterly reimbursement is figured into the Care Center's annual budget to which Ms. Chadwick replied that it is not because the quarterly rating is subject to change and not money they are expecting.

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**12. COMMUNITY SERVICES UPDATE - MARY KEATING**

Mary Keating followed-up on the April 18 Human Services Committee meeting, stating she is working with Finance and the State's Attorney on a resolution and a sample agreement regarding the small non-profit agencies' funding. She stated there will not be any items to approve today, rather a consensus among the committee to determine what should be brought to Finance for approval next week.

Ms. Keating clarified that the small non-profit funding is not funded out of ARPA but funded under ARPA interest. The ARPA guidelines do not apply but the restrictions on what the County can do as a non-home rule community do apply to these funds, and determines the eligibility of what the County can do. A grant from government funds is not a donation to an organization, rather it is a contract, with expectation for performance of a service, and that service can only be something the County would be authorized to do on its own. Assistant State's Attorney, Conor McCarthy and Mary produced eligibility criteria that are services they were confident the County has statutory authority to support. These categories are economic development including literacy and job readiness, education and mentoring, housing & shelter, mental health services, substance abuse disorder treatment, and food assistance. If they open the category 'other', they may very well be inundated with applications for categories the County cannot fund.

Ms. Keating continued, stating this was proposed as a human services grant, in line with the Human Services Grant Fund (HSGF), not a broad non-profit grant encompassing the arts, environment, or animal services. It is ultimately a County Board decision if they want to expand the categories. It would then need to be vetted by the State's Attorney to identify what the County could do under those categories. Different questions would have to be asked on the application. Chair Schwarze asked the committee for input. Members LaPlante, Galassi, Childress, and Yoo expressed their support of Mary's judgement. Chair Schwarze summarized there was a consensus from the committee regarding the direction they would go. Ms. Keating stated she would remove 'other' category on the application portal and leave the categories she and ASA McCarthy defined as the criteria for applications.

Mary advocated for a sixty-day window to give the members the opportunity to get information out to their networks, allow time to do outreach to nonprofits, and allow small agencies, maybe without grant writers, ample time to complete the application. She added the department has several contact lists they can send email blasts to also.

County Board member Yoo asked for clarification of the term 'program'. Does it have to be a program, can it be a purpose of the organization, or does it have to say program? Ms. Keating replied that the application asks for a description including mission, history, and service areas. Since we are contracting for a service, there must be specific description of the service they are providing. Ms. Keating offered to change the verbiage to read "Please describe the service to be provided using county funds".

Mary added that staff will geocode applicant agencies' addresses to determine the County Board district in which they are located. However, because agencies' service areas may overlap between districts, there will likely need to be discussions between districts and ultimately be up to the members of each district to decide how the funding is divided..

Conor McCarthy added that the members can divide the funding how they would like to but he would like the district to submit a unanimous report to the County Board. That way there is a legislative component to it. For legal purposes there is a reason for that rationale.

Member Galassi asked about if an organization is a division of a larger organization, how will the under \$300,000 annual threshold be determined? Mary replied that it will depend on how the organization files their annual IL 990. The most recently filed IL 990 will be the determining amount in case an agency fluctuates under/over the \$300,000 annual threshold.

Mary concluded, stating the goal is to have a resolution and sample agreement for the non-profits brought to Finance next week. Ms. Keating will make any necessary adjustments to the agreement and portal after next weeks' meetings and then more accurately project a date to open the application portal.

**13. OLD BUSINESS**

No old business was discussed.

**14. NEW BUSINESS**

No new business was discussed.

**15. ADJOURNMENT**

Motion to Adjourn

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Paula Garcia
<b>SECONDER:</b>	Michael Childress



## Care Center Change Order with Resolution

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

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**File #:** HS-CO-0009-23

**Agenda Date:** 5/16/2023

**Agenda #:** 7.A.

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AMENDMENT TO COUNTY CONTRACT 6005-0001 SERV  
ISSUED TO LIFESCAN LABATORIES OF ILLINOIS  
TO PROVIDE PATIENT PHLEBOTOMY AND LAB SERVICES  
FOR THE DUPAGE CARE CENTER  
(INCREASE ENCUMBRANCE \$15,000.00, 75.00%)

WHEREAS, County Contract 6005-0001 SERV was approved by the Human Services on September 6, 2022; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to County Contract 6005-0001 SERV, issued to Lifescan Laboratories of Illinois, to provide patient phlebotomy and lab services, for the DuPage Care Center, to increase the contract by \$15,000.00 resulting in an amended contract total of \$35,000.00, an increase of 75.00%.

NOW, THEREFORE BE IT RESOLVED, that the County Board adopt the Change Order Notice to County Contract 6005-0001 SERV, issued to Lifescan Laboratories of Illinois, to provide patient phlebotomy and lab services for the DuPage Care Center, to increase the contract by \$15,000.00 resulting in an amended contract total of \$35,000.00, an increase of 75.00%.

Enacted and approved this 23rd day of May, 2023 at Wheaton, Illinois.

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DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

Attest: \_\_\_\_\_

JEAN KACZMAREK, COUNTY CLERK

HHS 5/16  
CB 5/23



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: Apr 27, 2023

MinuteTraq (IQM2) ID #: 23-1750

<b>Purchase Order #:</b> 6005-0001 SERV	<b>Original Purchase Order Date:</b> Sep 20, 2022	<b>Change Order #:</b> 3	<b>Department:</b> DuPage Care Center
<b>Vendor Name:</b> Lifescan Laboratories of Illinois		<b>Vendor #:</b> 38420	<b>Dept Contact:</b> DPCC
<b>Background and/or Reason for Change Order Request:</b>	Increase line 7, 1100-1215-53070-covid-19-DCC, in the amount of \$15,000.00 (ARPA eligible)		
<b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>			

- ☒ (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	\$20,000.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$20,000.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$15,000.00
E	New contract amount (C + D)	\$35,000.00
F	Percent of current contract value this Change Order represents (D / C)	75.00%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	75.00%
<b>DECISION MEMO NOT REQUIRED</b>		

- ☐ 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 checked="" type="checkbox"/> Increase $\geq$ \$2,500.00, or $\geq$ 10%, of current contract amount <input checked="" type="checkbox"/> Funding Source 1100-1215-53070-covid-19	
<input type="checkbox"/> OTHER - explain below:	

cdk	4208	Apr 27, 2023		Apr 27, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext Date
REVIEWED BY (Initials Only)				
Buyer	Date	Procurement Officer	5/4/23	
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: Apr 27, 2023

MinuteTraq (IQM2) ID #: 23-1750

Department Requisition #: 6005-0001SERV

Requesting Department: DuPage Care Center	Department Contact: Annabel Leonida
Contact Email: annabel.leonida@dupageco.org	Contact Phone: 630-784-4250
Vendor Name: Lifescan Labs	Vendor #: 38420

**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 \$15,000.00 to cover necessary, as needed, Covid swabbing/testing through the end of contract period of 09/19/23. (this increase is ARPA eligible)

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

21-049-CARE

#### 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.

Lifescan Labs has had difficulty with invoicing the DuPage Care Center for Covid swabbing/lab services for the employees. Lifescan now has the capability to invoice and submitted multiple invoices on April 24th for this current contract.

Originally, knowing that Lifescan Labs was having issues in billing for employee portion of Covid swabbing/testing, the Care Center chose not to encumber large amount of funds to be tied up until this was resolved. Now that Lifescan has corrected the issue, DPCC is requesting an increase to cover invoices and services provided through the end of this contract through 09/19/23.

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

21-049-CARE

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

- 1) Approve request to increase contract in the amount of \$15,000.00 to cover Covid swabbing/lab services for the employees for services provided and through end of contract of 09/19/23.
- 2) Do not approve the increase, however, the Care Center would still need to provide these services for the employees per our current regulated IDPH and Health Department guidelines.

**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.

FY23 1100-1215-53070-covid-19-DCC \$15,000.00



## 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: \_\_\_\_\_

Bid/Contract/PO #: \_\_\_\_\_

Company Name: Lifescan Labs of I	Company Contact: Shomshon Moskowitz
Contact Phone: 847-663-8300	Contact Email: smoskowitz@lifescanlabs.com

### 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

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   
 Printed Name Elly Kutoff  
 Title CEO  
 Date May 2, 2023 | 12:40:18 PDT

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



## Care Center Change Order with Resolution

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

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**File #:** HS-CO-0010-23

**Agenda Date:** 5/16/2023

**Agenda #:** 7.B.

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AMENDMENT TO COUNTY CONTRACT 6266-0001 SERV  
ISSUED TO KCI USA, INC.  
FOR RENTAL OF WOUND VAC THERAPY AND MEDICAL SUPPLIES  
FOR WOUND AND SKIN CARE  
FOR THE DUPAGE CARE CENTER  
(INCREASE ENCUMBRANCE \$45,500.00, 304.35%)

WHEREAS, County Contract 6266-0001 SERV was approved by the Procurement Department on January 26, 2023; and

WHEREAS, the Human Services Committee recommends changes as stated in the Change Order Notice to County Contract 6266-0001 SERV, issued to KCI USA, Inc, for rental of wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center, to increase the contract by \$45,500.00 resulting in an amended contract total of \$60,450.00, an increase of 304.35%.

NOW, THEREFORE BE IT RESOLVED, that the County Board adopt the Change Order Notice to County Contract 6266-0001 SERV, issued to KCI USA, Inc., for rental of wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center, to increase the contract by \$45,500.00 resulting in an amended contract total of \$60,450.00, an increase of 304.35%.

Enacted and approved this 23rd day of May, 2023 at Wheaton, Illinois.

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DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

Attest: \_\_\_\_\_

JEAN KACZMAREK, COUNTY CLERK

HHS 5/16  
CB 5/23



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: May 2, 2023

MinuteTraq (IQM2) ID #: 23-1764

<b>Purchase Order #:</b> 6266-0001 SERV	<b>Original Purchase Order Date:</b> Jan 26, 2023	<b>Change Order #:</b> 2	<b>Department:</b> DuPage Care Center
<b>Vendor Name:</b> KCI USA, Inc.		<b>Vendor #:</b> 28606	<b>Dept Contact:</b> Nursing
<b>Background and/or Reason for Change Order Request:</b>	<p>This contract is for the rental of Wound Vac Therapy &amp; Medical supplies for wound &amp; skin care, for the DuPage Care Center, for the period 01/26/23 through 01/25/24.</p> <p>increase line 1, 1200-2050-53410, in the amount of \$34,000.00</p> <p>increase line 2, 1200-2050-52320 in the amount of \$3,000.00</p> <p>increase line 3, 1200-2050-53410, in the amount of \$8,000.00</p> <p>increase line 4, 1200-2050-52320 in the amount of \$500.00</p> <p>This type of modality has gone from 1 resident for the past 3 years to now 4 residents - this is the preferred method prescribed by a Physician.</p> <p>FY20 total \$ 2,892.00</p> <p>FY21 total \$16,350.00</p> <p>FY22 total \$ 6,133.77</p>		
<b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>			

- ☒ (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	\$14,950.00
B	Net \$ change for previous Change Orders	
C	Current contract amount (A + B)	\$14,950.00
D	Amount of this Change Order <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$45,500.00
E	New contract amount (C + D)	\$60,450.00
F	Percent of current contract value this Change Order represents (D / C)	304.35%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	304.35%
<b>DECISION MEMO NOT REQUIRED</b>		

- ☐ 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

<b>DECISION MEMO REQUIRED</b>	
<input type="checkbox"/> Increase (greater than 29 days) contract expiration from: _____ to: _____	
<input checked="" type="checkbox"/> Increase ≥ \$2,500.00, or ≥ 10%, of current contract amount <input checked="" type="checkbox"/> Funding Source 1200-2050-52320 and 53410	
<input type="checkbox"/> OTHER - explain below:	

cdk	4208	May 2, 2023	4208	May 2, 2023
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Date
<b>REVIEWED BY (Initials Only)</b>				

Buyer	Date	<i>MCW</i> Procurement Officer	5/4/23 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: May 2, 2023

MinuteTraq (IQM2) ID #: 23-1764

Department Requisition #: 6266-0001SERV

Requesting Department: DuPage Care Center	Department Contact: DuPage Care Center
Contact Email: annabel.leonida@dupageco.org	Contact Phone: 630-784-4250
Vendor Name: KCI USA, Inc.	Vendor #: 28606

**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 \$45,500.00 to cover rentals of the Wound Vac Therapy (negative pressure wound treatment) and Medical Supplies for wound and skin care.

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

This contract is for the rental of wound vac therapy and medical supplies for wound and skin care, for the DuPage Care Center residents in need, for the period 01/26/23 through 01/25/24.

#### 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.

The Nursing Department has analyzed this contract and it was determined that all funds would be exhausted. Historically, the Care Center has budgeted for 1 resident. This is the preferred method prescribed by Physicians. Three (3) additional residents, have been prescribed this method, therefore, there is a need to increase this contract to cover rentals and medical supplies needed for this contract.

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

6266-0001 SERV under bid #21-100-CARE

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

- 1) Increase contract in the amount of \$45,500.00 to cover rentals of the Wound Vac Therapy (negative pressure wound treatment) and Medical Supplies for wound and skin care.
- 2) Consider alternative methods of wound treatment, however, Wound Vac Therapy is the current preferred method of treatment and has always proven positive results.

**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.

1200-2050-52320 (supplies) \$3,500.00

1200-2050-53410 (monthly rental of wound vac machines) \$42,000.00



## 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: 02/07/2023

Bid/Contract/PO #:

Company Name: 3M Medical Solutions	Company Contact:
Contact Phone: 1-800-275-4524	Contact Email: MSDContractandPricing@mmm.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 <del>and all individuals</del> who are or will be having contact with county officers or employees in relation to the contract or bid	Telephone	Email

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

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

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

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

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

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

Authorized Signature **Signature on File**  
  
Printed Name Diana Dickson  
Title MSD Government Contracts Manager  
Date February 7, 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](http://www.dupagecounty.gov)

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**File #:** 23-1836

**Agenda Date:** 5/16/2023

**Agenda #:** 7.C.

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

### SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 23-1747	RFP, BID, QUOTE OR RENEWAL #: 21-015-CARE	INITIAL TERM WITH RENEWALS: 2 YRS + 1 X 2 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$26,332.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 05/16/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$73,332.00
	CURRENT TERM TOTAL COST: \$23,500.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: Linde Gas & Equipment Inc.	VENDOR #: 26576	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Christopher Labriola	VENDOR CONTACT PHONE: 630-247-8130	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupageco.org
VENDOR CONTACT EMAIL: Christopher.Labriola@linde.com	VENDOR WEBSITE:	DEPT REQ #: 7388	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Furnish and deliver Oxygen, Helium and Carbon Dioxide, for the period June 1, 2023 through May 31, 2024, for a total contract not to exceed \$23,500.00, under bid renewal #21-015-CARE, first of two (2) one (1)-year optional renewal.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Residents of the DuPage Care Center often times are compromised in the ability to breath. Therefore, to meet this medical need, the Care Center provided liquid Oxygen to allow for greater independence of the residents. This will have an overall positive effect to the Resident's quality of Life. NOTE: Carbon Dioxide is used for stubborn clogs and Helium is used by Recreation Department to fill birthday balloons for the residents and fundraising events for the Care Center. Both these 2 items are part of contract as needed and rarely purchased.			

### SECTION 2: DECISION MEMO REQUIREMENTS

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

### SECTION 3: DECISION MEMO

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

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	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: Linde Gas & Equipment, Inc.	Vendor#: 26576	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Christopher Labriola	Email: Christopher.Labriola@linde.com	Attn: Vinit Patel	Email: vinit.patel@dupageco.org
Address: 2301 SE Creekview Drive	City: Ankeny	Address: 400 N. County Farm Road	City: Wheaton
State: Iowa	Zip: 50021	State: IL	Zip: 60187
Phone: 630-247-8130	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Linde Gas & Equipment, Inc.	Vendor#: 26576	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Accounts Receivable	Email:	Attn: Vinit Patel	Email: vinit.patel@dupageco.org
Address: Department CH 10660	City: Palatine	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60050-0600	State: IL	Zip: 60187
Phone: 630-247-8130	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): June 1, 2023	Contract End Date (PO25): May 31, 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		Oxygen, Helium and Carbon Dioxide	FY23	1200	2075	52320		4,250.00	4,250.00
2	1	EA		Rental	FY23	1200	2075	53410		7,500.00	7,500.00
3	1	EA		Oxygen, Helium and Carbon Dioxide	FY24	1200	2075	52320		4,250.00	4,250.00
4	1	EA		Rental	FY24	1200	2075	53410		7,500.00	7,500.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 23,500.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Furnish and deliver Oxygen, Helium and Carbon Dioxide, for the period June 1, 2023 through May 31, 2024, for a total contract not to exceed \$23,500.00, under bid renewal #21-015-CARE, first of two (2) one (1)-year optional renewal.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. May 16, 2023 Human Services Committee
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

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



## AMENDMENT FOR CONTRACT RENEWAL

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This contract, made and entered into by The County of DuPage, 421 North County Farm Road, Wheaton, Illinois, 60187, hereinafter called the "COUNTY" and Linde Gas & Equipment Inc. located at 10 Riverview Drive, Danbury, CT 06810, hereinafter called the "CONTRACTOR", witnesseth;

The COUNTY and the CONTRACTOR have previously entered into a Contract, pursuant to Bid #21-015-CARE which became effective on 06/01/2021 and which will expire 05/31/2023. The contract is subject to a first of two options to renew for a twelve (12) month period.

The contract renewal shall be effective on the date of last signature, and shall terminate on 05/31/2024.

The parties now agree to renew said agreement, upon the same terms as previously agreed to, as specified in the original contract, including a one-time price adjustment effective 6/1/2023.

### CONTRACTOR

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED TITLE

\_\_\_\_\_  
DATE

### THE COUNTY OF DUPAGE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Valerie Calvente

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Buyer III

\_\_\_\_\_  
PRINTED TITLE

\_\_\_\_\_  
DATE



Making our world more productive

Linde Gas and Equipment Inc.

Christopher Labriola  
7000 High Grove Blvd, Burr Ridge, Illinois, 60527  
Phone:  
Email: christopher.labriola@linde.com

Quoted To

Address: 400 N COUNTY FARM RD, WHEATON, IL, 60187  
Phone:  
Email:  
Delivery Address: 400 N COUNTY FARM RD, WHEATON, IL, 60187

Quote Information

Customer: DUPAGE COUNTY CONVALESCENT CENTER #MS#  
Customer Number: 82366056  
Quote ID: 154881  
Issue Date: 04/11/2023

	ITEM #	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE
1	CD M-50S	CARBON DIOXIDE USP 50LB	0	CO	\$38.29	\$0.00
2	HE B-40	HELIUM BALLOON 40	0	CO	\$38.46	\$0.00
3	HE B-K	HELIUM BALLOON K	0	CO	\$207.59	\$0.00
4	HE B-R	HELIUM BALLOON R	0	CO	\$21.59	\$0.00
5	OX M-AD	OXYGEN USP AD	0	CO	\$4.28	\$0.00
6	OX M-AEGNGVNTG	OXYGEN USP AE GRABNGO VANT	0	CO	\$5.40	\$0.00
7	OX M-K	OXYGEN USP K	0	CO	\$16.20	\$0.00
8	RNTU230	IND HIGH PRESSURE > 100CF	0	R1	\$7.84	\$0.00
9	RNTU411	MED HIGH PRESSURE < 50CF W/XRS	0	R1	\$7.84	\$0.00
10	RNTU430	MED HIGH PRESSURE > 50CF	0	R1	\$7.84	\$0.00

NOTES  
PRICING IS EFFECTIVE AS OF JUNE 1, 2023

SIGNATURE



**THE COUNTY OF DUPAGE  
FINANCE - PROCUREMENT  
FURNISH AND DELIVER OXYGEN, HELIUM AND  
CARBON DIOXIDE 21-015-CARE  
QUOTE TABULATION**



				PRAXAIR DISTRIBUTION, INC.	
NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Medical Oxygen Type H (249 CU FT)	EA	400	\$15.00	\$6,000.00
2	Monthly Type H Cylinder Rental Charge	MO	864	\$7.00	\$6,048.00
3	Medical Oxygen Type E Oxygen Tank W/Built In Regulator (23 CU FT)	EA	200	\$5.00	\$1,000.00
4	Monthly Type E Cylinder Rental Charge	MO	576	\$7.00	\$4,032.00
5	Helium Type K (217 CU FT)	EA	20	\$85.00	\$1,700.00
6	Monthly Type K Cylinder Rental Charge	MO	96	\$7.00	\$672.00
7	Carbon Dioxide Liquid Siphon Tube Type G (50 LBS)	EA	24	\$20.00	\$480.00
8	Monthly Type G Cylinder Rental Charge	EA	96	\$7.00	\$672.00
9	Trip/Delivery Charge (if any, must include any hazmat or other fees)	EA	48	\$36.00	\$1,728.00
GRAND TOTAL				\$	22,332.00

**NOTES**

1. ILMO Products Company advised they no longer provide service to this area.

Invitations Sent	8
Total Vendors Requesting Documents	0
Total Bid Responses	1

# PRICE

Any quantities shown are estimated only for bid canvassing purposes. The County has made a good faith effort to estimate the quantity requirements for the contract term. The County reserves the right to increase or decrease quantities ordered under this contract.

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Medical Oxygen Type H (249 CU FT)	EA	400	\$ 15.00	\$ 6,000.00
2	Monthly Type H Cylinder Rental Charge	<del>EA</del> mo	864	\$ 7.00/mo	\$ 6,048.00
3	Medical Oxygen Type E Oxygen Tank W/Built In Regulator (23 CU FT)	EA	200	\$ 5.00	\$ 1,000.00
4	Monthly Type E Cylinder Rental Charge	<del>EA</del> mo	576	\$ 7.00/mo	\$ 4,032.00
5	Helium Type K (217 CU FT)	EA	20	\$ 85.00	\$ 1,700.00
6	Monthly Type K Cylinder Rental Charge	<del>EA</del> mo	96	\$ 7.00/mo	\$ 672.00
7	Carbon Dioxide Liquid Siphon Tube Type G (50 LBS)	EA	24	\$ 20.00	\$ 480.00
8	Monthly Type G Cylinder Rental Charge	EA	96	\$ 7.00/mo	\$ 672.00
9	Trip/Delivery Charge (if any, must include any hazmat or other fees)	EA	48	\$ 36.00	\$ 1,728
GRAND TOTAL					\$ 22,332.00
GRAND TOTAL (In words)		Twenty two thousand, three hundred - thirty two and 00/100 dollars			

NOTE: EXTENDED TOTALS, GRAND TOTAL, AND GRAND TOTAL (IN WORDS) COMPLETED BY PROCUREMENT QUOTE SIGNATURE PAGE

OXYGEN, HELIUM AND CARBON DIOXIDE FOR DUPAGE CARE CENTER 21-015-CARE

Signature on File

*[Signature]*

*Medical Sales Representative*

(Signature and Title)

*4-14-21*

(Date)

QUOTATION MUST BE SIGNED FOR CONSIDERATION

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Business Name of Bidder	Praxair Distribution, Inc.
Main Business Address	2301 SE CREEKVIEW DR
City, State, Zip Code	ARLENY IA 50021
Telephone Number	773-636-1972
Email Address	james.fout@linde.com
Bid Contact Person	JAMES FOUT

An updated Vendor Ethics Disclosure form has been requested.



## Care Center Requisition Under \$30,000

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 23-1837

**Agenda Date:** 5/16/2023

**Agenda #:** 7.D.

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

## SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 23-1773	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$20,292.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 05/16/2023	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$20,292.00	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Warehouse Direct	VENDOR #: 11429	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Steve Hyde	VENDOR CONTACT PHONE: 630-251-4744	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupageco.org
VENDOR CONTACT EMAIL: stevehyde@warehousedirect.com	VENDOR WEBSITE:	DEPT REQ #: 7391	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Replacement Disk Rider floor scrubber with rear spray bar with handle gun for the DuPage Care Center, for the period of May 17, 2023 through November 30, 2023, per Joint Purchasing, National Cooperative Purchasing Alliance (NCPA) agreement with American Office Products Distributors, contract #189. (ARPA 2 FUNDED)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Durable machine, easy to repair, and disinfection spray system for floor and walls attached to back of machine. This will assist operationally for our housekeeping department, as two separate tasks now will be completed in one task - this will assist in freeing up some time for this department, to continue to focus on the daily safety and sanitation process needed due to Covid-19.			

## 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. Joint Purchasing, National Cooperative Purchasing Alliance (NCPA) agreement with American Office Products Distributors, contract #189.
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) Recommendation for approval for Replacement Disk Rider floor scrubber with rear spray bar with handles for the DuPage Care Center, for the period of May 17, 2023 through November 30, 2023 2) Do not approve Replacement Disk Rider floor scrubber with rear spray bar with handles for the DuPage Care Center, for the period of May 17, 2023 through November 30, 2023, however, the Care Center, still needs to follow safety and sanitation protocols, on a daily basis to maintain quality of care and help eliminate spreading of germs.

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	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: Warehouse Direct	Vendor#: 11429	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Steve Hyde	Email: stevehyde@warehousedirect.com	Attn: Nancy Palima	Email: Nancy.Palima@dupageco.org
Address: 2001 S. Mount Prospect Road	City: Des Plaines	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60018	State: IL	Zip: 60187
Phone: 630-251-4744	Fax:	Phone: 630-784-4422	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Warehouse Direct	Vendor#: 11429	Dept: DuPage Care Center	Division: Environmental Concerns
Attn:	Email:	Attn: Vinit Patel	Email: vinit.patel@dupageco.org
Address: 2001 S. Mount Prospect Road	City: Des Plaines	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60018	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 17, 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	1	EA		EX V2. 1 30" Disk Rider Floor Scrubber Machine with rear spray bar w/ handle gun	FY23	5000	2115	54110	ARPA2302 29	20,292.00	20,292.00
<b>FY is required, assure the correct FY is selected.</b>										Requisition Total	\$ 20,292.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Replacement Disk Rider floor scrubber with rear spray bar with handle gun for the DuPage Care Center, for the period of May 17, 2023 through November 30, 2023, per Joint Purchasing, National Cooperative Purchasing Alliance (NCPA) agreement with American Office Products Distributors, contract #189. (ARPA 2 FUNDED)
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. May 16, 2023 Human Services Committee
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

# WAREHOUSE DIRECT® WORKPLACE SOLUTIONS

2001 S MOUNT PROSPECT RD  
DES PLAINES, IL 60018

Phone: (847) 952-1925 Fax: (847) 956-5815  
[www.warehousedirect.com](http://www.warehousedirect.com)

## QUOTE

QUOTE NUMBER 50348377-0

DATE 04/27/23

ACCOUNT NUMBER M102000

DEPT NUMBER 400

Please do not change our payment information, including any banking or mailing information. If you receive a request to do this, please don't change anything and immediately contact our Accounting Department at our main number.

Page 1 of 1

### BILLTO ADDRESS

### SHIPTO ADDRESS

DUPAGE CONVALESCENT CNTR

DUPAGE CONVALESCENT CNTR

400 COUNTY FARM RD  
WHEATON IL 60189  
630-784-4219

400 COUNTY FARM RD  
WHEATON IL 60189

#### SHORT PURCHASE ORDER

#### LONG PURCHASE ORDER

#### SALESPERSON

#### TERMS

Q

Q

6245

NET 10

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTENDED PRICE
655V230TD	TCT	EX V2.1 30" DISK RIDER	EA	1		1	19066.00 *	19066.00
655078	TCT	REAR SPRAY BAR W HANDLE GUN	EA	1		1	1226.00 *	1226.00
65515382D	TCT	SET 2 15" PAD DRIVERS	EA	1		1	.00 *	.00
NWMC	TCT	NWMC SPC CONTRACT# 189	EA	1		1	.00 *	.00

\* item is non-taxable

Remit to:  
Warehouse Direct, Inc.  
PO Box 772570  
Chicago, IL 60677-2570

Subtotal 20292.00

Tax

Total 20292.00

**Thank you for your order!**

**Want fewer invoices to process and vendors to manage? Ask us how.**

Office Supplies • Copiers, Printers & Technology • Managed IT Services • Furniture, Interiors & Design • Safety, Industrial & MRO  
Janitorial Supplies & Equipment • Coffee Equipment & Breakroom • Food Service & Packaging • Printing & Promotional



## *A Joint Purchasing Program For Local Government Agencies*

---

February 28, 2019

Mr. John Moyer, President  
Warehouse Direct Workplace Solutions  
2001 S. Mount Prospect Road  
Des Plaines, IL 60018

Dear Mr. Moyer,

This letter is to inform you that the Suburban Purchasing Cooperative's Governing Board has approved awarding a combined Janitorial Supplies and Office Supplies Contract (#189) by piggybacking onto the National Cooperative Purchasing Alliance (NCPA) agreement with American Office Products Distributors (AOPD), solicited and awarded by lead agency Region XIV Education Service Center, Abilene, TX according to the State of Illinois statutes, 525/2 from Ch. 85, par. 1602. (Governmental Joint Purchasing Act), which authorizes any governmental unit may purchase personal property, supplies and services jointly with one or more other governmental units. The contract is effective immediately and will expire on May 31, 2020. The contract can then be renewed annually for an additional five years, if mutually agreed on by Region XIV ESC and American Office Products Distributors, Inc. (AOPD).

Warehouse Direct will pay an administrative fee to the SPC of 2% from dollar one spent with NCPA on office supply sales, 3% from dollar one spent with NCPA on janitorial sales, 4% of on products that are "Out of Scope" of the NCPA Program such as furniture and design, promotional items and clothing, printing, document management products and services and high end technology products. Additionally, Warehouse Direct will pay a 4% rebate on SPC members who choose to purchase from Warehouse Direct, but do not participate in the AOPD NCPA Program.

Reports from Independent Stationers will be received on a quarterly basis based on the SPC fiscal year of May 1 through April 30. Payments and reports must be received within 30 days of the end of each fiscal quarter upon reaching the minimum rebate threshold. Fiscal quarters are defined as:

- May 1 through July 31 – payment due by August 30
- August 1 through October 31 – payment due by November 30
- November 1 through January 31 – payment due by February 28
- February 1 through April 30 – payment due by May 31

Warehouse Direct will submit separate Excel spreadsheet reports for Office Supplies and Janitorial Supplies purchases.

---

*DuPage Mayors &  
Managers Conference*  
1220 Oak Brook Road  
Oak Brook, IL 60523  
Suzette Quintell  
Phone: (630) 571-0480  
Fax: (630) 571-0484

*Northwest Municipal  
Conference*  
1600 East Golf Rd., Suite 0700  
Des Plaines, IL 60016  
Ellen Dayan, CPPB  
Phone: (847) 296-9200  
Fax: (847) 296-9207

*South Suburban Mayors  
And Managers Association*  
1904 West 174<sup>th</sup> Street  
East Hazel Crest, IL 60429  
Kristi DeLaurentiis  
Phone: (708) 206-1155  
Fax: (708) 206-1133

*Will County  
Governmental League*  
3180 Theodore Street, Suite 101  
Joliet, IL 60435  
Cherie Belom  
Phone: (815) 729-3535  
Fax: (815) 729-3536

Warehouse Direct Workplace Solutions, Des Plaines, IL will handle all billing. The agreed upon SPC Administrative Fees shall be paid directly by the vendor to the SPC on a quarterly basis. Under this Agreement, all Suburban Purchasing Cooperative members, non-profit and "public agency" participants will be grouped under one Master SPC Account to aggregate all purchases towards volume rebate incentives. Additionally, individual entities will receive up to a 1% e-commerce rebate paid in the form of a credit towards future purchases no later than 45 days from the end of each quarter (40-79% online = 0.5% rebate; 80% or more purchased online = 1% rebate).

All public agencies as defined by the Illinois Governmental Joint Purchasing Act, as well as not-for-profit agencies that qualify under Section 45-35 of the Illinois Procurement Code, are eligible to participate in SPC joint purchasing programs. The term "public agency" shall mean any unit of local government as defined in the Illinois constitution of 1970, any school district, any public community college district, any public building commission, the State of Illinois, any agency of the State government or of the United States, or of any other State, any political subdivision of another State, and any combination of the above pursuant to an intergovernmental agreement which includes provisions for a governing body of the agency created by the agreement. Their purchases will also be included in the SPC volume rebate.

We look forward to continued success with Warehouse Direct Workplace Solutions.

Please sign and date this agreement below, retaining copies for your files and returning the original to my attention.

Sincerely,

Signature on File

Ellen Dayan, CPPB  
Purchasing Director, Northwest Municipal Conference

Signature on File

Signature on File

02.28.19  
Name: Ellen Dayan, CPPB Date  
Northwest Municipal Conference

Pres. dat 2/28/19  
John Moyer, President Date  
Warehouse Direct Workplace Solutions

*DuPage Mayors &  
Managers Conference  
1220 Oak Brook Road  
Oak Brook, IL 60523  
Suzette Quintell  
Phone: (630) 571-0480  
Fax: (630) 571-0484*

*Northwest Municipal  
Conference  
1600 East Golf Rd., Suite 0700  
Des Plaines, IL 60016  
Ellen Dayan, CPPB  
Phone: (847) 296-9200  
Fax: (847) 296-9207*

*South Suburban Mayors  
And Managers Association  
1904 West 17<sup>th</sup> Street  
East Hazel Crest, IL 60429  
Kristi DeLaurentiis  
Phone: (708) 206-1155  
Fax: (708) 206-1133*

*Will County  
Governmental League  
3180 Theodore Street, Suite 101  
Joliet, IL 60435  
Cherie Belom  
Phone: (815) 729-3535  
Fax: (815) 729-3536*



## Region XIV Education Service Center

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1850 Highway 351  
Abilene, TX 79601-4750  
325-675-8600  
FAX 325-675-8659

Monday, February 3<sup>rd</sup>, 2020

American Office Products Distributors, Inc. (AOPD)  
ATTN: D. Mark Leazer  
1652 E. Main Street, Suite 200  
St. Charles, IL 60174

Re: Annual Renewal of NCPA contract #11-18

Dear Mark:

Region XIV Education Service Center is happy to announce that American Office Products Distributors, Inc. (AOPD) has been awarded a three-year term contract renewal for Office Supplies and Services based on the proposal submitted to Region XIV ESC.

The contract will expire on May 31<sup>st</sup>, 2023, completing the sixth year of a possible eight-year term. If your company is not in agreement, please contact me immediately.

If you have any questions or concerns, feel free to contact me at 325-675-8600.

Sincerely,  
Signature on File

Shane Fields  
Region XIV, Executive Director



## 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: 4/20/23

Bid/Contract/PO #:

Company Name: <u>WAREHOUSE DIRECT</u>	Company Contact: <u>STEVE HYDE</u>
Contact Phone: <u>630-251-4744</u>	Contact Email: <u>STEVEHYDE@WAREHOUSEDIRECT.COM</u>

### 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

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.

Signature on File

Authorized Signature

Printed Name

Title

Date

STEVEN J. HYDE  
SENIOR ACCOUNT MANAGER  
4/20/23

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](http://www.dupagecounty.gov)

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**File #: 23-1838**

**Agenda Date: 5/16/2023**

**Agenda #: 8.A.**

---

**DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective October, 2022**

From: 5000  
Company #

**COMMUNITY DEV BLOCK GRANTS**  
From: Company/Accounting Unit Name

Finance Dept Use Only  
Available Balance

Accounting Unit	Account	Sub-Account	Title	Amount	Prior to Transfer	After Transfer
1440	50000	CDBG-CVADMIN	REGULAR SALARIES	\$ 325,000.00	918,868.55	593,868.00
1440	50040	CDBG-CVADMIN	PART TIME HELP	\$ 40,000.00	77,489.20	37,489.20
1440	51010	CDBG-CVADMIN	EMPLOYER SHARE I.M.R.F.	\$ 50,000.00	162,154.21	112,154.21
1440	51030	CDBG-CVADMIN	EMPLOYER SHARE SOCIAL SECURITY	\$ 35,000.00	113,099.52	78,099.52
1440	51040	CDBG-CVADMIN	EMPLOYEE MED & HOSP INSURANCE	\$ 50,000.00	146,048.06	96,048.06
Total				\$ 500,000.00		

S/4/23  
S/4/23  
S/4/23  
S/4/23  
S/4/23

To: 5000  
Company #

**COMMUNITY DEV BLOCK GRANTS**  
To: Company/Accounting Unit Name

Finance Dept Use Only  
Available Balance

Accounting Unit	Account	Sub-Account	Title	Amount	Prior to Transfer	After Transfer
1440	53820	CDCV21-01	GRANT SERVICES	\$ 500,000.00	11,147,433.96	11,647,433.96
Total				\$ 500,000.00		

S/4/23

Reason for Request:

A budget transfer is required to move the projected unspent admin funding to Project CDCV21-01 - Care Center Rehab project in order to fully expend the grant award.

Signature on File

Department Head                      Signature on File

5/4/23  
5/5/23

Activity

(optional)

Chief Financial Officer

\*\*\*\*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 _____	

HH5- S/16/23

FIN/CB- S/23/23



## Budget Transfer

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

---

**File #:** 23-1839

**Agenda Date:** 5/16/2023

**Agenda #:** 8.B.

---

5-4-23

DuPage County, Illinois  
BUDGET ADJUSTMENT  
Effective October, 2022

From: 1200  
Company #

MAINTENANCE & CAPITAL  
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	
2040	54010		BUILDING IMPROVEMENTS	\$ 23,880.00	2,402,515.28	2,383,635.28	5/4/23
Total				\$ 23,880.00			

To: 1200  
Company #

MAINTENANCE & CAPITAL  
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	
2040	53010		ENGINEERING/ARCHITECTURAL SVC	\$ 23,880.00	113,000.00	136,880.00	5/4/23
Total				\$ 23,880.00			

Reason for Request:

Transfer monies from Building Improvements to Engineering/Architectural Services for WSP for engineering and design services for the upcoming DuPage Care Center Renovations. NOTE: at the time of FY23 budget preparations, this line was a guesstimate and had not yet been bid out, therefore, we did not have an accurate amount for these services.

Signature on File

Department Head  
Signature on File  
Chief Financial Officer

5-4-23  
Date  
5/15/23  
Date

Activity  
(optional)

\*\*\*\*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 - 5/16/23

FIN/CB - 5/23/23

Committee 5/16/23



## Authorization to Travel

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

---

**File #: 23-1840**

**Agenda Date: 5/16/2023**

**Agenda #: 9.A.**

---

## OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel  
Revised 3-14-2017

REQUEST DATE:	8-May-23
NAME:	TITLE: Intake & Referral Administrator
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650/1430
PURPOSE OF TRIP: (explain fully the necessity of making the trip) CSBG/WX Grant funded authorization to travel: Administrator will attend the annual CSBG and Weatherization mandated grant funding training. Training will pertain to our CSBG 2024 Application and Weather 2024/2025 funding for the State and Federal Weather grants. Cost includes mileage, hotel and per diem approx. cost \$622.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 6/6/2023	DATE OF RETURN ARRIVAL: 6/8/2023
(Please include a detailed explanation if different from official business dates)	
<b>Please indicate the estimated amount for each applicable expense.</b>	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	\$200.00
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	\$622.00

### REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: \_\_\_\_\_

(Signature)

Date: 5/8/23

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](http://www.dupagecounty.gov)

---

**File #:** 23-1841

**Agenda Date:** 5/16/2023

**Agenda #:** 9.B.

---

## OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel  
Revised 3-14-2017

REQUEST DATE:	8-May-23
NAME:	TITLE: Community Services Manager
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
CSBG/WX Grant funded authorization to travel: Community Services Manager will attend the annual CSBG and Weatherization mandated grant funding training. Training will pertain to our CSBG 2024 Application and Weather 2024/2025 funding for the State and Federal Weather grants. Cost includes hotel and per diem approx. cost \$347. Will be riding with Administrator, mileage included in her request.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 6/6/2023	DATE OF RETURN ARRIVAL: 6/8/2023
(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	\$200.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$0.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$147.00
TOTAL	\$347.00

### REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: \_\_\_\_\_  
(Signature)

Date: 5/8/23

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](http://www.dupagecounty.gov)

---

**File #:** 23-1842

**Agenda Date:** 5/16/2023

**Agenda #:** 9.C.

---

## OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel  
Revised 3-14-2017

REQUEST DATE:	8-May-23
NAME:	TITLE: Community Services Supervisor
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1430
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
CSBG/WX Grant funded authorization to travel: Community Services Supervisor will attend the annual CSBG and Weatherization mandated grant funding training. Training will pertain to our CSBG 2024 Application and Weather 2024/2025 funding for the State and Federal Weather grants. Cost includes gas, hotel and per diem approx. cost \$188.50. Will be riding in County vehicle no mileage charged just gas for return trip.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 6/7/2023	DATE OF RETURN ARRIVAL: 6/8/2023
(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	\$100.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$75.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$88.50
TOTAL	\$263.50

### REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: \_\_\_\_\_

Date: 5/8/23

(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](http://www.dupagecounty.gov)

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**File #: 23-1843**

**Agenda Date: 5/16/2023**

**Agenda #: 9.D.**

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## OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel  
Revised 3-14-2017

REQUEST DATE:	8-May-23
NAME:	TITLE: Weatherization Proj Coor
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1430
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
CSBG/WX Grant funded authorization to travel: Weatherization Project Coordinator will attend the annual CSBG and Weatherization mandated grant funding training. Training will pertain to our CSBG 2024 Application and Weather 2024/2025 funding for the State and Federal Weather grants. Cost includes hotel and per diem approx. cost \$188.50. Will be riding in County vehicle with supervisor no mileage cost.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 6/7/2023	DATE OF RETURN ARRIVAL: 6/8/2023
(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	\$100.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$0.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$88.50
TOTAL	\$188.50

### REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: \_\_\_\_\_  
(Signature)

Date: 5/8/23

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](http://www.dupagecounty.gov)

---

**File #: 23-1844**

**Agenda Date: 5/16/2023**

**Agenda #: 10.A.**

---

Consent  
HS 5/16  
CB 5/23



# Request for Change Order

## Procurement Services Division

Attach copies of all prior Change Orders

Date: May 2, 2023

MinuteTraq (IQM2) ID #: 23-1731

<b>Purchase Order #:</b> 5480-0001 SERV	<b>Original Purchase Order Date:</b> Nov 1, 2021	<b>Change Order #:</b> 2	<b>Department:</b> Community Services
<b>Vendor Name:</b> WellSky Corporation		<b>Vendor #:</b> 30141	<b>Dept Contact:</b> Julie Burdick
<b>Background and/or Reason for Change Order Request:</b>	Decrease by \$32,254.67 and close this PO.		
<b>IN ACCORDANCE WITH 720 ILCS 5/33E-9</b>			

- ☐ (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	\$34,180.91
B	Net \$ change for previous Change Orders	\$33,840.00
C	Current contract amount (A + B)	\$68,020.91
D	Amount of this Change Order <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	(\$32,254.67)
E	New contract amount (C + D)	\$35,766.24
F	Percent of current contract value this Change Order represents (D / C)	-47.42%
G	Cumulative percent of all Change Orders (B+D/A); (60% maximum on construction contracts)	4.64%

### 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:

JB	6462	Sep 26, 2022			
Prepared By (Initials)	Phone Ext	Date	Recommended for Approval (Initials)	Phone Ext	Date
<b>REVIEWED BY (Initials Only)</b>					
Buyer	Date	<i>MCN</i>	Procurement Officer	Date	5/2/23
Chief Financial Officer (Decision Memos Over \$25,000)	Date		Chairman's Office (Decision Memos Over \$25,000)	Date	



## Informational

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #: 23-1845**

**Agenda Date: 5/16/2023**

**Agenda #: 11.A.**

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## Grant Proposal Notification

GPN Number: 027-23  
(Completed by Finance Department)

Date of Notification: 03/07/2023  
(MM/DD/YYYY)

Parent Committee Agenda Date: 05/16/2023  
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/21/2023  
(MM/DD/YYYY)

Name of Grant: LIHEAP HHS Grant PY24

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

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

County Department: Community Services

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

Parent Committee: Human Services

Grant Amount Requested: \$ 2,948,471.00

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

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

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

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



## Grant Proposal Notification

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

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

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

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?

10/01/2023 to: 06/30/2025  
(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 \$1,391,757.00 Percentage covered by grant 21%

6.1.2. Total fringe benefits \$352,838.00 Percentage covered by grant 21%

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

6.1.3.1. If yes, which ones are disallowed?

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

Liheap: 5000-1495 State

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

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

6.2.1.1. Full-time 2 Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

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

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

## Grant Proposal Notification

6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)	No
6.3.1. If yes, please answer the following:	
6.3.1.1. How many years beyond the grant term?	_____
6.3.1.2. What Company-Accounting Unit(s) will be used?	_____
6.3.1.3. Total annual salary	_____
6.3.1.4. Total annual fringe benefits	_____
7. Does the grant allow for direct administrative costs? (Yes or No)	Yes
7.1. If yes, please answer the following:	
7.1.1. Total estimated direct administrative costs for project	\$176,908.00
7.1.2. Percentage of direct administrative costs covered by grant	100%
7.1.3. What percentage of the grant total is the portion covered by the grant	6%
8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?	88%
9. Are matching funds required? (Yes or No):	No
9.1. If yes, please answer the following:	
9.1.1. What percentage of match funding is required by granting entity?	_____
9.1.2. What is the dollar amount of the County's match?	_____



## Grant Proposal Notification

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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)? \$2,948,471.00



## Informational

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
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**File #: 23-1846**

**Agenda Date: 5/16/2023**

**Agenda #: 11.B.**

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## Grant Proposal Notification

GPN Number: 028-23  
(Completed by Finance Department)

Date of Notification: 03/07/2023  
(MM/DD/YYYY)

Parent Committee Agenda Date: 05/16/2023  
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/21/2023  
(MM/DD/YYYY)

Name of Grant: LIHEAP State Supplemental Grant PY24

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

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

County Department: Community Services

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

Parent Committee: Human Services

Grant Amount Requested: \$ 5,528,383.00

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

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

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

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

## Grant Proposal Notification

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

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

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

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?

07/01/2023 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) 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 \$1,391,757.00 Percentage covered by grant 43%
- 6.1.2. Total fringe benefits \$352,838.00 Percentage covered by grant 43%
- 6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): No
- 6.1.3.1. If yes, which ones are disallowed?
- 6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?
- 5000-1420 HHS
- 6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No
- 6.2.1. If yes, how many new positions will be created?
- 6.2.1.1. Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_
- 6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit? \_\_\_\_\_  
(Yes or No)
- 6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

## Grant Proposal Notification

<p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p>	<p><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>\$442,271.00</u></p>
<p>7.1.2. Percentage of direct administrative costs covered by grant</p>	<p><u>100%</u></p>
<p>7.1.3. What percentage of the grant total is the portion covered by the grant</p>	<p><u>8%</u></p>
<p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p>	<p><u>86%</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

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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)? \$5,528,383.00