



DU PAGE COUNTY

Human Services

Final Regular Meeting Agenda

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

Tuesday, April 2, 2024

9:30 AM

Room 3500A

1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIR REMARKS - CHAIR SCHWARZE

4.A. Presentation of the Best in Class Award to the DPCC

5. APPROVAL OF MINUTES

5.A. [24-1127](#)

Human Services Committee - Regular Meeting - March 19, 2024

6. COMMUNITY SERVICES - MARY KEATING

6.A. [FI-R-0063-24](#)

Acceptance and appropriation of the fiftieth (50th) year of the Community Development Block Grant PY24, Company 5000 - Accounting Unit 1440, in the amount of \$4,539,329. (Community Services)

6.B. [FI-R-0064-24](#)

Acceptance and appropriation of the thirty-third (33rd) year Home Investment Partnerships Grant PY24, Company 5000 - Accounting Unit 1450, in the amount of \$2,011,683. (Community Services)

6.C. [FI-R-0065-24](#)

Acceptance and appropriation of the thirty-sixth (36th) year Emergency Solutions Grant PY24, Company 5000 - Accounting Unit 1470, in the amount of \$288,247. (Community Services)

7. DUPAGE CARE CENTER - JANELLE CHADWICK

7.A. [HS-P-0016-24](#)

Recommendation for the approval of a contract purchase order to Central DuPage Hospital Association D/B/A HealthLab, for patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 18, 2024 through April 17, 2025, for a total contract amount not to exceed \$40,000; per RFP #24-035-DCC.

7.B. [HS-P-0017-24](#)

Recommendation for the approval of a contract purchase order to Brightstar Care of DuPage, for supplemental nursing staffing, for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$290,000; per RFP #24-002-DCC.

7.C. [HS-P-0018-24](#)

Recommendation for the approval of a contract purchase order to Novastaff Healthcare Services, Inc., for supplemental nursing staffing, for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$500,000; per RFP #24-002-DCC.

7.D. [HS-P-0019-24](#)

Recommendation for the approval of a contract purchase order to RCM Health Care Services, for supplemental nursing staffing, for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$200,000; per RFP #24-002-DCC.

8. TRAVEL**8.A. [24-1128](#)**

Travel Request for Community Services Director to attend the National Association for County Community and Economic Development (NACCED) Conference in Tampa, Florida from July 10, 2024 through July 16, 2024. Expenses to include registration, transportation, lodging, and per diems for approximate total of \$2979. (Community Services)

9. INFORMATIONAL**9.A. [FM-P-0018-24](#)**

Recommendation for the approval of a contract to Builders Chicago Corporation, for preventative maintenance and repair services for automatic and manual doors with threshold closers, as needed, for County facilities, for Facilities Management, for the two-year period of April 10, 2024 through April 9, 2026, for a total contract amount not to exceed \$127,392, per lowest responsible bid #24-032-FM. (\$66,692 for Facilities Management, \$700 for Animal Services, \$30,000 for Division of Transportation, and \$30,000 for Care Center).

10. RESIDENCY WAIVERS - JANELLE CHADWICK**11. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK****12. COMMUNITY SERVICES UPDATE - MARY KEATING****13. OLD BUSINESS****14. NEW BUSINESS****15. ADJOURNMENT**



Minutes

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

File #: 24-1127

Agenda Date: 4/2/2024

Agenda #: 5.A.



DU PAGE COUNTY

Human Services

Final Summary

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

Tuesday, March 19, 2024

9:30 AM

Room 3500A

1. CALL TO ORDER

2. ROLL CALL

Other Board members present: Member Yeena Yoo

Staff in Attendance: Joan Olson (Chief Communications Officer), Renee Zerante (State's Attorney Office), Mary Catherine Wells, Keith Jorstad, and Tabassum Haleem (Finance), Nickon Etminan, Henry Kocker (Procurement), Natasha Belli, Joan Fox, and Julie Hamlin (Community Services), Mary Keating (Director of Community Services), and Janelle Chadwick (Administrator of DuPage Care Center), remote.

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

No public comments were offered.

4. CHAIR REMARKS - CHAIR SCHWARZE

Chair Schwarze announced the Food Assistance Network Infrastructure Investment Program portal opened on March 15, 2024, and will be open for 60 days.

Member Galassi welcomed several students from the Hinsdale Central High School AP Government class that are shadowing her throughout the day. Chair Schwarze explained Human Services is the social services arm of DuPage County.

5. APPROVAL OF MINUTES

5.A. [24-0966](#)

Human Services Committee - Regular Meeting - Tuesday, March 5, 2024

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Michael Childress

6. DUPAGE CARE CENTER - JANELLE CHADWICK**6.A. [FI-R-0058-24](#)**

Recommendation for approval of employee compensation and job classification adjustment for the DuPage Care Center. (1200-2100)

Member DeSart asked about the purpose of the reclass. Ms. Chadwick replied that the resolution was meant to change the position itself from assistant supervisor to supervisor due to the responsibilities of the position.

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

6.B. [24-0967](#)

Recommendation for the approval of a contract purchase order to Yami Vending, Inc., to manage beverage and snack vending machines at various locations on County Campus, at no cost to the County, for the period of April 5, 2024 through April 4, 2025, per bid #24-004-DCC.

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Michael Childress
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

6.C. [24-0968](#)

HS-P-0054B-23 - Amendment to Resolution HS-P-0054A-23, issued to Maxim Healthcare Services, to provide supplemental nursing staffing services, for the DuPage Care Center, for the period April 13, 2023 through April 12, 2024, to increase encumbrance in the amount of \$28,715, for a new contract amount of \$244,025, a 13.34% increase. (6363-0001 SERV)

RESULT:	APPROVED AND SENT TO FINANCE
MOVER:	Dawn DeSart
SECONDER:	Michael Childress

7. TRAVEL**7.A. [24-0969](#)**

Travel Request for Weatherization Assessor to attend the National Home Performance Conference and Trade Show in Minneapolis, Minnesota, from April 8, 2024 through April 11, 2024. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems, for approximate total of \$3566. Weatherization grant funded. (Community Services)

RESULT:	APPROVED
MOVER:	Michael Childress
SECONDER:	Dawn DeSart
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

7.B. [24-0974](#)

Travel Request for Weatherization Supervisor to attend the National Home Performance Conference and Trade Show in Minneapolis, Minnesota, from April 8, 2024 through April 11, 2024. Expenses to include registration, transportation, lodging, miscellaneous expenses (parking, mileage, etc.), and per diems, for approximate total of \$3766. Weatherization grant funded. (Community Services)

RESULT:	APPROVED
MOVER:	Michael Childress
SECONDER:	Dawn DeSart
AYES:	Childress, DeSart, Galassi, Garcia, LaPlante, and Schwarze

8. CONSENT ITEMS**8.A. [24-0970](#)**

Novastaff Healthcare Services, Contract Purchase order 6400-0001 SERV, is decreasing in the amount of \$28,715.36, to offset the increase to Maxim Healthcare Services for supplemental staffing. (DuPage Care Center).

RESULT:	APPROVED AT COMMITTEE
MOVER:	Michael Childress
SECONDER:	Paula Garcia

9. RESIDENCY WAIVERS - JANELLE CHADWICK

One out of county Residency Waiver was submitted for approval. Janelle Chadwick stated there are currently six male and ten female beds available so no county residents would be displaced by accepting this applicant.

RESULT:	APPROVED
MOVER:	Dawn DeSart
SECONDER:	Michael Childress

10. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK

Janelle Chadwick, Administrator of the DuPage Care Center, gave an update on the renovations, stating they closed the main entrance the day before, requiring staff to be moved out of the lobby area, relocating parking in that area, and installing fencing around the exterior renovation area. Ms. Chadwick thanked her staff for their coordination in the relocation, adding staff have been phenomenal.

They are hoping to get the final phase for 4N completed and to get their temporary occupancy letter submitted to the Illinois Department of Public Health (IDPH). The 4N unit is being cleaned from all the construction dust.

Member LaPlante thanked Ms. Chadwick for allowing her to play the violin for the residents at the DuPage Care Center. Ms. Chadwick responded that she noticed some lower functioning residents really enjoy the concert and she looks forward to having Member LaPlante return to play again.

11. COMMUNITY SERVICES UPDATE - MARY KEATING**11.A. [24-0971](#)****ERA Update**

Mary Keating, Director of Community Services, updated the committee on the emergency rent assistance program. Ms. Keating reviewed the history of the original programs run by the Illinois Housing Development Authority (IHDA) which started in 2021 with funding from the U.S. Treasury, expending about \$40M and assisted about 4000 households.

IHDA closed the programs in 2023 but are continuing to use state funds to assist individuals currently in eviction court. They have assisted about 1500 DuPage County households for about \$15M dollars. DuPage County still has about \$10M left.

Ms. Keating stated we should see an open contract consisting of several different agencies we will work with to process applications for rent assistance at the Finance Committee on Tuesday, March 26. The agencies will assist residents with applications by gathering all pertinent information from the household and from the landlord. Prairie State Legal will have a contract for legal services.

The pending program's primary focus will be on homeless prevention. The program will serve households below 50% of the area median income which is about \$55,000 for a household of four. Funding will cover rent arrearages for up to six months, and up to three months in advance. They will be able to rehouse individuals provided they show a futurability to pay rent.

The contracts will be in effect April 1, 2024, but we do not anticipate the program to be fully functional until July, as we are still working to establish the process and the workflow. What we expect to happen is that individuals reaching out will be referred to the agency that will best serve them, based on population, geography, or who may be processing applications for the general public. The agency will pay the landlord and we will then reimburse the agency, giving the agency a 10% administration fee.

The funds must be expended by September 2025. The contracts will go through January 2026, to ensure we can close out funding applications and complete all reporting.

Mary Keating answered questions regarding the pending program.

12. OLD BUSINESS

No old business was discussed.

13. NEW BUSINESS

No new business was discussed.

14. ADJOURNMENT

With no further business, the meeting was adjourned at 9:50 a.m.

RESULT:	APPROVED
MOVER:	Paula Garcia
SECONDER:	Michael Childress



File #: FI-R-0063-24

Agenda Date: 4/2/2024

Agenda #: 6.A.

ACCEPTANCE AND APPROPRIATION
OF THE FIFTIETH (50TH) YEAR
COMMUNITY DEVELOPMENT BLOCK GRANT PY24
COMPANY 5000 - ACCOUNTING UNIT 1440
\$4,539,329

(Under the administrative direction of
the Community Services Department)

WHEREAS, the DuPage County Board passed a motion on January 16, 2024, which adopted the 2024 Action Plan for Housing and Community Development and accepted the Community Development Commission's recommendations on projects and funding amounts for the Fiftieth (50th) Year Community Development Block Grant PY24 of \$3,663,480 (THREE MILLION, SIX HUNDRED SIXTY-THREE THOUSAND, FOUR HUNDRED EIGHTY AND NO/100 DOLLARS); and

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

WHEREAS, it appears that \$228,244 (TWO HUNDRED TWENTY-EIGHT THOUSAND, TWO HUNDRED FORTY-FOUR AND NO/100 DOLLARS) will be unexpended from the Community Development Act Fund, Company 5000 - Accounting Unit 1440 to continue certain program year activities begun under the Forty-Fourth (49th) Year Community Development Block Grant FY23; and

WHEREAS, DuPage County's Community Development Block Grant program expects \$647,605 (SIX HUNDRED FORTY-SEVEN THOUSAND, SIX HUNDRED FIVE AND NO/100 DOLLARS) in program income to be available in Program Year 2024 that should be included in the program's budget; and

WHEREAS, the period of performance of this grant is April 1, 2024 to March 31, 2025; and

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

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

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

NOW THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$4,539,329 (FOUR MILLION, FIVE HUNDRED THIRTY-NINE THOUSAND, THREE HUNDRED TWENTY NINE AND NO/100 DOLLARS) be made to establish the Fiftieth (50th) Year Community Development Block Grant PY24, Company 5000 - Accounting Unit 1440, for the period of April 1, 2024 to March 31, 2025; and

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

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

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

Enacted and approved this 9th day of April, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ACCEPTANCE AND APPROPRIATION TO ESTABLISH
THE FIFTIETH (50TH) YEAR OF THE
COMMUNITY DEVELOPMENT BLOCK GRANT PY24
COMPANY 5000 – ACCOUNTING UNIT 1440
\$4,539,329

REVENUE

41000-0001 - Federal Operating Grant - HUD	\$	3,663,480
46011-0000 - Program Income		<u>875,849</u>

TOTAL ANTICIPATED REVENUE	\$	<u><u>4,539,329</u></u>
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EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries	\$	428,000
50010-0000 - Overtime		1,000
50040-0000 - Part Time Help		23,400
51000-0000 - Benefit Payments		15,000
51010-0000 - Employer Share I.M.R.F.		35,000
51030-0000 - Employer Share Social Security		37,500
51040-0000 - Employee Med & Hosp Insurance		60,000
51050-0000 - Flexible Benefit Earnings		<u>600</u>

TOTAL PERSONNEL	\$	600,500
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COMMODITIES

52000-0000 - Furn/Mach/Equip Small Value	\$	250
52100-0000 - I.T. Equipment-Small Value		3,500
52200-0000 - Operating Supplies & Materials		1,200
52260-0000 - Fuel & Lubricants		<u>750</u>

TOTAL COMMODITIES	\$	5,700
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CONTRACTUAL

53000-0000 - Auditing & Accounting Services	\$	5,000
53090-0000 - Other Professional Services		50,000
53100-0000 - Auto Liability Insurance		496
53260-0000 - Wireless Communication Svc		6,000
53380-0000 - Repair & Mtce Auto Equipment		1,500
53410-0000 - Rental Of Machinery & Equipmnt		6,500
53500-0000 - Mileage Expense		750

53510-0000 - Travel Expense	21,000
53600-0000 - Dues & Memberships	5,000
53610-0000 - Instruction & Schooling	15,000
53800-0000 - Printing	4,500
53804-0000 - Postage & Postal Charges	750
53806-0000 - Software Licenses	10,000
53820-0000 - Grant Services	<u>3,806,633</u>

TOTAL CONTRACTUAL	\$ <u>3,933,129</u>
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TOTAL APPROPRIATION	\$ <u><u>4,539,329</u></u>
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Finance Resolution

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

File #: FI-R-0064-24

Agenda Date: 4/2/2024

Agenda #: 6.B.

ACCEPTANCE AND APPROPRIATION
OF THE THIRTY-THIRD (33RD) YEAR
HOME INVESTMENT PARTNERSHIPS GRANT PY24
COMPANY 5000 - ACCOUNTING UNIT 1450
\$2,011,683

(Under the administrative direction of
the Community Services Department)

WHEREAS, the DuPage County Board passed a motion on January 16, 2024 which adopted the 2024 Action Plan and authorized the submission of an application for the Thirty-Third (33rd) Year HOME Investment Partnership Program for \$1,860,190 (ONE MILLION, EIGHT HUNDRED SIXTY THOUSAND, ONE HUNDRED NINETY AND NO/100 DOLLARS); and

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

WHEREAS, DuPage County's HOME Investment Partnerships Program expects \$151,493 (ONE HUNDRED FIFTY-ONE THOUSAND, FOUR HUNDRED NINETY-THREE and NO/100 DOLLARS) in program income to be available in Program Year 2024 that should be included in the program's budget; and

WHEREAS, the period of performance of this grant is April 1, 2024 to March 31, 2025; and

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

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

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

NOW THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of 2,011,683 (TWO MILLION, ELEVEN THOUSAND, SIX HUNDRED EIGHTY-THREE AND NO/100 DOLLARS) be made to establish the Thirty-Third (33rd) Year HOME Investment Partnerships Program PY24, Company 5000 - Accounting Unit 1450, for the period of April 1, 2024 to March 31, 2025; and

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

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

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

Enacted and approved this 9th day of April, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ACCEPTANCE AND APPROPRIATION TO ESTABLISH THE THIRTY-THIRD (33RD) YEAR OF THE HOME INVESTMENT PARTNERSHIPS GRANT PY24 COMPANY 5000 – ACCOUNTING UNIT 1450 \$2,011,683

REVENUE

41000-0002 - Federal Operating Grant - HHS	\$	1,860,190
46011-0000 - Program Income		<u>151,493</u>

TOTAL ANTICIPATED REVENUE \$ 2,011,683

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries	\$	108,000
50040-0000 - Part Time Help		15,000
51000-0000 - Benefit Payments		5,000
51010-0000 - Employer Share I.M.R.F.		9,000
51030-0000 - Employer Share Social Security		10,000
51040-0000 - Employee Med & Hosp Insurance		17,500
51050-0000 - Flexible Benefit Earnings		<u>600</u>

TOTAL PERSONNEL \$ 165,100

COMMODITIES

52200-0000 - Operating Supplies & Materials	\$	450
52260-0000 - Fuel & Lubricants		<u>450</u>

TOTAL COMMODITIES \$ 900

CONTRACTUAL

53090-0000 - Other Professional Services	\$	5,000
53410-0000 - Rental Of Machinery & Equipmnt		1,000
53500-0000 - Mileage Expense		500
53510-0000 - Travel Expense		7,500
53610-0000 - Instruction & Schooling		5,000
53800-0000 - Printing		1,019
53820-0000 - Grant Services		<u>1,825,664</u>

TOTAL CONTRACTUAL \$ 1,845,683

TOTAL APPROPRIATION \$ 2,011,683



Finance Resolution

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

File #: FI-R-0065-24

Agenda Date: 4/2/2024

Agenda #: 6.C.

ACCEPTANCE AND APPROPRIATION
OF THE THIRTY-SIXTH (36th) YEAR
EMERGENCY SOLUTIONS GRANT PY24
COMPANY 5000 - ACCOUNTING UNIT 1470
\$288,247

(Under the administrative direction of
the Community Services Department)

WHEREAS, the DuPage County Board passed a motion on January 16, 2024, which adopted the 2024 Action Plan for Housing and Community Development and accepted the Community Development Commission's recommendations on projects and funding amounts for the Thirty-Sixth (36th) Year Emergency Solutions Grant FY23 of \$288,247 (TWO HUNDRED EIGHT-EIGHT THOUSAND, TWO HUNDRED FORTY-SEVEN AND NO/100 DOLLARS); and

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

WHEREAS, the period of performance of this grant is April 1, 2024, to March 31, 2025; and

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

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

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

NOW THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$288,247 (TWO HUNDRED EIGHTY-EIGHT THOUSAND, TWO HUNDRED FORTY-SEVEN AND NO/100 DOLLARS) be made to establish the Thirty-Sixth (36th) Year Emergency Solutions Grant PY24, Company 5000 - Accounting Unit 1470, for the period of April 1, 2024, to March 31, 2025; and

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

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

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

Enacted and approved this 9th day of April, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

ACCEPTANCE AND APPROPRIATION TO ESTABLISH
THE THRITY-SIXTH (36TH) YEAR OF THE
EMERGENCY SOLUTIONS GRANT PY24
COMPANY 5000 – ACCOUNTING UNIT 1470
\$288,247

REVENUE

41000-0001 - Federal Operating Grant - HUD \$ 288,247

TOTAL ANTICIPATED REVENUE \$ 288,247

EXPENDITURES

PERSONNEL

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

TOTAL PERSONNEL \$ 21,618

CONTRACTUAL

53820-0000 - Grant Services \$ 266,629

TOTAL CONTRACTUAL \$ 266,629

TOTAL APPROPRIATION \$ 288,247



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0016-24

Agenda Date: 4/2/2024

Agenda #: 7.A.

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

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract purchase order for patient phlebotomy and laboratory services, for the period April 18, 2024 through April 17, 2025, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract for patient phlebotomy and laboratory services, for the period April 18, 2024 through April 17, 2025, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Central DuPage Hospital Association, dba Healthlab, 25 N Winfield Road, Winfield, Illinois 60190, for a total contract amount of \$40,000.00; per RFP #24-035-DCC.

Enacted and approved this 9th day of April, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 24-1074	RFP, BID, QUOTE OR RENEWAL #: 24-035-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$40,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/02/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$120,000.00
	CURRENT TERM TOTAL COST: \$40,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Central DuPage Hospital Association dba Healthlab	VENDOR #: 10019	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Benjamin Shaw	VENDOR CONTACT PHONE: 630-933-2633	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: benjamin.shaw@nm.org	VENDOR WEBSITE:	DEPT REQ #: 7446	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 18, 2024 through April 17, 2025, for a total contract amount not to exceed \$40,000.00, per RFP #24-035-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished As part of their course of treatment the residents of the DuPage Care Center periodically need to have laboratory testing done, as ordered by their physician, to aid in determining a course of treatment. The fees are based on the CMS Physician Schedule			

SECTION 2: DECISION MEMO REQUIREMENTS

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

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. 40 invitations sent, 3 documents were requested and 2 RFP's were received. A team of three (3) staff members from the DuPage Care Center reviewed and analyzed the two (2) vendors that submitted Proposals. The criteria was based on Firm qualifications, key qualifications and project understanding. Both vendor fees were based off of the CMS Physician Fee Schedule. Central DuPage Hospital Association dba Healthlab was scored higher as a result of the following: Company has a good understanding of project and a lower Stat and draw fee per order compared to Simple Laboratories, LLC.
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). Staff recommends going with the selected vendor as determined by the RFP responses.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Central DuPage Hospital Association dba Healthlab	Vendor#: 10019	Dept: DuPage Care Center	Division: Nursing
Attn: Benjamin Shaw	Email: Benjamin.shaw@nm.org	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 25 N Winfield Road	City: Winfield	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60190	State: IL	Zip: 60187
Phone: 630-933-2633	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Central DuPage Hospital Association dba Healthlab	Vendor#: Benjamin.shaw@nm.org	Dept: DuPage Care Center	Division: Nursing
Attn: Benjamin Shaw	Email: Winfield	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 25 N Winfield Road	City: Winfield	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60190	State: IL	Zip: 60187
Phone: 630-933-5292	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 18, 2024	Contract End Date (PO25): April 17, 2025
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		Patient phlebotomy and laboratory services	FY24	1200	2050	53070		25,000.00	25,000.00
2	1	EA		Patient phlebotomy and laboratory services	FY25	1200	2050	53070		15,000.00	15,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 40,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Patient phlebotomy and laboratory services, for the DuPage Care Center, for the period April 18, 2024 through April 17, 2025, for a total contract amount not to exceed \$40,000.00, per RFP #24-035-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 04/02/24 Human Services Committee 04/09/24 County Board
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

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



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

✓

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

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

NOTES

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

SECTION 8 – PRICE PROPOSAL

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

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

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

SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Central DuPage Hospital Association dba HealthLab
Main Business Address	25 N Winfield Rd
City, State, Zip Code	Winfield, IL 60190
Telephone Number	(630) 933-2633
Fax Number	(630) 933-5292
Proposal Contact Person	Ben Shaw
Email Address	Benjamin.Shaw@dm.org

The undersigned certifies that he is:

the Owner/Sole
Proprietora Member of the
Partnershipan Officer of the
Corporationa Member of the
Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Signature on File

(President or Partner)

(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

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

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

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

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

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

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested

to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.) Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

X DocuSigned by:
Signature on File

(Signature and Title) Vice President, Administration

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

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

My Commission Expires: _____
(Notary Public)

EMERGENCY PREPAREDNESS PLAN

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

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

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

EMERGENCY PREPAREDNESS PLAN CONTACT INFORMATION:

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

3/20/2024

DuPage Care Center
The County of DuPage
421 North County Farm Road – Finance – Procurement, 3-400
Wheaton, Illinois 60187

Dear The County of DuPage,

As a hospital based reference laboratory providing services for nearly 20 years, we understand that physicians depend on precision and efficiency in order to provide the best diagnoses and treatments for your patients. Our state-of-the-art clinical laboratory offers 24/7 services for routine and complex lab analysis. We consistently give detailed, accurate results in a timely manner. Our phlebotomy staff are seasoned professionals and employed by Northwestern Medicine Central DuPage Hospital to service your patients with quality care. HealthLab offers a full range of clinical laboratory tests, specimen collection, consultative, and courier services for over 1000 independent practitioners and extended care facility partners in the Chicagoland area and beyond.

Accreditations:

The College of American Pathologists (CAP), the Illinois State Department of Public Health, The Joint Commission, the FDA accreditation, and the American Association of Blood Banks accredit HealthLab through proficiency testing programs and on-site inspections. We take pride in striving to exceed these accreditation standards through our own in-house quality control programs.

References:

- Kane County Coroner – 719 S. Batavia Ave BLDG E Geneva, IL 60134 – 630-232-3535
- DeKalb County Jail – 180 E. Exchange St. Sycamore, IL 60178 – 815-895-7177
- DuPage County Jail – 501 N. County Farm Rd. Wheaton, IL 60187 – 630-407-2232
- DuPage County Coroner's Office – 414 N. County Farm Rd. Wheaton, IL 60187 – 630-407-2600

We look forward to hearing from you!

Sincerely,

Signature on File

✓

Ben Shaw
Director, Laboratory Outreach Operations

CLINICAL LABORATORY SERVICES AGREEMENT

THIS CLINICAL LABORATORY SERVICES AGREEMENT ("Agreement") is made and entered into this _____, 20__ by and between HealthLab, a division of Central DuPage Health, an Illinois not for profit corporation ("**HealthLab**"), and The County of DuPage dba DuPage Care Center ("**Provider**"), (Provider and HealthLab, each referred to herein as a "**Party**" and collectively as the "**Parties**"), with an effective date of April, 18, 2024 (the "**Effective Date**").

RECITALS

WHEREAS, HealthLab is a licensed, full service, clinical and anatomical pathology laboratory (the "**Clinical Lab**"), and employs or contracts with laboratory professionals who have the training, expertise, knowledge, qualifications and licenses to provide clinical laboratory services; and

WHEREAS, Provider has patients for whom it wishes to provide comprehensive and efficient clinical and anatomical pathology laboratory services ("**Services**") as needed in connection with patient service delivery; and

WHEREAS, Provider desires to contract with HealthLab as of the Effective Date to provide Services to Provider under the terms and conditions of this Agreement to ensure prompt and competent Services are available through the Clinical Lab; and

WHEREAS, HealthLab is willing to provide Services under the terms and conditions of this Agreement.

NOW, THEREFORE, for and in consideration of the mutual covenants and agreements of the Parties contained herein and the mutual benefits to be gained by the performance thereof and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties do covenant and agree as follows:

ARTICLE 1

SERVICES TO BE PROVIDED BY LABORATORY

Section 1.1 Clinical Laboratory Services. HealthLab will provide clinical laboratory and anatomical pathology tests, procedures and services requested by Provider, including such services, tests and procedures that become customary and in use in the care and treatment of Provider's patients for whom Provider seeks Services from HealthLab.

(a) **Routine Testing Results Reporting.** HealthLab shall use its reasonable efforts to report the results of all routine tests within a twenty-four hour (24) time period from the time the test is received by the Clinical Lab. Reports shall be accessible by Provider through Atlas Labworks, in accordance with HealthLab's policies and procedures governing such access.

(b) **STAT Testing Results Reporting.** STAT testing test turn-around time shall be within four (4) hours of the time the specimen is received by the Clinical Lab. Results from STAT testing shall be called directly to the ordering physician or his or her designee.

(c) **Supplies.** HealthLab shall supply Provider with a reasonable amount of supplies, as determined by HealthLab, for the preparation and submission of specimens to HealthLab, subject to availability. Provider agrees that such supplies shall be used for the sole purpose of testing services requested of HealthLab.

(d) **Other Services.** HealthLab shall provide such other services as delineated in Exhibit A.

Section 1.2 Provision of Services. In return for the payments by Provider to HealthLab set forth in **Article 3** hereof, HealthLab shall provide Services as requested by Provider. In providing the Services, HealthLab shall comply with all applicable laws, rules and regulations of all governmental authorities having jurisdiction and with the standards and recommendations of accreditation bodies having jurisdiction recognized by Provider and HealthLab.

Section 1.3 Hours of Service, Courier Pick-Ups. HealthLab shall provide pick-ups once a day, five days per week (Monday through Friday) and a pick-up on Saturday as needed, at times mutually agreed upon by the Parties. HealthLab shall operate the Clinical Lab on a twenty-four (24)-hour per day, three hundred sixty-five (365)-day per year basis, and shall cause the Services contemplated hereby to be available with speed and frequency of performance generally consistent with industry and community standards. HealthLab recognizes and agrees that the speed and frequency of performance provided by it pursuant to this Agreement is subject to change and must evolve and remain consistent with the standard of care for similar services in healthcare facilities and as is reasonably required by the medical staff and third party payors.

ARTICLE 2

LABORATORY PERSONNEL AND OPERATIONS

Section 2.1 Employment. HealthLab shall be responsible for the employment or contracting of all non-physician personnel required by Clinical Lab in the performance of its obligations under this Agreement.

Section 2.2 Insurance. HealthLab shall obtain and maintain, at HealthLab's sole expense, professional and comprehensive general liability insurance coverage of Clinical Lab and all of Clinical Lab's personnel in an amount which meets or exceeds applicable state and federal regulations and is considered customary and adequate for a similarly situated business.

ARTICLE 3 LABORATORY CHARGES AND PAYMENT TERMS

Section 3.1 *Compensation.* In consideration for the Services provided to Patients under this Agreement, HealthLab shall bill any applicable governmental payor directly for Services provided to Patients covered by such payor and keep all resulting collections as its sole compensation for such reimbursed Services. For Patients who are not beneficiaries of governmental health plans, HealthLab shall bill the Provider for Services in accordance with the Fee Schedule (“**Fee Schedule Billing**”) or, as directed in writing by the Provider, HealthLab, shall bill Patients and applicable third party payers directly for services (“**Direct Billing**”). Provider acknowledges that HealthLab has disclosed that the amounts billed by HealthLab to applicable third party payers and Patients under Direct Billing are based on HealthLab’s routine fee schedule applicable to such payers, and, as a result, Patients may experience substantially increased co-pays, deductibles, or other out of pocket expenses when such services are billed under Direct Billing.

For those Services listed as provided directly by Clinical Lab (i.e., do not have to be sent out to a third party), procedures may be added or deleted from the Fee Schedule and any price listed thereon may be changed by HealthLab upon thirty (30) days prior written notice. Services not on the Fee Schedule shall be provided by a third party at HealthLab's direction, and charged at such third party’s applicable rates plus a reasonable handling fee.

Section 3.2 *Records of Services Performed by Clinical Lab; Discharge Reports.* The Clinical Lab shall keep records of all Services HealthLab performs under this Agreement and, on or before the fifth (5th) business day of each month beginning after the Effective Date, shall prepare and submit to Provider a statement setting forth the number of times each Service was provided during the prior month in sufficient detail to permit Provider to verify the same.

Section 3.3 *Payment Terms.* For Fee Schedule billing, Provider shall pay HealthLab on a monthly basis, upon receipt of statement of Services from HealthLab due by the fifteenth (15th) of each month, for Services rendered pursuant to this Agreement, with such payments due on the thirtieth (30th) day of each month. Healthlab may assess and collect, and Provider shall be obligated to pay, a late charge of 1.5% per month for any undisputed invoice not paid within forty-five days of its due date.

Section 3.4 *Billing Information.* At the time Provider submits a specimen for testing, it shall provide HealthLab with all required and proper billing data necessary to facilitate HealthLab billing, including appropriate ICD-10 codes. In the event Provider fails to submit sufficient/correct information, HealthLab shall request such information from the Provider. If the necessary information is not received by HealthLab within ten (10) days of such request, HealthLab may bill the Provider directly for the Services, and the Provider shall pay for the Services in accordance with the Fee Schedule.

ARTICLE 4
REPRESENTATIONS AND WARRANTIES OF PROVIDER

Section 4.1 *Organization.* Provider is a partnership duly organized, validly existing and in good standing under the laws of the State of Illinois, having all requisite corporate power and authority to own, operate and lease its properties and to carry on its business as now being conducted.

Section 4.2 *Agreement Will Not Breach Contract or Other Obligations.* The execution of this Agreement by Provider and the performance of its obligations hereunder will not conflict with or result in (or with notice or lapse of time or both would result in) a breach of or default under any contract, mortgage, indenture or similar agreement to which Provider is a party, or the charter, bylaws or any corporate resolution or document of Provider.

Section 4.3 *Authority.* Provider has the full corporate power and authority to make, execute, deliver and perform this Agreement. This Agreement constitutes the valid and legally binding obligation of Provider enforceable in accordance with its terms.

Section 4.4 *Licensure, Accreditation, Credentialing and Compliance.* Provider hereby represents and warrants that all Provider personnel requesting or ordering Services under this Agreement (i) are appropriately licensed, accredited (if applicable), and credentialed; (ii) have not been sanctioned by, or removed from participation in, any governmental program, including Medicare or Medicaid. Provider agrees to notify Clinical Lab immediately if during the term of this Agreement, any representation in this Section is rendered untrue.

ARTICLE 5
REPRESENTATIONS AND WARRANTIES OF LABORATORY

Section 5.1 *Organization of HealthLab.* Central DuPage Health is an Illinois not for profit corporation, with all requisite power and authority to own, operate and lease its properties and to carry on its business as now being conducted, including the business of HealthLab, operating as a division of Central DuPage Health. HealthLab is an authorized provider of clinical laboratory services for Medicare and Medicaid beneficiaries.

Section 5.2 *Agreement Will Not Breach Contract or Other Obligations.* The execution of this Agreement by HealthLab and the performance of its obligations hereunder will not conflict with or result in (or with notice or lapse of time or both would result in) a breach or default under any contract, mortgage, indenture or similar agreement to which HealthLab is a party.

Section 5.3 *Authority of Laboratory.* HealthLab has the full power and authority to make, execute, deliver and perform this Agreement. This Agreement constitutes the valid and legally binding obligation of HealthLab in accordance with its terms.

Section 5.4 *Licensure, Accreditation, Credentialing and Compliance.* HealthLab hereby makes the following representations with respect to licensure, accreditation, credentialing and compliance for the Services provided by the Clinical Lab:

(a) Clinical Lab is certified under the Clinical Laboratory Improvement Act; fully accredited by the College of American Pathologists, the Joint Commission on Accreditation of Healthcare Organizations, and the American Association of Blood Banks; and licensed by the Illinois Department of Public Health, pursuant to the accreditation/licensure of Central DuPage Hospital, and shall maintain such licensure or accreditation during the term of this Agreement.

(b) Clinical Lab shall be responsible for necessary credentialing, certifications and licenses as required by law.

(c) Clinical Lab shall be operated in compliance with applicable laws and regulations, including patient record confidentiality laws such as the Health Insurance Portability and Accountability Act of 1996.

(d) HealthLab will perform appropriate credentialing on employees providing Services through Clinical Lab to Provider.

(e) HealthLab shall provide Services without regard to the race, color, sex, religion, national origin, age, marital status or ancestry of Patients.

Section 5.5 *Quality Assurance and Patient Satisfaction.*

(a) Utilization review and quality assurance mechanisms of HealthLab are handled through its Quality Assurance Department (the "QAD"). The QAD shall define, implement and monitor quality processes in all areas of laboratory services. The QAD shall also coordinate laboratory inspections and manage the quality control and proficiency programs of Clinical Lab.

(b) HealthLab will follow and comply with Provider quality assurance rules and regulations and will cause its agents, employees, and visitors to follow said quality assurance rules and regulations.

(c) Provider shall have the right to monitor and review the QAD to confirm Clinical Lab is in compliance with Provider quality assurance rules and regulations.

ARTICLE 6
TERM AND TERMINATION

Section 6.1 *Term.* This Agreement shall commence on the Effective Date and shall remain effective for One (1) year from the Effective Date unless and until earlier terminated pursuant to this Section or by mutual written agreement.

Section 6.2 *Termination.* Either Party may terminate this Agreement at any time, without cause, upon thirty (30) days prior written notice to the other Party.

Section 6.3 Automatic Renewal. This Agreement shall be AUTOMATICALLY RENEWED for additional successive one (1) year terms, absent thirty (30) days prior written notice by either Party to the other of nonrenewal.

Section 6.4 Breach. If a Party (the "First Party") commits a material breach of this Agreement, the other Party (the "Second Party") may give the First Party written notice of the breach. If the First Party does not cure the breach within forty-five (45) days of receipt of notice thereof, the Second Party's remedies shall include, without limitation, the termination of this Agreement upon prior written notice. Notwithstanding the foregoing, in the event Provider defaults in payment obligations hereunder, HealthLab shall have the right to immediately suspend Services and declare all current balances immediately due and payable. Furthermore, if Provider undertakes any action that this deemed by Healthlab to place Healthlab or its personnel at risk, including directing Healthlab personnel to perform duties that Healthlab deems are incompatible with applicable regulatory or legal requirements, Healthlab may immediately terminate this Agreement without further obligation to Provider.

ARTICLE 7

REMEDIES

Section 7.1 Cured Breach. If the breaching Party has either cured a material prior to a receipt of notice of termination or cures the breach within forty-five (45) days of the first written notice, this Agreement shall remain in effect and the non-breaching Party shall be limited to damages and/or specific performance as its exclusive remedies.

Section 7.2 Non-Cured Breach. In the event of a breach of a material term of this Agreement, the non-breaching Party shall have the right to pursue any and all remedies against the breaching Party for damages related to such breach.

ARTICLE 8

GENERAL AND MISCELLANEOUS

Section 8.1 Compliance with Social Security Act; Access to Books and Record. Upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States, or any of their duly authorized representatives, HealthLab shall make available to the Secretary or to the Comptroller General those contracts, books, documents and records necessary to verify the nature and extent of the costs of providing its services under this Agreement. Such inspection shall be available for up to four (4) years after the rendering of such service. This Section is included pursuant to and is governed by the requirements of Public Law 96-499 and Regulations promulgated thereunder. The Parties agree that any attorney-client, accountant-client or other legal privileges shall not be deemed waived by virtue of this Agreement. If HealthLab, or any subcontractor of HealthLab which performs any Services under this Agreement receives a request for access to books, documents and records pursuant to the Social Security Act or the regulations promulgated thereunder, which request clearly and specifically identifies Provider as a subject of auditor investigation, HealthLab or such subcontractor of HealthLab shall notify Provider of the request within five (5) days of receipt of the request, such notice to include a copy of the request. HealthLab and any such subcontractor

of HealthLab shall use their reasonable best efforts to cooperate with Provider in responding to the request.

Section 8.2 *Independent Contractors.* It is mutually understood and agreed, except as specifically stated elsewhere in this Agreement, that HealthLab, in the performance of its duties and obligations under this Agreement, is at all times acting as an independent contractor. It is further understood and agreed that Provider does not have or exercise any control over the methods by which HealthLab performs laboratory tests or otherwise conducts its business; provided, however, that HealthLab does agree to perform laboratory tests in accordance with methods accepted in the industry and agrees that the Services provided to Provider hereunder shall be performed, rendered and reported to Provider's professional staff in a manner which competent, efficient and reasonably satisfactory to Provider.

Section 8.3 *Applicable Law.* This Agreement shall be governed by the laws of the State of Illinois.

Section 8.4 *Integrated Agreement.* The Parties agree that this Agreement, including the Exhibit attached hereto, constitutes the entire agreement between them with respect to the subject matter set forth herein and the transactions contemplated hereby, and supersedes all prior discussion, negotiations and oral and written agreements.

Section 8.5 *Waivers and Amendments.* No waiver of any term, provision or condition of this Agreement, whether by conduct or otherwise, in any one or more instances, shall be deemed to be or construed as a further and continuing waiver of any such term, provision or condition or as a waiver of any other term, provision or condition of this Agreement. Except as otherwise provided herein, no amendment to this Agreement or the Exhibit hereto shall be effective unless in writing and signed by or on behalf of both Parties. Any understanding between the Parties, whether oral or written, not formally denominated or executed as an amendment to this Agreement, which authorizes or approves any act or course of conduct different from or inconsistent with the terms of this Agreement, shall be presumed to be a temporary waiver revocable at the will of either Party and not an amendment to this Agreement.

Section 8.6 *Assignment; Successors and Assigns.*

(a) Neither this Agreement nor any interest or benefit hereunder shall be assignable by either party without the prior written consent of the other party; provided, however, that either Party may assign this Agreement and the rights hereunder to any parent or subsidiary of such party or to any corporation owned by or under common ownership with such party. Nothing contained in this Agreement, express or implied, is intended to confer upon any person or entity, other than the Parties hereto and their successors in interest and permitted assignees, any rights or remedies under or by reason of this Agreement unless expressly so stated herein.

(b) This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective successors and assigns.

Section 8.7 *Communications and Authorized Representatives.* All communications provided for herein shall be mailed by first class registered or certified mail, postage prepaid, or

hand-delivered to the principal offices of the Parties as set forth at the beginning of this Agreement. In the absence of any other designation, the Director of Provider and the Vice President of Administration of the HealthLab shall be deemed to be the authorized representative of the Parties. The Parties, from time to time and by written notice to one another, may designate other addresses for the delivery of notices and other persons as authorized representatives.

Section 8.8 Remedies Cumulative. No right or remedy contained herein is intended to be exclusive of any other right or remedy contained herein or provided by law, and every such right or remedy shall be cumulative and not alternative.

Section 8.9 Severability. If any provision of this Agreement is adjudged to be illegal or unenforceable as written, then the scope, extent or duration of such provision shall be reduced to the maximum which is capable of enforcement at law or, if such reduction is either impossible or would unreasonably alter the original intent of the Parties, shall be severed from this Agreement and all other provisions hereof shall remain in full force and effect.

Section 8.10 Force Majeure. The obligations of either Party to perform under this Agreement shall be excused when such performance is prevented by events such as electrical blackouts, strikes, government orders or acts of God, which are reasonably beyond the control of the Party obligated to perform, provided such Party uses its reasonable efforts to perform.

Section 8.11 Headings. The headings of the articles, sections and sub-sections of this Agreement and any index to this Agreement are inserted for convenience only and do not constitute part of the Agreement.

Section 8.12 Counterparts. This Agreement and the Exhibit hereto may be executed in any number of counterparts, each of which when so executed shall be deemed to be an original and all of which when taken together shall constitute one and the same Agreement.

Section 8.13 Adherence to Standards of Business Conduct. The Parties agree that nothing contained in this Agreement shall require any Party to refer or admit patients to, or order any goods or services from the other Party to this Agreement. Notwithstanding any unanticipated effect of any provision of this Agreement, no Party will knowingly or intentionally conduct its behavior in such a manner as to violate the prohibitions against fraud and abuse in connection with the Medicare and Medicaid programs.

Section 8.14 Enforcement; Attorneys' Fees. In the event of default of this Agreement and the failure to correct such default, the non-defaulting Party shall be entitled to damages, reasonable costs, attorneys' fees, and expenses incurred in connection with enforcement of this Agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this Clinical Laboratory Services Agreement to be executed on the day and year first above written.

**HealthLab, a division of Central DuPage Health,
an Illinois not for profit organization**

By: _____
Its: _____

Provider:

By: _____
Its: _____

EXHIBIT A

Other Services

Phlebotomy Services

In order to help ensure the accuracy and consistency of the specimens collected, HealthLab shall make available a qualified phlebotomist to perform phlebotomy services at Provider's clinic located at 400 N. County Farm Road, Wheaton, IL 60187. Such services shall generally be available Monday through Friday, 5 am to 9 am.

Provider agrees to not request or require the phlebotomist to perform any other activity on behalf of practice, and further agrees to maintain a safe and appropriate work environment free from hazard and harassment. Provider further agrees that HealthLab's failure to provide the phlebotomy service due to the unanticipated shortages of qualified individuals and/or scheduled and unscheduled absences of any placed phlebotomist shall not be deemed a breach of the Agreement provided that HealthLab continues in good faith to rectify and address any service interruption.

VENDOR ETHICS DISCLOSURE FORM



Required Vendor Ethics Disclosure Statement

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

Date: 3/20/24

Bid/Contract/PO #:

Company Name: Central DuPage Hospital	Company Contact: Ben Shaw
Contact Phone: 630-433-3015	Contact Email: Benjamin.Shaw@nm.org

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

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

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

Add Line	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
x	Ben Shaw	630-456-2267	Benjamin.Shaw@nm.org
x			

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 Sal Dazzo

Title Vice President, Administration

Date 3/20/2024

DocuSigned by:
 Signature on File
 E44CA2B630D3454...

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



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0017-24

Agenda Date: 4/2/2024

Agenda #: 7.B.

AWARDING RESOLUTION
ISSUED TO BRIGHTSTAR CARE OF DUPAGE
FOR SUPPLEMENTAL NURSING STAFFING
FOR THE DUPAGE CARE CENTER
(CONTRACT AMOUNT \$290,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract purchase order for supplemental nursing staffing, for the period April 13, 2024 through April 12, 2025, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract for supplemental nursing staffing, for the period April 13, 2024 through April 12, 2025, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Brightstar Care of DuPage, 416 E. Roosevelt Road, Suite 105, Wheaton, Illinois 60187, for a total contract amount of \$290,000.00; per RFP #24-002-DCC.

Enacted and approved this 9th day of April, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 24-1080	RFP, BID, QUOTE OR RENEWAL #: 24-002-DCC	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$290,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/02/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$870,000.00
	CURRENT TERM TOTAL COST: \$290,000.00	MAX LENGTH WITH ALL RENEWALS: THREE YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Brightstar Care of DuPage	VENDOR #: 12992	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Leonard Sanchez	VENDOR CONTACT PHONE: 630-260-5300	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: leonard.sanchez@brightstarcare.com	VENDOR WEBSITE:	DEPT REQ #: 7443	
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.). Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$290,000.00, per RFP #24-002-DCC..			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished RN's, LPN's and CNA's are vital front line positions in the operation of the DuPage Care Center. Staffing levels have been established based on resident census and acuity, workload, and regulatory guidelines. Staffing is utilized to maintain staffing levels in light of attrition (i.e. vacancies), scheduled time off, unscheduled time off (i.e. call-ins), medical leaves and Covid-19 assistance. In order to ensure that DPCC is able to meet the prescribed staffing plan regardless of these issues, secondary staffing contracts will allow for adequate staffing when the existing pool of qualified DPCC staff is not available.			

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.
RFP (REQUEST FOR PROPOSAL)	

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. RFP #24-002-DCC 93 invitations were sent 6 documents were requested 24 bid responses received, 7 deemed non-responsive and 1 vendor rejected multiple vendors have been selected from Nursing Team to be considered for Contract(s) approval
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Approve Brightstar Care of DuPage - Wheaton for Supplemental Staffing Services for the DuPage Care Center for the period April 13, 2024 through April 12, 2025. 2) Establish contingency plans to address staffing shortages as they occur, such as temporarily suspending new resident admissions to bring resident needs in line with current staffing ability. This would have a negative impact on revenue streams and cash flow. This would also have very little effect for those situations caused by unplanned absences.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

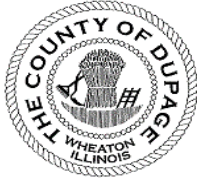
SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Brightstar Care of DuPage	Vendor#: 12992	Dept: DuPage Care Center	Division: Nursing
Attn: Leonard Sanchez	Email: leonard.sanchez@brightstarcare.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 416 E. Roosevelt Road, Suite 105	City: Wheaton	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60187	State: IL	Zip: 60187
Phone: 630-260-5300	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Brightstar Care of DuPage	Vendor#: 12992	Dept: DuPage Care Center	Division: Nursing
Attn: Leonard Sanchez	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 416 E. Roosevelt Road, Suite 105	City: Wheaton	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60187	State: IL	Zip: 60187
Phone: 630-260-5300	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 13, 2024	Contract End Date (PO25): April 12, 2025
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		Supplemental Nursing Staffing	FY24	1200	2050	53090		200,000.00	200,000.00
2	1	EA		Supplemental Nursing Staffing	FY25	1200	2050	53090		90,000.00	90,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 290,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$290,000.00, per RFP #24-002-DCC..
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 04/02/24 Human Services Committee 04/09/24 County Board
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

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



**THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
SUPPLEMENTAL STAFFING NURSING 24-002-DCC
BID TABULATION**

✓

Criteria	Available Points	ATC Healthcare Services	Brightstar Care of DuPage County	BT Healthcare	Compunnel Software Group Inc.
Firm Qualifications	30	25.50	27.50	22.75	20.50
Key Qualifications	10	8.00	9.00	8.00	7.75
Project Understanding	40	36.75	38.25	36.25	36.00
Price	20	17.04	14.47	10.54	15.32
Total	100	87.29	89.22	77.54	79.57

Fee and Rate Proposal (Design Only)	\$ 334.60	\$ 394.00	\$ 540.91	\$ 372.00
Percentage of points	85%	72%	53%	77%
Points awarded (wtd against lowest price)	17.04	14.47	10.54	15.32

Criteria	Available Points	CVC	Health Advocates Network	Infojini	Healthcare Staffing Professionals
Firm Qualifications	30	22.75	23.00	23.75	20.00
Key Qualifications	10	8.00	7.75	8.50	7.50
Project Understanding	40	35.75	36.50	36.50	35.25
Price	20	14.73	18.26	11.90	18.26
Total	100	81.23	85.51	80.65	81.01

Fee and Rate Proposal (Design Only)	\$ 387.00	\$ 312.16	\$ 479.08	\$ 312.16
Percentage of points	74%	91%	59%	91%
Points awarded (wtd against lowest price)	14.73	18.26	11.90	18.26

Criteria	Available Points	√	√		
		Novastaff Healthcare Services	Prolink	RCM Healthcare Services	Sunshine Enterprise USA LLC
Firm Qualifications	30	29.50	24.00	22.75	20.00
Key Qualifications	10	9.50	8.25	8.75	7.50
Project Understanding	40	39.25	36.00	37.75	35.75
Price	20	17.54	15.35	20.00	16.50
Total	100	95.79	83.60	89.25	79.75

Fee and Rate Proposal (Design Only)	\$ 325.00	\$ 371.27	\$ 285.00	\$ 345.40
Percentage of points	88%	77%	100%	83%
Points awarded (wtd against lowest price)	17.54	15.35	20.00	16.50

Criteria	Available Points	Syra Health Corp.	Tryfacta Inc.	Worldwide Travel Staffing	22nd Century Technologies Inc.
Firm Qualifications	30	22.50	20.88	23.50	25.00
Key Qualifications	10	7.00	8.75	7.75	8.50
Project Understanding	40	35.50	37.25	37.25	37.00
Price	20	16.70	15.66	15.32	16.81
Total	100	81.70	82.54	83.82	87.31

Fee and Rate Proposal (Design Only)	\$ 341.26	\$ 363.98	\$ 372.00	\$ 339.00
Percentage of points	84%	78%	77%	84%
Points awarded (wtd against lowest price)	16.70	15.66	15.32	16.81

NOTES

- 1) AMN Healthcare Inc. has been deemed non-responsive not including required documents.
- 2) BuzzClan, LLC has been deemed non-responsive not including required documents.
- 3) Delta-T Group has been deemed non-responsive not including required documents.
- 4) Globe Link, LLC has been deemed non-responsive not including required documents.
- 5) Maxim Healthcare response has been rejected.
- 6) Rapid Temps LLC has been deemed non-responsive not including required documents.
- 7) United Vision Healthcare Services LLC has been deemed non-responsive not including required documents.
- 8) Wise Medical Staffing has been deemed non-responsive not including required documents.

RFP Posted on 2/7/2024	VC, BR
Bid Opened On 2/27/2024, 2:30 PM by	
Invitations Sent	93
Total Requesting Documents	6
Total Bid Responses Received	24

SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	JDF Services Inc., dba Brightstar Care of DuPage-Wheaton
Main Business Address	416 E. Roosevelt Road
	Suite 105
City, State, Zip Code	Wheaton, IL 60187
Telephone Number	630.260.5300
Fax Number	630.260.5303
Proposal Contact Person	Leonard Sanchez
Email Address	Leonard.Sanchez@brightstarcare.com

The undersigned certifies that he is:

☒ the Owner/Sole Proprietor
 ☐ a Member of the Partnership
 ☐ an Officer of the Corporation
 ☐ a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Diane Vitolka - President and CEO

(President or Partner)

Leonard Sanchez-Vice President & COO

(Vice-President or Partner)

Diane Vitolka - President and CEO

(Secretary or Partner)

Leonard Sanchez - Vice President & COO

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Manager, DuPage Center, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. 1, _____, and _____ issued thereto;

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

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

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

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

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

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

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

Signature on File

X
(Signature and Title)

10

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this N/A day of N/A AD, 2024

N/A

My Commission Expires: N/A
(Notary Public)

(Based on Addendum 1 for bid # 24-002-DCC - Bids do not have to be notarized)

SECTION 5 – PRICE PROPOSAL : BrightStar Care of DuPage, Wheaton, IL

The contractor shall use the format below, indicating rates by position / shift for Year 1, Year 2 and Year 3 of the contract and other pricing consideration, including but not limited to:

- Overtime
- Cancellation Fee

Year 1

Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 113.30	\$ 113.30	\$ 113.30
LPN N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
CNA	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 55.98	\$ 55.98	\$ 55.98

Crisis Rate- Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 169.95	\$ 169.95	\$ 169.95	\$ 169.95
LPN N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
CNA	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63	\$ 63	\$ 83.97	\$ 83.97	\$ 83.97

Year 2

Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 119.97	\$ 119.97	\$ 119.97
LPN N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
CNA	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 57.32	\$ 57.32	\$ 57.32

Crisis Rate- Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 135	\$ 135	\$ 135	\$ 135	\$ 135	\$ 135	\$ 179.95	\$ 179.95	\$ 179.95
LPN	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
CNA	\$ 64.5	\$ 64.5	\$ 64.5	\$ 64.6	\$ 64.5	\$ 64.5	\$ 85.98	\$ 85.98	\$ 85.98

Year 3**Hourly Rates by Position and Shift**

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 90	\$ 119.97	\$ 119.97	\$ 119.97
LPN N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
CNA	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 44	\$ 58.65	\$ 58.65	\$ 58.65

Crisis Rate- Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 135	\$ 135	\$ 135	\$ 135	\$ 135	\$ 135	\$ 179.95	\$ 179.95	\$ 179.50
LPN N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
CNA	\$ 66	\$ 66	\$ 66	\$ 66	\$ 66	\$ 66	\$ 87.97	\$ 87.97	\$ 87.97

List holidays included in Holiday Rate(s) above:

Holiday
1. New Year's Day
2. Memorial Day
3. 4th of July
4. Labor Day
5. Thanksgiving Day
6. Friday after Thanksgiving Day
7. Christmas Eve (All day and evening)
8. Christmas Day
9. New Year's Eve (All day and evening)
10.

Non-Mandatory Services

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

Services	Included in Fee	Additional Charge
Please list non-mandatory services you provide:		
Caregiver for a minimum of four (4) hours		\$40/hour
Nurse (RN or LPN) Visit for 1.75 hours or less		\$200/visit

EMERGENCY PREPAREDNESS PLAN

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

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

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

EMERGENCY PREPAREDNESS PLAN CONTACT INFORMATION:

EMERGENCY PREPAREDNESS PLAN CONTACT	
NAME	Mr. John Silva
CONTACT	John Silva - Director of Operations
ADDRESS	416 E. Roosevelt Road, Ste 105
CITY ST ZIP	Wheaton, IL 60187
EMERGENCY PHONE NO.	630.384.1763 or 630.777.2826
EMAIL	John.Silva@brightstarcare.com



Required Vendor Ethics Disclosure Statement

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

Date: 2/24/2024

Bid/Contract/PO #: 24-002-DEC

Company Name: JDF Services Inc., dba Brightstar care of DuPage	Company Contact: Leonard Sanchez
Contact Phone: 630.260.5300	Contact Email: Leonard.Sanchez@brightstarcare.com

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

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

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

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

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

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

Lobbyists, Agents and Representatives and all individuals who are or will be having contact with county officers or employees in relation to the contract or bid	Telephone	Email
Leonard Sanchez	630.260.5300	Leonard.Sanchez@brightstarcare.com
John Silva	630.260.5303	John.silva@brightstarcare.com
Tinesha Sims	630.260.5303	Tinesha.sims@brightstarcare.com

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

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

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

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

<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

LEONARD SANCHEZ

Title

VICE PRESIDENT AND COO

Date

FEBRUARY 25, 2024

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



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0018-24

Agenda Date: 4/2/2024

Agenda #: 7.C.

AWARDING RESOLUTION
ISSUED TO NOVASTAFF HEALTHCARE SERVICES, INC.
FOR SUPPLEMENTAL NURSING STAFFING
FOR THE DUPAGE CARE CENTER
(CONTRACT AMOUNT \$500,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract purchase order for supplemental nursing staffing, for the period April 13, 2024 through April 12, 2025, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract for supplemental nursing staffing, for the period April 13, 2024 through April 12, 2025, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to Novastaff Healthcare Services, Incorporated, Post Office Box 249, Coal City, Illinois 60416, for a total contract amount of \$500,000.00; per RFP #24-002-DCC.

Enacted and approved this 9th day of April, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 24-1089	RFP, BID, QUOTE OR RENEWAL #: 24-002-DCC	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$500,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/02/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,500,000.00
	CURRENT TERM TOTAL COST: \$500,000.00	MAX LENGTH WITH ALL RENEWALS: THREE YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Novastaff Healthcare Services, Inc.	VENDOR #: 37419	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: David Sim	VENDOR CONTACT PHONE: 630-472-1122	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: manager@novastaff.com	VENDOR WEBSITE:	DEPT REQ #: 7444	
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.). Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$500,000.00, per RFP #24-002-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished RN's, LPN's and CNA's are vital front line positions in the operation of the DuPage Care Center. Staffing levels have been established based on resident census and acuity, workload, and regulatory guidelines. Staffing is utilized to maintain staffing levels in light of attrition (i.e. vacancies), scheduled time off, unscheduled time off (i.e. call-ins), medical leaves and Covid-19 assistance. In order to ensure that DPCC is able to meet the prescribed staffing plan regardless of these issues, secondary staffing contracts will allow for adequate staffing when the existing pool of qualified DPCC staff is not available.			

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.
RFP (REQUEST FOR PROPOSAL)	

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. RFP #24-002-DCC 93 invitations were sent 6 documents were requested 24 bid responses received, 7 deemed non-responsive and 1 vendor rejected
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Approve Novastaff Healthcare Services, Inc, for Supplemental Staffing Services for the DuPage Care Center for the period April 13, 2024 through April 12, 2025. 2) Establish contingency plans to address staffing shortages as they occur, such as temporarily suspending new resident admissions to bring resident needs in line with current staffing ability. This would have a negative impact on revenue streams and cash flow. This would also have very little effect for those situations caused by unplanned absences.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

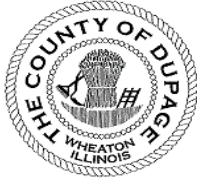
SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Novastaff Healthcare Services, Inc..	Vendor#: 37419	Dept: DuPage Care Center	Division: Nursing
Attn: David Sim	Email: manager@novastaff.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: PO Box 249	City: Coal City	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60416	State: IL	Zip: 60187
Phone: 630-472-1122	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Novastaff Healthcare Services, Inc.	Vendor#: 37419	Dept: DuPage Care Center	Division: Nursing
Attn: David Sim	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: PO Box 249	City: Coal City	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60416	State: IL	Zip: 60187
Phone: 630-472-1122	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 13, 2024	Contract End Date (PO25): April 12, 2025
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		Supplemental Nursing Staffing	FY24	1200	2050	53090		300,000.00	300,000.00
2	1	EA		Supplemental Nursing Staffing	FY25	1200	2050	53090		200,000.00	200,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 500,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$500,000.00, per RFP #24-002-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 04/02/24 Human Services Committee 04/09/24 County Board
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

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



**THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
SUPPLEMENTAL STAFFING NURSING 24-002-DCC
BID TABULATION**

✓

Criteria	Available Points	ATC Healthcare Services	Brightstar Care of DuPage County	BT Healthcare	Compunnel Software Group Inc.
Firm Qualifications	30	25.50	27.50	22.75	20.50
Key Qualifications	10	8.00	9.00	8.00	7.75
Project Understanding	40	36.75	38.25	36.25	36.00
Price	20	17.04	14.47	10.54	15.32
Total	100	87.29	89.22	77.54	79.57

Fee and Rate Proposal (Design Only)	\$ 334.60	\$ 394.00	\$ 540.91	\$ 372.00
Percentage of points	85%	72%	53%	77%
Points awarded (wtd against lowest price)	17.04	14.47	10.54	15.32

Criteria	Available Points	CVC	Health Advocates Network	Infojini	Healthcare Staffing Professionals
Firm Qualifications	30	22.75	23.00	23.75	20.00
Key Qualifications	10	8.00	7.75	8.50	7.50
Project Understanding	40	35.75	36.50	36.50	35.25
Price	20	14.73	18.26	11.90	18.26
Total	100	81.23	85.51	80.65	81.01

Fee and Rate Proposal (Design Only)	\$ 387.00	\$ 312.16	\$ 479.08	\$ 312.16
Percentage of points	74%	91%	59%	91%
Points awarded (wtd against lowest price)	14.73	18.26	11.90	18.26

Criteria	Available Points	√		√	
		Novastaff Healthcare Services	Prolink	RCM Healthcare Services	Sunshine Enterprise USA LLC
Firm Qualifications	30	29.50	24.00	22.75	20.00
Key Qualifications	10	9.50	8.25	8.75	7.50
Project Understanding	40	39.25	36.00	37.75	35.75
Price	20	17.54	15.35	20.00	16.50
Total	100	95.79	83.60	89.25	79.75

Fee and Rate Proposal (Design Only)	\$ 325.00	\$ 371.27	\$ 285.00	\$ 345.40
Percentage of points	88%	77%	100%	83%
Points awarded (wtd against lowest price)	17.54	15.35	20.00	16.50

Criteria	Available Points	Syra Health Corp.	Tryfacta Inc.	Worldwide Travel Staffing	22nd Century Technologies Inc.
Firm Qualifications	30	22.50	20.88	23.50	25.00
Key Qualifications	10	7.00	8.75	7.75	8.50
Project Understanding	40	35.50	37.25	37.25	37.00
Price	20	16.70	15.66	15.32	16.81
Total	100	81.70	82.54	83.82	87.31

Fee and Rate Proposal (Design Only)	\$ 341.26	\$ 363.98	\$ 372.00	\$ 339.00
Percentage of points	84%	78%	77%	84%
Points awarded (wtd against lowest price)	16.70	15.66	15.32	16.81

NOTES

- 1) AMN Healthcare Inc. has been deemed non-responsive not including required documents.
- 2) BuzzClan, LLC has been deemed non-responsive not including required documents.
- 3) Delta-T Group has been deemed non-responsive not including required documents.
- 4) Globe Link, LLC has been deemed non-responsive not including required documents.
- 5) Maxim Healthcare response has been rejected.
- 6) Rapid Temps LLC has been deemed non-responsive not including required documents.
- 7) United Vision Healthcare Services LLC has been deemed non-responsive not including required documents.
- 8) Wise Medical Staffing has been deemed non-responsive not including required documents.

RFP Posted on 2/7/2024	VC, BR
Bid Opened On 2/27/2024, 2:30 PM by	
Invitations Sent	93
Total Requesting Documents	6
Total Bid Responses Received	24

SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Novastaff Healthcare Services, Inc.
Main Business Address	PO Box 249
City, State, Zip Code	Coal City, IL, 60416
Telephone Number	630-472-1122
Fax Number	630-472-1148
Proposal Contact Person	David Sim
Email Address	manager@novastaff.com

The undersigned certifies that he is:

☐ the Owner/Sole Proprietor
 ☐ a Member of the Partnership
 ☒ an Officer of the Corporation
 ☐ a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Joanne M. Phillips, President

(President or Partner)

(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Manager, DuPage Center, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. 1, _____, and _____ issued thereto;

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

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

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

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

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

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

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

X **Joanne Phillips**
(Signature and Title)

Digitally signed by Joanne Phillips
DN: cn=Joanne Phillips, o, ou,
email=manager@novastaff.com, c=US
Date: 2024.02.23 12:09:45 -06'00'

President

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

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

My Commission Expires: _____
(Notary Public)

SECTION 8 – PRICE PROPOSAL

The contractor shall use the format below, indicating rates by position / shift for Year 1, Year 2 and Year 3 of the contract and other pricing consideration, including but not limited to:

- Overtime
- Cancellation Fee

Year 1

Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$105.00	\$105.00	\$105.00
LPN	\$62.00	\$62.00	\$62.00	\$62.00	\$62.00	\$62.00	\$93.00	\$93.00	\$93.00
CNA	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$57.00	\$57.00	\$57.00

Crisis Rate- Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$125.00	\$125.00	\$125.00
LPN	\$77.50	\$77.50	\$77.50	\$77.50	\$77.50	\$77.50	\$115.00	\$115.00	\$115.00
CNA	\$47.50	\$47.50	\$47.50	\$47.50	\$47.50	\$47.50	\$69.00	\$69.00	\$69.00

Year 2

Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$105.00	\$105.00	\$105.00
LPN	\$62.00	\$62.00	\$62.00	\$62.00	\$62.00	\$62.00	\$93.00	\$93.00	\$93.00
CNA	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$57.00	\$57.00	\$57.00

Crisis Rate- Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$125.00	\$125.00	\$125.00
LPN	\$77.50	\$77.50	\$77.50	\$77.50	\$77.50	\$77.50	\$115.00	\$115.00	\$115.00
CNA	\$47.50	\$47.50	\$47.50	\$47.50	\$47.50	\$47.50	\$69.00	\$69.00	\$69.00

Year 3**Hourly Rates by Position and Shift**

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$105.00	\$105.00	\$105.00
LPN	\$64.00	\$64.00	\$64.00	\$64.00	\$64.00	\$64.00	\$96.00	\$96.00	\$96.00
CNA	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$58.50	\$58.50	\$58.50

Crisis Rate- Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$125.00	\$125.00	\$125.00
LPN	\$77.50	\$77.50	\$77.50	\$77.50	\$77.50	\$77.50	\$115.00	\$115.00	\$115.00
CNA	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$48.75	\$69.00	\$69.00	\$69.00

List holidays included in Holiday Rate(s) above:

Holiday
1. Fourth of July
2. Easter
3. Mother's Day
4. Memorial Day
5. Labor Day
6. Thanksgiving Day
7. Christmas Eve (Beginning with PM Shift)
8. Christmas Day
9. New Year's Eve (Beginning with PM Shift)
10. New Year's Day

Non-Mandatory Services

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

Services Please list non-mandatory services you provide:	Included in Fee	Additional Charge



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: Novastaff Healthcare Services, Inc.	Company Contact: David Sim
Contact Phone: 630-472-1122	Contact Email: manager@novastaff.com

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

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

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

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

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

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

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

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

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

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

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

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

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

Authorized Signature

Printed Name

David Sim

Title

Compliance Manager

Date

2/23/2024

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



Care Center Requisition \$30,000 and Over

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

File #: HS-P-0019-24

Agenda Date: 4/2/2024

Agenda #: 7.D.

AWARDING RESOLUTION
ISSUED TO RCM HEALTH CARE SERVICES
FOR SUPPLEMENTAL NURSING STAFFING
FOR THE DUPAGE CARE CENTER
(CONTRACT AMOUNT \$200,000.00)

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

WHEREAS, the Human Services Committee recommends County Board approval for the issuance of a contract purchase order for supplemental nursing staffing, for the period April 13, 2024 through April 12, 2025, for the DuPage Care Center.

NOW, THEREFORE BE IT RESOLVED, that said contract for supplemental nursing staffing, for the period April 13, 2024 through April 12, 2025, for the DuPage Care Center, be, and it is hereby approved for issuance of a contract purchase order by the Procurement Division to RCM Health Care Services, 33 North Dearborn Street, Suite 1535, Chicago, Illinois 60602, for a total contract amount of \$200,000.00; per RFP #24-002-DCC.

Enacted and approved this 9th day of April, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____
JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 24-1090	RFP, BID, QUOTE OR RENEWAL #: 24-002-DCC	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$200,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/02/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$600,000.00
	CURRENT TERM TOTAL COST: \$200,000.00	MAX LENGTH WITH ALL RENEWALS: THREE YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: RCM Health Care Services	VENDOR #:	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Nicollette Cusmano	VENDOR CONTACT PHONE: 312-269-5444	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: nicollette.cusmano@rcmt.com	VENDOR WEBSITE:	DEPT REQ #: 7445	
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.). Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$200,000.00, per RFP #24-002-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished RN's, LPN's and CNA's are vital front line positions in the operation of the DuPage Care Center. Staffing levels have been established based on resident census and acuity, workload, and regulatory guidelines. Staffing is utilized to maintain staffing levels in light of attrition (i.e. vacancies), scheduled time off, unscheduled time off (i.e. call-ins), medical leaves and Covid-19 assistance. In order to ensure that DPCC is able to meet the prescribed staffing plan regardless of these issues, secondary staffing contracts will allow for adequate staffing when the existing pool of qualified DPCC staff is not available.			

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.
RFP (REQUEST FOR PROPOSAL)	

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. RFP #24-002-DCC 93 invitations were sent 6 documents were requested 24 bid responses received, 7 deemed non-responsive and 1 vendor rejected multiple vendors have been selected from Nursing Team to be considered for Contract(s) approval
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Approve RCM Health Care Services, for Supplemental Staffing Services for the DuPage Care Center for the period April 13, 2024 through April 12, 2025. 2) Establish contingency plans to address staffing shortages as they occur, such as temporarily suspending new resident admissions to bring resident needs in line with current staffing ability. This would have a negative impact on revenue streams and cash flow. This would also have very little effect for those situations caused by unplanned absences.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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

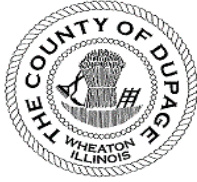
SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: RCM Health Care Services	Vendor#:	Dept: DuPage Care Center	Division: Nursing
Attn: Nicollette Cusmano	Email: nicollette.cusmano@rcmt.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 33 North Dearborn Street, Suite 1535	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60602	State: IL	Zip: 60187
Phone: 312-269-5444	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: RCM Health Care Services	Vendor#:	Dept: DuPage Care Center	Division:
Attn: Nicollette Cusmano	Email: nicollette.cusmano@rcmt.com	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 33 North Dearborn Street, Suite 1535	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60602	State: IL	Zip: 60187
Phone: 312-269-5444	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 13, 2024	Contract End Date (PO25): April 12, 2025
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		Supplemental Nursing Staffing	FY24	1200	2050	53090		150,000.00	150,000.00
2	1	EA		Supplemental Nursing Staffing	FY25	1200	2050	53090		50,000.00	50,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 200,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2024 through April 12, 2025, for a total contract amount not to exceed \$200,000.00, per RFP #24-002-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 04/02/24 Human Services Committee 04/09/24 County Board
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

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



**THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
SUPPLEMENTAL STAFFING NURSING 24-002-DCC
BID TABULATION**

✓

Criteria	Available Points	ATC Healthcare Services	Brightstar Care of DuPage County	BT Healthcare	Compunnel Software Group Inc.
Firm Qualifications	30	25.50	27.50	22.75	20.50
Key Qualifications	10	8.00	9.00	8.00	7.75
Project Understanding	40	36.75	38.25	36.25	36.00
Price	20	17.04	14.47	10.54	15.32
Total	100	87.29	89.22	77.54	79.57

Fee and Rate Proposal (Design Only)	\$ 334.60	\$ 394.00	\$ 540.91	\$ 372.00
Percentage of points	85%	72%	53%	77%
Points awarded (wtd against lowest price)	17.04	14.47	10.54	15.32

Criteria	Available Points	CVC	Health Advocates Network	Infojini	Healthcare Staffing Professionals
Firm Qualifications	30	22.75	23.00	23.75	20.00
Key Qualifications	10	8.00	7.75	8.50	7.50
Project Understanding	40	35.75	36.50	36.50	35.25
Price	20	14.73	18.26	11.90	18.26
Total	100	81.23	85.51	80.65	81.01

Fee and Rate Proposal (Design Only)	\$ 387.00	\$ 312.16	\$ 479.08	\$ 312.16
Percentage of points	74%	91%	59%	91%
Points awarded (wtd against lowest price)	14.73	18.26	11.90	18.26

Criteria	Available Points	√		√	
		Novastaff Healthcare Services	Prolink	RCM Healthcare Services	Sunshine Enterprise USA LLC
Firm Qualifications	30	29.50	24.00	22.75	20.00
Key Qualifications	10	9.50	8.25	8.75	7.50
Project Understanding	40	39.25	36.00	37.75	35.75
Price	20	17.54	15.35	20.00	16.50
Total	100	95.79	83.60	89.25	79.75

Fee and Rate Proposal (Design Only)	\$ 325.00	\$ 371.27	\$ 285.00	\$ 345.40
Percentage of points	88%	77%	100%	83%
Points awarded (wtd against lowest price)	17.54	15.35	20.00	16.50

Criteria	Available Points	Syra Health Corp.	Tryfacta Inc.	Worldwide Travel Staffing	22nd Century Technologies Inc.
Firm Qualifications	30	22.50	20.88	23.50	25.00
Key Qualifications	10	7.00	8.75	7.75	8.50
Project Understanding	40	35.50	37.25	37.25	37.00
Price	20	16.70	15.66	15.32	16.81
Total	100	81.70	82.54	83.82	87.31

Fee and Rate Proposal (Design Only)	\$ 341.26	\$ 363.98	\$ 372.00	\$ 339.00
Percentage of points	84%	78%	77%	84%
Points awarded (wtd against lowest price)	16.70	15.66	15.32	16.81

NOTES

- 1) AMN Healthcare Inc. has been deemed non-responsive not including required documents.
- 2) BuzzClan, LLC has been deemed non-responsive not including required documents.
- 3) Delta-T Group has been deemed non-responsive not including required documents.
- 4) Globe Link, LLC has been deemed non-responsive not including required documents.
- 5) Maxim Healthcare response has been rejected.
- 6) Rapid Temps LLC has been deemed non-responsive not including required documents.
- 7) United Vision Healthcare Services LLC has been deemed non-responsive not including required documents.
- 8) Wise Medical Staffing has been deemed non-responsive not including required documents.

RFP Posted on 2/7/2024	VC, BR
Bid Opened On 2/27/2024, 2:30 PM by	
Invitations Sent	93
Total Requesting Documents	6
Total Bid Responses Received	24



SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	RCM Technologies (USA), Inc., dba RCM Health Care Services
Main Business Address	33 North Dearborn Street, Suite 1535
City, State, Zip Code	Chicago, IL 60602
Telephone Number	312-269-5444
Fax Number	
Proposal Contact Person	Nicollette Cusmano
Email Address	nicollette.cusmano@rcmt.com

The undersigned certifies that he is:

- ☐ the Owner/Sole Proprietor
 ☐ a Member of the Partnership
 ☒ an Officer of the Corporation
 ☐ a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

_____ President, Health Care Services (President or Partner)	_____ (Vice-President or Partner)
_____ (Secretary or Partner)	_____ (Treasurer or Partner)

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

Further, the undersigned proposes and agrees, if this Proposal is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed. Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Offeror and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Offeror and is true and accurate.

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

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

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

THE COUNTY OF DUPAGE
SUPPLEMENTAL STAFFING NURSING SERVICES 24-002-DCC
Page 23 of 31



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

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

Signature on File

X _____ Resident, Health Care Services
(Signature and Title)

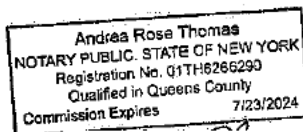
CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this 22nd day of February AD, 2024

Signature on File

My Commission Expires: 7/23/24
(Notary Public)



Signature on File



SECTION 8 – PRICE PROPOSAL

The contractor shall use the format below, indicating rates by position / shift for Year 1, Year 2 and Year 3 of the contract and other pricing consideration, including but not limited to:

- Overtime
- Cancellation Fee

Year 1

Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 60	\$ 60	\$ 60	\$ 62	\$ 62	\$ 62	\$ 90	\$ 90	\$ 90
LPN	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 80	\$ 80	\$ 80
CNA	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 52.50	\$ 52.50	\$ 52.50

Crisis Rate- Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 60	\$ 60	\$ 60	\$ 62	\$ 62	\$ 62	\$ 90	\$ 90	\$ 90
LPN	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 80	\$ 80	\$ 80
CNA	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 52.50	\$ 52.50	\$ 52.50

Year 2

Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 60	\$ 60	\$ 60	\$ 62	\$ 62	\$ 62	\$ 90	\$ 90	\$ 90
LPN	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 80	\$ 80	\$ 80
CNA	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 52.50	\$ 52.50	\$ 52.50

Crisis Rate- Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 60	\$ 60	\$ 60	\$ 62	\$ 62	\$ 62	\$ 90	\$ 90	\$ 90
LPN	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 80	\$ 80	\$ 80
CNA	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 52.50	\$ 52.50	\$ 52.50

Year 3**Hourly Rates by Position and Shift**

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 60	\$ 60	\$ 60	\$ 62	\$ 62	\$ 62	\$ 90	\$ 90	\$ 90
LPN	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 80	\$ 80	\$ 80
CNA	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 52.50	\$ 52.50	\$ 52.50

Crisis Rate- Hourly Rates by Position and Shift

	M – F 7a-3p	M – F 3p-11p	M – F 11p-7a	Sat/Sun 7a-3p	Sat/Sun 3p-11p	Sat/Sun 11p-7a	Holiday 7a-3p	Holiday 3p-11p	Holiday 11p-7a
RN	\$ 60	\$ 60	\$ 60	\$ 62	\$ 62	\$ 62	\$ 90	\$ 90	\$ 90
LPN	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 80	\$ 80	\$ 80
CNA	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 52.50	\$ 52.50	\$ 52.50

List holidays included in Holiday Rate(s) above:

Holiday
1. We can comply with all Holidays listed by DuPage County
2.
3.
4.
5.
6.
7.
8.
9.
10.

Non-Mandatory Services

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

Services Please list non-mandatory services you provide:	Included in Fee	Additional Charge
N/A		



EMERGENCY PREPAREDNESS PLAN

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

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

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

EMERGENCY PREPAREDNESS PLAN CONTACT INFORMATION:

EMERGENCY PREPAREDNESS PLAN CONTACT	
NAME	RCM Technologies (USA), Inc., dba RCM Health Care Services
CONTACT	Nicollette Cusmano
ADDRESS	3 North Dearborn Street, Suite 1535
CITY ST ZIP	Chicago, IL 60602
EMERGENCY PHONE NO.	312-269-5444
EMAIL	nicollette.cusmano@rcmt.com



Required Vendor Ethics Disclosure Statement

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

Date: 2/22/2024

Bid/Contract/PO #: 24-002-DCC

Company Name: <u>RCM Technologies (USA), Inc., dba RCM Health Care Services</u>	Company Contact: <u>Nicollette Cusmano</u>
Contact Phone: <u>312-269-5444</u>	Contact Email: <u>Nicollette.Cusmano@rcmt.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.

Authorized Signature Signature on File

Printed Name Michael Saks

Title President, Health Care Services

Date 2/22/2024

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



Authorization to Travel

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

File #: 24-1128

Agenda Date: 4/2/2024

Agenda #: 8.A.



DuPage County Employee Overnight Business Travel Expense Reimbursement Request

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

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

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

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

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

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

Employee Name: N J

Employee Email Address: n county.gov

Department: Community Services

Supervisor Email: r

Description of the Requested Business Travel

Description of conference, training or other out of town event: Attendance at the NACCED summer meetings and the NACo annual conference in Tampa Florida, Hillsborough County.

Start date of conference, training or other out of town event: 07-11-2024

End date of conference, training or other out of town event: 07-15-2024

Departure travel date: 07-10-2024

Return travel date: 07-16-2024

If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: Early start on the 11th and late finish on the 15th require travel on the 10th and 16th.

Estimate of costs for the requested business travel

Budget Account Code: 1000-1750

Registration fees for conference, training or event: \$530

Form of Payment: Employee reimbursement

Estimated transportation cost to and from location: \$700

Describe methods of transportation to and from location: Airfare estimate \$400, transportation to and from O'Hare \$200, ground transportation in Tampa \$100

Rental Vehicle request:

Provide estimated rental car cost: \$

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: \$1300

Description of lodging needs, including number of nights and cost per night: 6 nights at \$185 plus 14% tax

Meal Per Diem Policy

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

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

Estimate Total Per Diem expenses: \$449

Estimate such additional expenses: \$0

Describe expected additional expenses:

Estimated total cost of the requested Overnight Business Travel: \$2979

Confirmation and Submission

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

Employee Name: T

Instructions for Immediate Supervisor other than Department Head

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

Instructions for Department Head

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

Instructions for Parent Committee Chair

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

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 3/28/24 

Committee Chair: _____

Date: _____

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

Committee Name: _____

Meeting Date: _____



Facilities Management Requisition Over \$30K

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

File #: FM-P-0018-24

Agenda Date: 4/2/2024

Agenda #: 9.A.

AWARDING RESOLUTION
ISSUED TO BUILDERS CHICAGO CORPORATION
FOR PREVENTATIVE MAINTENANCE AND REPAIR SERVICES
FOR AUTOMATIC AND MANUAL DOORS WITH THRESHOLD CLOSERS
FOR FACILITIES MANAGEMENT
(CONTRACT TOTAL NOT TO EXCEED: \$127,392.00)

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

WHEREAS, the Public Works Committee recommends County Board approval for the issuance of a contract to Builders Chicago Corporation, to provide preventative maintenance and repair services for automatic and manual doors with threshold closers, as needed for County facilities, for a two-year period of April 10, 2024, through April 09, 2026, for Facilities Management.

NOW, THEREFORE BE IT RESOLVED, that County Contract, covering said, to provide preventative maintenance and repair services for automatic and manual doors with threshold closers, as needed for County facilities, for a two-year period of April 10, 2024 through April 09, 2026, for Facilities Management, be, and it is hereby approved for issuance of a contract by the Procurement Division to, Builders Chicago Corporation, 93 Martin Lane, Elk Grove Village, IL 60007, for a total contract amount not to exceed \$127,392.00, per lowest responsible bid #24-032-FM. (\$66,692 for Facilities Management, \$700 for Animal Services, \$30,000 for Division of Transportation, and \$30,000 for Care Center).

Enacted and approved this 9th day of April, 2024 at Wheaton, Illinois.

DEBORAH A. CONROY, CHAIR
DU PAGE COUNTY BOARD

Attest: _____

JEAN KACZMAREK, COUNTY CLERK



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 24-1045	RFP, BID, QUOTE OR RENEWAL #: 24-032-FM	INITIAL TERM WITH RENEWALS: 2 YRS + 1 X 2 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$127,392.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 04/02/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$254,784.00
	CURRENT TERM TOTAL COST: \$127,392.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Builders Chicago Corporation	VENDOR #: 11624	DEPT: Facilities Management	DEPT CONTACT NAME: Mary Ventrella
VENDOR CONTACT: Matthew Cockburn	VENDOR CONTACT PHONE: 224-654-2122	DEPT CONTACT PHONE #: 630-407-5705	DEPT CONTACT EMAIL: mary.ventrella@dupageco.org
VENDOR CONTACT EMAIL: mcockburn@builderschicago.com	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Recommendation for the approval of a contract to Builders Chicago Corporation, for preventive maintenance and repair services for automatic and manual doors with threshold closers, as needed, for County facilities, for Facilities Management, for a two-year period, April 10, 2024 through April 9, 2026, for a total contract amount not to exceed \$127,392, per lowest responsible bid #24-032-FM. (\$66,692 for Facilities Management, \$700 for Animal Services, \$30,000 for Division of Transportation, and \$30,000 for Care Center)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished There are 88 automatic and manual doors with threshold closers located at campus facilities that require semi-annual preventive maintenance and periodically require repair services.			

SECTION 2: DECISION MEMO REQUIREMENTS

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

SECTION 3: DECISION MEMO

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

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

SECTION 5: Purchase Requisition Information			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Builders Chicago Corporation	Vendor#: 11624	Dept: Facilities Management	Division:
Attn: Vi Dang	Email: vdang@builderschicago.com	Attn:	Email: FMAccountsPayable@dupageco.org
Address: 93 Martin Lane	City: Elk Grove Village	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60007	State: IL	Zip: 60187
Phone: 224-654-2122	Fax: 224-569-7000	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Builders Chicago Corporation	Vendor#: 11624	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email:
Address: 93 Martin Lane	City: Elk Grove Village	Address: various locations	City: Wheaton
State: IL	Zip: 60007	State: IL	Zip: 60187
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Apr 10, 2024	Contract End Date (PO25): Apr 9, 2026
Contract Administrator (PO25): Mary Ventrella			

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	LO		Facilities Management	FY24	1000	1100	53300		20,000.00	20,000.00
2	1	LO		Facilities Management	FY24	1000	1100	52270		1,000.00	1,000.00
3	1	LO		Animal Services	FY24	1100	1300	53300		250.00	250.00
4	1	LO		Division of Transportation	FY24	1500	3510	53300		5,000.00	5,000.00
5	1	LO		Care Center	FY24	1200	2040	53300		7,500.00	7,500.00
6	1	LO		Facilities Management	FY25	1000	1100	53300		21,000.00	21,000.00
7	1	LO		Facilities Management	FY25	1000	1100	52270		1,000.00	1,000.00
8	1	LO		Animal Services	FY25	1100	1300	53300		350.00	350.00
9	1	LO		Division of Transportation	FY25	1500	3510	53300		15,000.00	15,000.00
10	1	LO		Care Center	FY25	1200	2040	53300		15,000.00	15,000.00
11	1	LO		Facilities Management	FY26	1000	1100	53300		22,692.00	22,692.00
12	1	LO		Facilities Management	FY26	1000	1100	52270		1,000.00	1,000.00
13	1	LO		Animal Services	FY26	1100	1300	53300		100.00	100.00
14	1	LO		Division of Transportation	FY26	1500	3510	53300		10,000.00	10,000.00
15	1	LO		Care Center	FY26	1200	2040	53300		7,500.00	7,500.00
FY is required, assure the correct FY is selected.										Requisition Total	\$ 127,392.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Provide preventive maintenance, service and repairs for overhead doors, roll-up shutters, gate operators, dock levelers and revolving doors, as needed for County facilities, for a two-year period.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Vendor, Mary Ventrella, Cathie Figlewski, Clara Gomez, Kristie Lecaros, Kathy Black.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Public Works Committee: 4/2/24 County Board: 4/09/24
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

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



THE COUNTY OF DUPAGE
FINANCE - PROCUREMENT
PM & REPAIR SERVICES - AUTOMATIC & MANUAL DOORS 24-032-FM
BID TABULATION

					BUILDER'S CHICAGO CORPORATION		ALLIED DOOR, INC.		AUTOMATIC DOOR AUTHORITY INC.	
NO.	ITEM	QTY	NO. OF CALLS	NO. OF YEARS	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE	PRICE	EXTENDED PRICE
MAINTENANCE										
1	Planned Maintenance Service Call	88	2	2	\$ 48.00	\$ 16,896.00	\$ 88.00	\$ 30,976.00	\$ 250.00	\$ 88,000.00
SERVICE CALLS										
NO.	ITEM	EST. HOURS		NO. OF YEARS	RATE	EXTENDED PRICE	RATE	EXTENDED PRICE	RATE	EXTENDED PRICE
2	Normal Hours	40		2	\$ 143.00	\$ 11,440.00	\$ 144.00	\$ 11,520.00	\$ 159.00	\$ 12,720.00
3	Outside Normal Hours Monday - Friday & Saturday	12		2	\$ 171.00	\$ 4,104.00	\$ 190.00	\$ 4,560.00	\$ 238.50	\$ 5,724.00
4	Outside Normal Hours Sunday & Holidays	12		2	\$ 198.00	\$ 4,752.00	\$ 225.00	\$ 5,400.00	\$ 318.00	\$ 7,632.00
PARTS										
NO.	ITEM	EST. SPEND			MARKUP %	EXTENDED PRICE	MARKUP %	EXTENDED PRICE	MARKUP %	EXTENDED PRICE
5	Parts Markup from Contractors Cost	\$ 25,000.00			18%	\$ 29,500.00	25%	\$ 31,250.00	10%	\$ 27,500.00
GRAND TOTAL						\$ 66,692.00		\$ 83,706.00		\$ 141,576.00

NOTES

Bid Opening 3/19/2024 @ 2:30 PM	DW,HK
Invitations Sent	42
Total Vendors Requesting Documents	2
Total Bid Responses	3

SECTION 9 - MANDATORY FORM
PM AND REPAIR SERVICES FOR AUTOMATIC AND MANUAL DOORS WITH THRESHOLD CLOSERS 24-032-FM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Bidder	Builders Chicago Corporation		
Main Business Address	93 Martin Ln		
City, State, Zip Code	Elk Grove Village, IL 60007		
Telephone Number	224-654-2122	Email Address	mcockburn@builderschicago.com
Bid Contact Person	Matthew Cockburn		

The undersigned certifies that he is:

☒ the Owner/Sole Proprietor
 ☐ a Member authorized to sign on behalf of the Partnership
 ☐ an Officer of the Corporation
 ☐ a Member of the Joint Venture

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

<u>Richard Crandall</u> (President or Partner)	<u>Matthew Crandall</u> (Vice-President or Partner)
<u>James Sykora</u> (Secretary or Partner)	<u>Timothy Hanisch</u> (Treasurer or Partner)

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

Addenda No. __, ____, ____, and ____ issued thereto.

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

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

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

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

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

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

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

CONTRACT ADMINISTRATION INFORMATION:

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME	Builders Chicago corp.	NAME	Builders Chicago corporation
CONTACT	Matthew Cockburn	CONTACT	Vi Dang
ADDRESS	93 Martin Ln.	ADDRESS	93 Martin Ln
CITY ST ZIP	Elk Grove Village, IL 60007	CITY ST ZIP	Elk Grove Village, IL 60007
TX	(224) 654-2122	TX	(224) 654-2122
FX		FX	
EMAIL	Bcc Service@builderschicago.com	EMAIL	vdang@builderschicago.com
COUNTY BILL TO INFORMATION:		COUNTY SHIP TO INFORMATION:	
DuPage County Finance Department 421 North County Farm Road Wheaton, IL 60187 TX: (630) 407-6193 EMAIL : FMAccountsPayable@dupagecounty.gov		DuPage County, Various Locations Attn : Mark Thomas 421 N County Farm Road Wheaton, IL 60187 TX : (630) 407-5700	

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

SECTION 7 - BID FORM PRICING

Vendor shall bid on a full two (2) year contract. Quantities indicate an approximation of two (2) year's requirements based on experience and are not binding on the County of DuPage. The quantities and items shown are for bid analysis purposes only.

F.O.B.: All materials are to be shipped F.O.B. Destination, delivered and installed.

MAINTENANCE						
Includes two (2) planned service calls per year (6 months apart) for 88 doors for 2 years per specifications.						
NO.	ITEM	QTY	NO. OF CALLS	NO. OF YEARS	PRICE	EXTENDED PRICE (88x2x2) X Price
1	Planned Maintenance Service Call	88	2	2	\$ 48.00	\$ 16,896.00
AS-NEEDED SERVICE CALLS OUTSIDE OF PLANNED MAINTENANCE SERVICE CALLS						
NO.	ITEM	EST. HOURS		NO. OF YEARS	PRICE	EXTENDED PRICE
2	During Normal Hours Monday – Friday 7:00 am - 4:30 pm	40		2	\$ 143.00	\$ 11,440.00
3	Outside Normal Hours Monday - Friday & Saturday	12		2	\$ 171.00	\$ 4,104.00
4	Outside Normal Hours Sunday & Holidays	12		2	\$ 198.00	\$ 4,752.00
PARTS						
5	Parts Markup from Contractors Cost $\$25,000.00 \times 18\%$ of Markup = Contractor must provide OEM/Part sources invoices. Example: $\$25,000.00 \times 10\%$ Markup = \$27,500.00					\$ 29,500.00
GRAND TOTAL						\$ 66,692.00
GRAND TOTAL (In words) Sixty-Six Thousand Six-Hundred & Ninety-Two Dollars & Zero Cents						

SECTION 8 - BID FORM SIGNATURE PAGE

The Contractor agrees to provide the service, and/or supplies as described in this solicitation and subject, without limitation, to all specifications, terms, and conditions herein contained. Bidder shall acknowledge receipt of each addendum issued in the space provided on the bid form.

Signature on File

X _____
(Signature and Title)

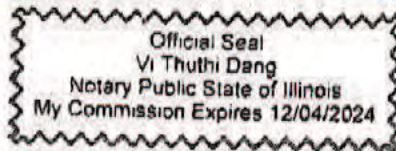
CORPORATE SEAL
(If available)

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

Subscribed and sworn to before me this 8th day of March AD, 2024

Signature on File

(Notary Public) _____ My Commission Expires: 12/04/2024



SEAL

VENDOR ETHICS DISCLOSURE



Required Vendor Ethics Disclosure Statement

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

Date: 3/08/2024

Bid/Contract/PO #: 24-032-FM

Company Name: <u>Builders Chicago Corp.</u>	Company Contact: <u>Matthew Cockburn</u>
Contact Phone: <u>224-654-2122</u>	Contact Email: <u>mccrckburn@builderschicago.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:

<http://www.dupage.org/countyboard/policies/>

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

Authorized Signature

Signature on File

Printed Name

Matthew Crandall

Title

Chief Operating Officer

Date

3/08/2024

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