

# Vendor Agreement Format Print

Referenced Purchase Order: 353-0001 SERV      Page: 1  
Currency: USD      Effective Date: 10/01/14  
Expiration Date: 11/30/16  
Closed Date:  
Last Invoice Allowed Date:  
Document Origin: Entered

Purchase Agreement: CS-PROJ MGMT SRVS CDBG-DR

Buyer Contact: Maria Calamia  
Phone: 630-407-6182  
Fax:

Vendor: 21174 Purchase From:

AFFORDABLE HOUSING HELP INC

1111 WARREN AVE  
2B

Contact:  
Phone: 630-395-9011  
Fax: 630-969-1906

DOWNERS GROVE IL 60515

-----  
CHANGE ORDER FOR CLARIFICATION THAT CONSULTANT MAY WORK ON  
"INFRASTRUCTURE PROJECTS," NOT ONLY "ARMSTRONG PARK"  
INFRASTRUCTURE PROJECT. THIS IS A "NOT TO EXCEED" CONTRACT, SO  
THE AMOUNT IN ITEM "A" BELOW IS A "NOT TO EXCEED " AMOUNT.  
-----

Line	Service Description	UOM	Maximum Quantity	Price
1	PROJECT MANAGEMENT SERVICES FOR CDBG-DR PER PROP 14-107	EA	0	270,000.000
	Total AOC:		0.000	
	Total Tax:		0.000	
	Total Product Cost:		270,000.000	



# REQUEST FOR CHANGE ORDER

DOCUMENT # \_\_\_\_\_

PURCHASE ORDER #	353-0001-Serv	P.O. DATE	10/01/2014
CHANGE ORDER #	3	REQUEST DATE	04/12/2016
VENDOR NAME	A. Hamernik & Associates Inc.	VENDOR #	21174
ACCOUNT CODE	5000-1520-53090 DRADMIN14 53090	DEPARTMENT	Community Development Commission
BID #	Pro #14-107	PROJECT NAME	CS-Proj Mgmt Svcs CDBG-DR
BACKGROUND (HISTORY)	Consultant Properly Procured through competitive proposals for management of the CDBG Disaster Recovery Funds.		
ISSUE/REASON FOR CHANGE ORDER REQUEST	Company name changed from: A. Hamernik & Associates Inc. To: Affordable Housing Help Inc.		

IN ACCORDANCE WITH 720 ILCS 5/33E-9

<input type="checkbox"/>	(A) WERE NOT REASONABLY FORESEEABLE AT THE TIME THE CONTRACT WAS SIGNED
<input checked="" type="checkbox"/>	(B) THE CHANGE IS GERMANE TO THE ORIGINAL CONTRACT AS SIGNED
<input type="checkbox"/>	(C) IS IN THE BEST INTEREST OF THE COUNTY OF DU PAGE AND AUTHORIZED BY LAW

### INCREASE/DECREASE:

ITEM	DESCRIPTION	AMOUNT
A	STARTING CONTRACT VALUE:	\$ 270,000.00
B	AMOUNT OF PREVIOUS CHANGE ORDERS:	\$
C	CURRENT CONTRACT AMOUNT (A+B)	\$ 270,000.00
D	AMOUNT OF THIS CHANGE ORDER: <input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE	\$
E	NEW CONTRACT AMOUNT (C+D)	\$ 270,000.00
F	PERCENT OF CURRENT CONTRACT VALUE THIS CHANGE ORDER REPRESENTS (D/C):	0.00%
G	CUMULATIVE PERCENT OF CONTRACT CHANGE FOR OF ALL CHANGE ORDERS (B+D/A): (50% MAXIMUM ON CONSTRUCTION CONTRACTS) IF TOTAL PERCENTAGE EXCEEDS 10% INCREASE INCLUDE A DECISION MEMO WITH CHANGE ORDER	0.00%

DECISION MEMO NOT REQUIRED

CONTRACT RENEWAL: RENEWAL EXPIRATION DATE \_\_\_\_\_ BID # \_\_\_\_\_  CANCEL ENTIRE ORDER

CHANGE BUDGET CODE FROM \_\_\_\_\_ TO \_\_\_\_\_

INCREASE/DECREASE QUANTITY FROM \_\_\_\_\_ TO \_\_\_\_\_

PRICE SHOWS \$ \_\_\_\_\_ SHOULD BE \_\_\_\_\_

DECREASE REMAINING ENCUMBRANCE AND CLOSE CONTRACT

DECISION MEMO REQUIRED

INCREASE/DECREASE CONTRACT EXPIRATION FROM \_\_\_\_\_ TO \_\_\_\_\_

TOTAL CURRENT CONTRACT VALUE (F) OR CUMULATIVE PERCENTAGE BELOW (G) EXCEEDS 10% (OR A MAXIMUM OF \$2,500), INCLUDE A DECISION MEMO WITH CHANGE ORDER

OTHER (PLEASE EXPLAIN HERE):

Company name change and the W-9 attached

Nicole Rashan	04/12/16	[Redacted]	4-13-16
PREPARED BY	DATE	REVIEWED BY	DATE
[Redacted]	4/14/16	[Redacted]	4.14.16
BUYER	DATE	PROCUREMENT MANAGER	DATE
CHIEF FINANCIAL OFFICER (DECISION MEMOS OVER \$25,000)	DATE	STATES ATTORNEY'S OFFICE (AS REQUIRED)	DATE
CHAIRMAN'S OFFICE (DECISION MEMOS OVER \$25,000)	DATE		DATE

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Affordable Housing Help, Inc.</i>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <i>1111 Warren Ave, 2B</i>	Requester's name and address (optional)
	6 City, state, and ZIP code <i>Downers Grove, IL 60515</i>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, if it is your employer identification number (EIN), see the Part I Instructions on page 3. For other entities, if it is your employer identification number (EIN), see the Part I Instructions on page 3. For other entities, if it is your employer identification number (EIN), see the Part I Instructions on page 3.

Social security number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
OR									
Employer identification number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Note. If it guideline

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**Part II**

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  3. I am a
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*All the tax information*

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*name on v# 21174.*

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- Form 1099
- Form 1099
- Form 1099

• Form 1099 - (proceeds from real estate transactions and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

*- Cathyn*

number (or I am waiting for a number to be issued to me); and  
backup withholding, or (b) I have not been notified by the Internal Revenue  
failure to report all interest or dividends, or (c) the IRS has notified me that I am  
empt from FATCA reporting is correct.  
been notified by the IRS that you are currently subject to backup withholding  
urn. For real estate transactions, item 2 does not apply. For mortgage  
n of debt, contributions to an individual retirement arrangement (IRA), and  
d to sign the certification, but you must provide your correct TIN. See the

Date ▶ *4/7/2016*

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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Buyer Contact: Maria Calamia  
Phone: 630-407-6182  
Fax:

Vendor: 21174 Purchase From:

A. HAMERNIK & ASSOCIATES, INC

1111 WARREN AVENUE  
SUITE 2B

Contact:  
Phone: 630-395-9011  
Fax: 630-969-1906

ATTN: AUDRA HAMERNIK  
DOWNERS GROVE IL 60515

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CHANGE ORDER FOR CLARIFICATION THAT CONSULTANT MAY WORK ON  
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	Total AOC:		0.000	
	Total Tax:		0.000	
	Total Product Cost:		270,000.000	

CENTRAL PROCUREMENT  
FILE COPY

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Document Origin: Entered

Purchase Agreement: CS-PROJ MGMT SRVS CDBG-DR

Buyer Contact: Maria Calamia  
Phone: 630-407-6182  
Fax:

Vendor: 21174 Purchase From:

A. HAMERNIK & ASSOCIATES, INC

1111 WARREN AVENUE  
SUITE 2B

Contact:  
Phone: 630-395-9011  
Fax: 630-969-1906

ATTN: AUDRA HAMERNIK  
DOWNERS GROVE IL 60515

CHANGE ORDER FOR CLARIFICATION THAT CONSULTANT MAY WORK ON  
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	Total AOC:		0.000	
	Total Tax:		0.000	
	Total Product Cost:		270,000.000	

*Gave original agreement to Carol  
9-16-15 192*



# REQUEST FOR CHANGE ORDER

DOCUMENT # 5355

PURCHASE ORDER #	353-0001 SERV	P.O. DATE	10/01/2014
CHANGE ORDER #	2	REQUEST DATE	08/04/2015
VENDOR NAME	A. Hamernik & Associates, Inc.	VENDOR #	21174
ACCOUNT CODE		DEPARTMENT	Community Services
BID #	Pro #14-107	PROJECT NAME	CS-Proj Mgmt Srvs CDBG-DR
BACKGROUND (HISTORY)	Consultant properly procured through competitive proposals for management of the CDBG Disaster Recovery Funds.		
ISSUE/REASON FOR CHANGE ORDER REQUEST	Clarification that consultant may work on "infrastructure projects," not only "Armstrong Park" infrastructure project. This is a "not to exceed" contract, so the amount in item "A" below is a "not to exceed" amount.		

IN ACCORDANCE WITH 720 ILCS 5/33E-9

- (A) WERE NOT REASONABLY FORESEEABLE AT THE TIME THE CONTRACT WAS SIGNED
- (B) THE CHANGE IS GERMANE TO THE ORIGINAL CONTRACT AS SIGNED
- (C) IS IN THE BEST INTEREST OF THE COUNTY OF DU PAGE AND AUTHORIZED BY LAW

### INCREASE/DECREASE:

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A	STARTING CONTRACT VALUE:	\$ 270,000.00
B	AMOUNT OF PREVIOUS CHANGE ORDERS:	\$ 0.00
C	CURRENT CONTRACT AMOUNT (A+B)	\$ 270,000.00
D	AMOUNT OF THIS CHANGE ORDER: <input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE	\$ 0.00
E	NEW CONTRACT AMOUNT (C+D)	\$ 270,000.00
F	PERCENT OF CURRENT CONTRACT VALUE THIS CHANGE ORDER REPRESENTS (D/C):	0.00%
G	CUMULATIVE PERCENT OF CONTRACT CHANGE FOR OF ALL CHANGE ORDERS (B+D/A): (50% MAXIMUM ON CONSTRUCTION CONTRACTS) IF TOTAL PERCENTAGE EXCEEDS 10% INCREASE INCLUDE A DECISION MEMO WITH CHANGE ORDER	0.00%

DECISION MEMO NOT REQUIRED

- CONTRACT RENEWAL: RENEWAL EXPIRATION DATE \_\_\_\_\_ BID # \_\_\_\_\_  CANCEL ENTIRE ORDER
- CHANGE BUDGET CODE FROM \_\_\_\_\_ TO \_\_\_\_\_
- INCREASE/DECREASE QUANTITY FROM \_\_\_\_\_ TO \_\_\_\_\_
- PRICE SHOWS \$ \_\_\_\_\_ SHOULD BE \_\_\_\_\_
- DECREASE REMAINING ENCUMBRANCE AND CLOSE CONTRACT

DECISION MEMO REQUIRED

- INCREASE/DECREASE CONTRACT EXPIRATION FROM \_\_\_\_\_ TO \_\_\_\_\_
- TOTAL CURRENT CONTRACT VALUE (F) OR CUMULATIVE PERCENTAGE BELOW (G) EXCEEDS 10% (OR A MAXIMUM OF \$2,500), INCLUDE A DECISION MEMO WITH CHANGE ORDER
- OTHER (PLEASE EXPLAIN HERE):

Clarification that consultant may perform tasks related to "infrastructure projects," not just "Armstrong Park" infrastructure project; also removes names of specific consultant personnel and leaves reference to titles and hourly rates.

Carrol Roark	08/04/15	[REDACTED]	8/4/15
PREPARED BY	DATE	R	DATE
[REDACTED]	8-5-15	[REDACTED]	8-5-2015
BUYER	DATE	PROCUREMENT MANAGER	DATE
[REDACTED]	8-6-15	[REDACTED]	[REDACTED]
CHIEF FINANCIAL OFFICER (DECISION MEMOS OVER \$25,000)	DATE	STATES ATTORNEY'S OFFICE (AS REQUIRED)	DATE
[REDACTED]	8-10-15	[REDACTED]	[REDACTED]

# APPROVED

AUG 25 2015

**CONSENT AGENDA**  
AUG 25 2015  
**CONSENT AGENDA**



# DECISION MEMO

DOCUMENT # \_\_\_\_\_

This form is required for all Professional Service (3090) Contracts over \$25,000 and as otherwise required by the Procurement Review Checklist.

<b>Requisition #</b>		<b>Requesting Department</b>	Community Services
<b>Vendor 21174</b>		<b>Department Contact</b>	Mary Keating
<b>Date Submitted For Review</b>		<b>Contact Phone #</b>	X6457

**Issue** (Identify action to be taken: for instance approval of new contract, renew contract, increase contract, etc.)

Clarification of consulting contract to state consultant may perform tasks related to "infrastructure projects," not only "Armstrong Park" infrastructure project; also removes names of consultant personnel and leaves titles and hourly rates.

**Summary Explanation/Background** (Provide an executive summary of the action to provide context and clarity of underlying request for action.)

Consultant properly procured through competitive proposals for management of the CDBG Disaster Recovery Funds. It is a "not to exceed" contract. This is clarification only.

**Discussion** Provide rationale for the action. Why action is necessary? What is to be accomplished?

Action is necessary because County has received additional grant funds and is now undertaking additional infrastructure projects.

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

Consultant properly procured through competitive proposals for management of the CDBG Disaster Recovery Funds. It is a "not to exceed" contract. This is clarification only.

**Options** (Itemize - there must always be at least 2 options. List other ways to accomplish request.)

- 1) Clarify contract.
- 2) Hire more staff to handle additional infrastructure projects.

**Recommendations** (Describe staff recommendation and provide reason.)

Clarify contract.

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

\$0

MODIFICATION ONE TO AGREEMENT BETWEEN THE COUNTY OF DUPAGE, ILLINOIS  
AND A. HAMERNIK & ASSOCIATES, INC.  
FOR PROFESSIONAL SERVICES

This Modification One is made to Professional Service Agreement ("AGREEMENT") between COUNTY OF DUPAGE, a body politic and corporate, with offices at 421 North County Farm Road, Wheaton, Illinois (hereinafter referred to as the COUNTY) and A. HAMERNIK & ASSOCIATES, INC., licensed to do business in the State of Illinois, with offices at 1111 Warren Avenue, Suite 2B, Downers Grove, IL 60515 (hereinafter referred to as the CONSULTANT) adopted by County Board Resolution DC-P-0255-14 on October 28, 2014.

R E C I T A L S

WHEREAS, the Illinois General Assembly has granted the COUNTY authority to make all contracts and do all other acts in relation to the property and concerns of the county necessary to the exercise of its corporate powers (Illinois Compiled Statutes, Chapter 55, paragraphs 5/5-1005) and

WHEREAS, the COUNTY requires professional services for management and oversight of projects undertaken with disaster recovery funds; and

WHEREAS, the CONSULTANT has experience and expertise in the specific tasks required for this purpose and is in the business of providing such professional services and is willing to perform the required services for an amount not to exceed \$270,000; and

WHEREAS, CONSULTANT and COUNTY entered into said AGREEMENT for the performance of certain tasks; and

WHEREAS, Paragraph 2.2 of the AGREEMENT states that COUNTY or CONSULTANT may request changes in the Scope of Work and further states that COUNTY and CONSULTANT would meet to evaluate whether modifications are needed in the Scope of Work; and

WHEREAS, now that the CONSULTANT has started performing the tasks listed on the Scope of Work and the needs of the community have been better determined through needs assessments performed to receive additional grant funds for disaster recovery; and

WHEREAS, Paragraph 13.1 of the AGREEMENT states that the AGREEMENT may be modified or amended only by a written document duly approved and executed by COUNTY and CONSULTANT;

NOW, THEREFORE, in consideration of the premises, the mutual covenants, terms, and conditions herein set forth, and the understandings of each party to the other, the parties do hereby mutually covenant, promise and agree as follows:

1. Page 1 of the Exhibit A Scope of Work attached to the AGREEMENT is hereby modified to indicate that CONSULTANT will be performing tasks under the Activity "Infrastructure Projects," rather than specifically "Armstrong Park."
2. Page 2 of the Exhibit A Scope of Work attached to the AGREEMENT is hereby modified by removing the specific names of CONSULTANT personnel performing work under the AGREEMENT and leaving titles and hourly rates; it is further amended by addition of the title "Clerical" with an hourly rate of \$20.00 per hour.
3. The Exhibit B Deliverables attached to the AGREEMENT is hereby modified to indicate that CONSULTANT will be delivering oversight and close out for "Infrastructure Projects," rather than specifically "Armstrong Park."
4. COUNTY and CONSULTANT acknowledge that the tasks and hours assigned to each task on Exhibit A are estimates only and that tasks and hours may be adjusted and moved from one activity to another as actual time required to perform tasks and community need for and interest in the listed activities is determined during the course of the AGREEMENT. Such adjustments within and between activities will not require further written modification to the AGREEMENT.
5. In all other terms and respects the AGREEMENT is unchanged and remains in full force and effect.

IN WITNESS OF, the parties set their hands and seals as of the date first written above.

COUNTY OF DUPAGE

A. Hamernik & Associates, Inc.

BY:   
Audra Hamernik, Principal

ATTEST BY:

ATTEST BY:



# REQUEST FOR CHANGE ORDER

DOCUMENT # \_\_\_\_\_

PURCHASE ORDER #	353-0001 SERV	P.O. DATE	10/01/2014
CHANGE ORDER #	1	REQUEST DATE	03/19/2015
VENDOR NAME	A. Hamernik & Associates, Inc.	VENDOR #	21174
ACCOUNT CODE		DEPARTMENT	Community Services
BID #	Pro #14-107	PROJECT NAME	CS-Proj Mgmt Srvs CDBG-DR
BACKGROUND (HISTORY)	Consultant properly procured through competitive proposals for management of the CDBG Disaster Recovery Funds.		
ISSUE/REASON FOR CHANGE ORDER REQUEST	Clarification of schedule of consultant staff working on project. This is a "not to exceed" contract, so the amount in item "A" below is a "not to exceed" amount.		

IN ACCORDANCE WITH 720 ILCS 5/33E-9

<input type="checkbox"/>	(A) WERE NOT REASONABLY FORESEEABLE AT THE TIME THE CONTRACT WAS SIGNED
<input checked="" type="checkbox"/>	(B) THE CHANGE IS GERMANE TO THE ORIGINAL CONTRACT AS SIGNED
<input type="checkbox"/>	(C) IS IN THE BEST INTEREST OF THE COUNTY OF DU PAGE AND AUTHORIZED BY LAW

### INCREASE/DECREASE:

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C	CURRENT CONTRACT AMOUNT (A+B)	\$ 270,000.00
D	AMOUNT OF THIS CHANGE ORDER: <input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE	\$ 0.00
E	NEW CONTRACT AMOUNT (C+D)	\$ 270,000.00
F	PERCENT OF CURRENT CONTRACT VALUE THIS CHANGE ORDER REPRESENTS (D/C):	0.00%
G	CUMULATIVE PERCENT OF CONTRACT CHANGE FOR OF ALL CHANGE ORDERS (B+D/A); (50% MAXIMUM ON CONSTRUCTION CONTRACTS) IF TOTAL PERCENTAGE EXCEEDS 10% INCREASE INCLUDE A DECISION MEMO WITH CHANGE ORDER	0.00%

DECISION MEMO NOT REQUIRED

<input type="checkbox"/>	CONTRACT RENEWAL: RENEWAL EXPIRATION DATE _____ BID # _____	<input type="checkbox"/>	CANCEL ENTIRE ORDER
<input type="checkbox"/>	CHANGE BUDGET CODE FROM _____ TO _____		
<input type="checkbox"/>	INCREASE/DECREASE QUANTITY FROM _____ TO _____		
<input type="checkbox"/>	PRICE SHOWS \$ _____ SHOULD BE _____		
<input type="checkbox"/>	DECREASE REMAINING ENCUMBRANCE AND CLOSE CONTRACT		

DECISION MEMO REQUIRED

<input type="checkbox"/>	INCREASE/DECREASE CONTRACT EXPIRATION FROM _____ TO _____
<input type="checkbox"/>	TOTAL CURRENT CONTRACT VALUE (F) OR CUMULATIVE PERCENTAGE BELOW (G) EXCEEDS 10% (OR A MAXIMUM OF \$2,500), INCLUDE A DECISION MEMO WITH CHANGE ORDER
<input checked="" type="checkbox"/>	OTHER (PLEASE EXPLAIN HERE):

Clarification that consultant may add additional staff to work on the project, as needed, so the names attached to the positions shown in Exhibit A to the contract may change over the course of the contract. The "Admin" position will be billed at \$20 - \$85 per hour, dependent on staff and duties performed. Please see attached request. Future requests for staff change will require a change order only if the request is for a new position or for an hourly rate exceeding that previously given for a stated position.

Carrol Roark	03/19/15		3/19/15
PREPARED BY	DATE	REVIEWED BY	DATE
BUYER	DATE	PROCUREMENT MANAGER	DATE
			3/20/15
CHIEF FINANCIAL OFFICER (DECISION MEMOS OVER \$25,000)	DATE	STATES ATTORNEY'S OFFICE (AS REQUIRED)	DATE
CHAIRMAN'S OFFICE (DECISION MEMOS OVER \$25,000)	DATE		DATE

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Buyer Contact: Maria Calamia  
Phone: 630-407-6182  
Fax:

Vendor: 21174 Purchase From:

A. HAMERNIK & ASSOCIATES, INC

4905 MAIN STREET  
ATTENTION AUDRA HAMERNIK

Contact:  
Phone: 630-395-9011  
Fax: 630-969-1906

DOWNERS GROVE IL 60515

Line	Service Description	UOM	Maximum Quantity	Price
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	Total Tax:		0.000	
	Total Product Cost:		270,000.000	



# PROCUREMENT REVIEW CHECKLIST

REQUISITION # \_\_\_\_\_

This form must accompany all County Purchase Requisitions.

NEW PURCHASE ORDER REQUEST			
REQUISITION #		CONTRACT TERM	10/1/2014 - 11/30/2016
DATE SUBMITTED	09/25/14	REQUESTING DEPT.	Community Services
VENDOR	A. Hamernik & Associates, Inc.	DEPT. CONTACT	Mary Keating, Director
VENDOR PHONE #	630-395-9011	CONTACT PHONE #	X6457
DESCRIPTION OF PROCUREMENT / SCOPE OF WORK	Request for competitive proposals for project management services for the Community Development Block Grant Disaster Recovery (CDBG-DR) funds to be received from the U.S. Department of Housing and Urban Development (HUD). <b>\$270,000.00</b>		
REASON FOR PROCUREMENT	The Community Services Department (specifically Community Development) is responsible for the administration of the CDBG-DR grant and requires project management services to assist in this administration.		
BACKGROUND (HISTORY)	DuPage County will be receiving two allocations of CDBG-DR funds (\$7 million and \$18.9 million). Project management services are needed to administer the first allocation of funding so that staff capacity can be built for this ongoing project.		

### SOURCE OF FUNDING

- THIS PROCUREMENT WAS SPECIFICALLY BUDGETED FOR (FY & BUDGET CODE) \_\_\_\_\_
- BUDGET TRANSFER (DATE) \_\_\_\_\_
- FUNDS FOR THIS PROCUREMENT HAVE BEEN IDENTIFIED IN BUDGET LINE 5000-1520-53090 (budget transfer in process)

### DECISION MEMO NOT REQUIRED

- LOWEST RESPONSIBLE QUOTE PER QUOTE # \_\_\_\_\_ (ATTACH QUOTE TABULATION)
- LOWEST RESPONSIBLE BIDDER PER BID # \_\_\_\_\_ (ATTACH BID TABULATION)
- PER COOPERATIVE PURCHASING AGREEMENT: \_\_\_\_\_ (STATE NAME OF COOPERATIVE)
- INTERGOVERNMENTAL AGREEMENT
- PUBLIC UTILITY (EXEMPT FROM BIDDING PER 55 ILCS 5/5-1022 "Competitive Bids" (c) not suitable for competitive bidding)
- SOLE SOURCE ((ATTACH SOLE SOURCE JUSTIFICATION FORM) - EXEMPT FROM BIDDING PER DU PAGE COUNTY PURCHASING ORDINANCE, ARTICLE 4.302(5)
- EXEMPT FROM BIDDING PER 55 ILCS 5/5-1022 "Competitive Bids" (d) IT/Telecom purchases under \$35,000.00
- EXEMPT FROM BIDDING PER 55 ILCS 5/5-1022 "Competitive Bids" (c) not suitable for competitive bidding. Explain below: \_\_\_\_\_

2014 SEP 29 AM 9:24  
 DU PAGE COUNTY  
 PURCHASING

### BASIS OF DECISION MEMO (ATTACH DECISION MEMO)

- EXPLANATION OF REQUEST FOR PROPOSAL (RFP) INSTEAD OF BID. MOST QUALIFIED OFFEROR PER PROPOSAL # 14-107  
(INCLUDE EVALUATION SUMMARY WITH DECISION MEMO)
- PROFESSIONAL SERVICES EXCLUDED PER 50 ILCS 510 (ARCHITECTS, ENGINEERS & LAND SURVEYORS)
- OTHER PROFESSIONAL SERVICES (DETAIL VETTING PROCESS ON DECISION MEMO)
- EMERGENCY PROCUREMENT AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_
- REQUEST WAIVER OF COUNTY BID RULES (ONLY ALLOWABLE TO STATUATORY LIMITS)
- OTHER THAN LOWEST RESPONSIVE, RESPONSIBLE SOLICITATION # \_\_\_\_\_

Carrol Roark	09/25/14		
PREPARED BY (initials and phone ext.)	DATE		DATE
REVIEWED BY			
	09-29-14		09-29-14
BUYER	DATE	PROCUREMENT MANAGER	DATE
	10-16-14		
CHIEF FINANCIAL OFFICER (DECISION)	DATE	STATES ATTORNEY'S OFFICE (AS REQUIRED)	DATE
	10-17-14		
CHAIR (DECISION MEMOS OVER \$25,000)	DATE		DATE







# DECISION MEMO

DOCUMENT # \_\_\_\_\_

This form is required for all Professional Service (3090) Contracts over \$25,000 and as otherwise required by the Procurement Review Checklist.

<b>Requisition #</b>		<b>Requesting Department</b>	Community Services
<b>Vendor</b>	A Hamernik & Associates, Inc.	<b>Department Contact</b>	Mary Keating
<b>Date Submitted For Review</b>	9/25/2014	<b>Contact Phone #</b>	X6457

**Issue** (Identify action to be taken: for instance approval of new contract, renew contract, increase contract, etc.)

Approval of contract with vendor to provide project management services for the Community Development Block Grant Disaster Recovery (CDBG-DR) funds to be received through the U.S. Department of Housing and Urban Development (HUD).

**Summary Explanation/Background** (Provide an executive summary of the action to provide context and clarity of underlying request for action.)

DuPage County will be receiving two allocations of CDBG-DR funds (\$7 million and \$18.9 million). Project management services are needed to administer the first allocation of funding so that staff capacity can be built for this ongoing project.

**Discussion** Provide rationale for the action. Why action is necessary? What is to be accomplished?

The first allocation of CDBG-DR funds will be used for the following purposes:

Activity	Total Budget
Administration	350,000
Planning	140,000
Strategic Buy-Out Program	2,700,000
Rehabilitation/Mold Remediation	300,000
Municipal Match Activity	500,000
Klein Creek Watershed Flood Control Plan/Armstrong Park Facility	3,010,000
<b>TOTAL</b>	<b>\$7,000,000</b>

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 DUPAGE COUNTY  
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**Source Selection/Vetting Information** (Describe method used to select source.)

A Request for Competitive Proposals was issued on June 11, 2014. The proposals were analyzed on the stated criteria of eligibility, experience, capacity, cost and whether the responder was a woman or minority owned business. The selected vendor was selected based on their scores in these criteria.

**Options** (Itemize - there must always be at least 2 options. List other ways to accomplish request.)

- 1) Enter a contract with the selected vendor and administer these grant funds to benefit the residents of DuPage County who were affected by the floods of April, 2013.
- 2) Utilize staff to do project management. This is not preferred because we do not have adequate staff and would not be able to obtain the various skill sets needed to administer this grant in a timely way or on a directly contracted basis. The selected vendor is able to provide the needed services for the amount of time the services are needed.
- 3) Turn down the funds and not assist DuPage County residents.

**Recommendations** (Describe staff recommendation and provide reason.)

It is recommended that a contract be entered with the selected Vendor. The vendor was properly selected through a competitive proposal and is able to provide services in a more cost effective and efficient way than could be provided by County staff.

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

Not to exceed \$270,000 over a two year period. \$125,000 currently available in 5000-1520-53090; budget transfer in process to move additional \$145,000 into this line item from 5000-1520-53820.