

| SECTION 1: DESCRIPTION | | | | | | |
|--|---|---|---|--|--|--|
| General Tracking | | Contract Terms | | | | |
| FILE ID#: | RFP, BID, QUOTE OR RENEWAL #: 25-084-WIOA | INITIAL TERM WITH RENEWALS: | INITIAL TERM TOTAL COST: \$120,000.00 | | | |
| COMMITTEE: TARGET COMMITTEE DATE: ECONOMIC DEVELOPMENT 09/16/2025 | | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: \$120,000.00 | | | |
| | CURRENT TERM TOTAL COST: \$120,000.00 | MAX LENGTH WITH ALL RENEWALS: FOUR YEARS | CURRENT TERM PERIOD: INITIAL TERM | | | |
| Vendor Information | | Department Information | | | | |
| VENDOR: VENDOR #: Leaders In Transformational Education (LITE) | | DEPT: | DEPT CONTACT NAME: | | | |
| VENDOR CONTACT: VENDOR CONTACT PHONE: 708.227.0508 | | DEPT CONTACT PHONE #: | DEPT CONTACT EMAIL: | | | |
| VENDOR CONTACT EMAIL: candacet@liteleaders.org | VENDOR WEBSITE: www.liteleaders.org | 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.). The Workforce Innovation and Opportunity Act (WIOA) provides funding for job training and employment services to residents of DuPage County.

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

The WIOA program is designed to assist DuPage County residents achieve self-sufficient employment in in-demand occupations.

| 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 RFP (REQUEST FOR PROPOSAL) | 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. ECONOMIC GROWTH | | | |
| SOURCE SELECTION | Describe method used to select source. A Request for Proposal was issued to secure contracts to serve WIOA youth in DuPage County. | | | |
| 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). Provide contract to Leaders in Transformation (LITE) 2.) Seek new bids through an RFP The recommendation is to award a contract to Leaders in Transformational Education (LITE) as they have experience serving youth in DuPage County. | | | |

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

| Send Pu | ırchase Order To: | Send Invoices To: | | |
|---|------------------------------------|--|---|--|
| Vendor: Leaders in Transformational Education | Vendor#: | Dept: | Division: | |
| Attn: Candace Thier | Email: candacet@liteleaders.org | Attn: | Email: | |
| Address: 446 59th Street | City: Lisle | Address: | City: | |
| State: IL | Zip: 60532 | State: | Zip: | |
| Phone: Fax: 708.227.0508 | | Phone: | Fax: | |
| Sena | Payments To: | Ship to: | | |
| Vendor: Leaders in Transformational Education | Vendor#: | Dept: | Division: | |
| Attn: Candace Thier | Email: candacet@liteleaders.org | Attn: | Email: | |
| Address: 446 59th Street | City: Lisle | Address: | City: | |
| State: | Zip: 60532 | State: | Zip: | |
| Phone: 708.227.0508 | Fax: | Phone: | Fax: | |
| Shipping | | Contract Dates | | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): Oct 1, 2025 | Contract End Date (PO25): Sep 30, 2026 | |

| | Purchase Requisition Line Details | | | | | | | | | | |
|--|-----------------------------------|-----|----------------------------|------------------------|-------------------|---------------|------|-----------|-----------------------------|------------|------------|
| LN | Qty | UOM | Item Detail (Product #) | Description | FY | Company | AU | Acct Code | Sub-Accts/ Activity Code | Unit Price | Extension |
| 1 | 1 | EA | | Youth Training Program | FY26 | 5000 | 2840 | 53820 | 25-681006 | 120,000.00 | 120,000.00 |
| FY is required, assure the correct FY is selected. Requisition Total | | | | | Requisition Total | \$ 120,000.00 | | | | | |

| Comments | | | | |
|----------------------|--|--|--|--|
| HEADER COMMENTS | Provide comments for P020 and P025. | | | |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. | | | |
| INTERNAL NOTES | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. | | | |
| APPROVALS | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB. | | | |