

Due to COVID-19, all meetings will be held as Virtual Public Meetings.

**DeKalb County Government
Public Meetings & Agendas
May 4 – 7, 2020**

Monday – 5/4

Tuesday – 5/5

Wednesday – 5/6

Thursday – 5/7

**Health & Human Services
6:30 pm**

1. Roll Call
2. Approval of Agenda
3. Approval of Minutes
4. Public Comments
5. Allocation of Senior Service Tax Levy Funds
6. COVID-19 Update – Deanna Cada
 - a. DeKalb County COVID-19 Response Fund
 - b. Behavioral Healthcare
7. Adjournment

Meeting Materials

Join Zoom Meeting:

<https://us02web.zoom.us/j/82197443544?pwd=MzZCsmE1YnRmZmZaczRsdW9qUHVOZz09>

<https://zoom.us/join> or

To connect by phone: 1 (312) 626-6799

Meeting ID: 821 9744 3544

Password: 082527

**Public Building Commission
8:30 am**

[Link to Agenda](#)

Join Zoom Meeting:

<https://us02web.zoom.us/j/89307587995?pwd=SXJkellNamFQeHZlbnHRWamxxNIY0dz09>

<https://zoom.us/join> or

To connect by phone: 1 (312) 626-6799

Meeting ID: 893 0758 7995

Password: 944422

**Economic Development Committee
7 pm**

1. Roll Call
2. Approval of the Agenda
3. Approval of the Minutes
4. Public Comments
5. Approval of Amendments to the DeKalb County Enterprise Zone & Enterprise Zone IGA
6. Resolution to Extend the Deadline for Filing Applications for Senior Freeze Exemptions
7. Adjournment

Meeting Materials

Join Zoom Meeting:

<https://us02web.zoom.us/j/83094147271?pwd=QnAvaWZ0cE9sMDdMQm9OSjd2NDIYZz09>

<https://zoom.us/join> or

To connect by phone: 1 (312) 626-6799

Meeting ID: 830 9414 7271

Password: 398451

**E-911 Board
CANCELED**

**Finance Committee
7 pm**

1. Roll Call
2. Approval of Agenda
3. Approval of Minutes
4. Public Comments
5. Property Tax Bills Penalty Waiver
6. Adding Loan Options to Employee 457 Plans
7. COVID-19 Impact on County Finances
8. Nursing Home Bonds Parameters Ordinance
9. Tort Fund Reserves Actuarial Study
10. Courthouse Financing Resolution
11. Claims Review

Meeting Materials

Join Zoom Meeting:

<https://us02web.zoom.us/j/87892759114?pwd=blJXcDU4RVZaOFJSUIBpU3VzajBOU09>

<https://zoom.us/join> or

To connect by phone: 1 (312) 626-6799

Meeting ID: 878 9275 9114

Password: 102019

**Highway Committee
6 pm**

1. Roll Call
2. Approval of Agenda
3. Approval of Minutes
4. Public Comments (*Via Zoom)
5. Resolution #R2020-31: Award Resolution for 13 Timber Pile Repairs on Two Bridges (Anderland Road & Haumesser Road)
6. Receive Committee's Consensus on Filling Administrative Clerk C Position
7. Adjournment

Join Zoom Meeting:

<https://us02web.zoom.us/j/86335756372>

<https://zoom.us/join> or

To connect by phone: 1 (312) 626-6799

Meeting ID: 863 3575 6372

** Any member of the public may address the Highway Committee for up to 3 minutes on any topic of their choosing, limited to thirty minutes in total. It would be helpful to the meeting logistics if the public notified us in advance of their intent to speak, but that is not mandatory.*

Looking Ahead:

- | | |
|----------------------|--|
| May 11 th | Veterans Assistance Commission – <i>CANCELED</i> |
| May 13 th | Rehab & Nursing Center Operating Board – 7:30 am |
| May 13 th | County Board Committee of the Whole / Executive Committee – 7 pm |

ALL COMMITTEES ALLOW FOR PUBLIC COMMENTS:

Any member of the public may address a Committee for up to 3 minutes on any topic of their choosing. There will be no yielding of time to other members of the public and agenda time for public comments is limited to thirty minutes in total.

For questions about this agenda, please call 815-895-1630.

 All Meeting Locations are Handicap Accessible.

Posted on Web: 5/1/2020 11:13 AM

DeKalb County Government
Senior Services Tax Levy Allocation Worksheets
July 1, 2020 thru June 30, 2021

							\$425,000
	Agency	07/01/2018 - 06/30/2019	07/01/2018 - 06/30/2019	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	07/01/2020 - 06/30/2021	07/01/2020 - 06/30/2021
		Request	Allocated	Request	Allocated	Request	Recommended
1	Barb City Manor	\$13,260	\$10,000	\$13,260	\$10,000	\$16,200	
2	DeKalb County Community Gardens	\$0	\$0	\$9,415	\$3,000	\$14,440	
3	Elder Care Services	\$70,000	\$60,500	\$70,000	\$60,500	\$70,000	
4	Family Service Agency	\$60,000	\$56,500	\$60,000	\$56,500	\$60,000	
5	Fox Valley Older Adult Services	\$85,162	\$59,000	\$68,090	\$59,000	\$68,884	
6	Hope Haven	\$15,489	\$15,000	\$20,197	\$15,000	\$19,645	
7	KishHealth System Hospice Care Givers Class/Transitions Program	\$4,908	\$0	\$0	\$0	\$0	
8	Kishwaukee Family YMCA Silver Sneakers to Music & Splash / Yoga	\$3,634	\$1,500	\$3,913	\$1,500	\$3,913	
9	Opportunity House	\$34,400	\$25,000	\$25,000	\$25,000	\$25,000	
10	Prairie State Legal Services	\$4,200	\$3,000	\$5,000	\$3,000	\$5,000	
11	Voluntary Action Center Meals on Wheels / Transportation	\$232,225	\$175,500	\$232,225	\$181,500	\$232,225	
	TOTAL	\$523,278	\$406,000	\$507,100	\$415,000	\$515,307	\$0

**Please note that all Senior Services Tax Levy Proposals are on file in the DeKalb County Administration Office and may be made available upon request. Please contact: tsims@dekalbcounty.org*

**DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS**

**COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)**

NAME OF ORGANIZATION Barb City Manor Retirement Home

ADDRESS 680 Haish Blvd.
DeKalb, IL 60115

EMPLOYER IDENTIFICATION NUMBER 36-3602051
OR
SOCIAL SECURITY NUMBER _____

CONTACT PERSON Maureen Gerrity, Administrator

PHONE NUMBER 815-756-8444

E-MAIL ADDRESS mtgbcm@yahoo.com

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
Rent Assistance	Affordable Housing

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
months of housing	\$225.00	72 months	\$16,200.00

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.

Maureen Gerrity
Signature

February 24, 2020
Date

Maureen Gerrity
Typed/Printed Name

Administrator
Title

DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS

COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)

NAME OF ORGANIZATION: DeKalb County Community Gardens

ADDRESS 2280 Bethany Road, DeKalb IL 60115

EMPLOYER IDENTIFICATION NUMBER 46-3681206

OR

SOCIAL SECURITY NUMBER

CONTACT PERSON Dan Kenney

PHONE NUMBER 815-793-0950

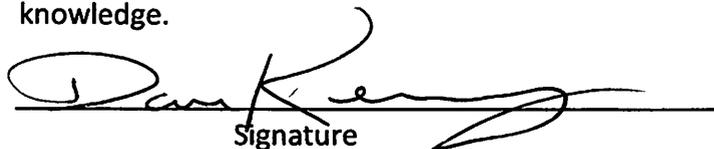
E-MAIL ADDRESS dkenney@dekalbgardens.org

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
Community Food Needs/ Grow Mobile	Food distribution

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
Individuals served	\$1.74	8,299	\$14,440.26

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.


Signature

2-19-2020
Date

Dan Kenney
Typed/Printed Name

Executive Director
Title

DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS

COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)

NAME OF ORGANIZATION Elder Care Services

ADDRESS 1701 East Lincoln Highway
DeKalb, IL 60115

EMPLOYER IDENTIFICATION NUMBER 36-3629138
OR
SOCIAL SECURITY NUMBER _____

CONTACT PERSON Tara Russo

PHONE NUMBER 815-758-6550

E-MAIL ADDRESS t.russo@ecsdekab.org

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
Elder Care Services of DeKalb County	Elder Abuse, Neglect and Financial Exploitation Investigation and Care Coordination Services

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
1 hour = 1 unit	\$7.00	10,000	\$70,000

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.


Signature

2/14/20
Date

Tara Russo
Typed/Printed Name

Executive Director
Title

DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS

COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)

NAME OF ORGANIZATION Family Service Agency of DeKalb County

ADDRESS 1325 Sycamore Road
DeKalb, IL 60115

EMPLOYER IDENTIFICATION NUMBER 310-2360012

OR

SOCIAL SECURITY NUMBER _____

CONTACT PERSON Tynisha Clegg

PHONE NUMBER 815-758-8616

E-MAIL ADDRESS tclegg@fsadekalbcounty.org

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
<u>Senior Services</u>	<u>Promoting wellness & independence</u>

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
<u>1 unit = 5 hours</u>	<u>\$ 7.38</u>	<u>8130</u>	<u>\$60,000</u>

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.

Tynisha Clegg
Signature

February 20, 2020
Date

Tynisha Clegg
Typed/Printed Name

Executive Director
Title

DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS

COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)

NAME OF ORGANIZATION Fox Valley Older Adult Services DBA Fox Valley Community Services

ADDRESS 1406 Suydam Road

Sandwich, IL 60548

EMPLOYER IDENTIFICATION NUMBER 36-2738669

OR

SOCIAL SECURITY NUMBER _____

CONTACT PERSON Cynthia Y. Worsley

PHONE NUMBER 815-786-9404

E-MAIL ADDRESS cworsley@fvoas.org

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
Fox Valley Older Adult Services (FVOAS) Community Care Program (CCP)	Adult Day Service and Home Services

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
Adult Day Service & Home Services	\$2.50	27,566	\$68,884

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.



Signature

02/24/2020

Date

Cynthia Y. Worsley

Typed/Printed Name

Executive Director

Title

**DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS**

**COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)**

NAME OF ORGANIZATION: Hope Haven of DeKalb County, Inc.

ADDRESS: 965 West Dresser Road, Box 1 (Project Site)

DeKalb, Illinois 60115

EMPLOYER IDENTIFICATION NUMBER: 36-3537762

OR

SOCIAL SECURITY NUMBER: Not Applicable

CONTACT PERSON: Lesly D. Wicks, LCSW

PHONE NUMBER: 815-758-3166

E-MAIL ADDRESS: lwicks@hopehavendekalb.com

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
Dresser Court/Senior Services	Case Management

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
Hours	\$18.89	1040 hours/year	\$19,645

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.

Signature

February 7, 2020
Date

Lesly D. Wicks, LCSW
Typed/Printed Name

Executive Director
Title

DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS

COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)

NAME OF ORGANIZATION – Kishwaukee Family YMCA

ADDRESS – 2500 W. Bethany Rd, Sycamore, IL 60178

EMPLOYER IDENTIFICATION NUMBER - 36-2379643

OR

SOCIAL SECURITY NUMBER _____

CONTACT PERSON – Mark Spiegelhoff

PHONE NUMBER – 815-756-9577 x 121

E-MAIL ADDRESS – marks@kishymca.org

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
Kishwaukee Senior Wellness Programs	Senior Focus Exercise Classes

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
Silver Sneakers Music + Splash	\$11.09	196	\$2,174
Silver Sneakers Yoga	\$17.39	100	\$1,739

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.



Signature



Date

Mark Spiegelhoff

CEO

Typed/Printed Name

Title

DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS

COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)

NAME OF ORGANIZATION Opportunity House, Inc.

ADDRESS 357 N. California St.
Sycamore, IL 60178

EMPLOYER IDENTIFICATION NUMBER 36-2476231
OR
SOCIAL SECURITY NUMBER _____

CONTACT PERSON Johanna Ferguson / Carol Parsons

PHONE NUMBER 815-895-5108 x 108 /815-895-5108 x 105

E-MAIL ADDRESS jferguson@ohinc.org/ cparsons@ohinc.org

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
Developmental Training Program	Activities and Support to Seniors with Disabilities in Developmental Training

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
Hours	\$16.02	1560	\$25,000

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.

Robert L. Shipman
Signature

2/19/2020
Date

Robert L. Shipman
Typed/Printed Name

Executive Director
Title

DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS

COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)

NAME OF ORGANIZATION Prairie State Legal Services

ADDRESS 303 N. Main, Suite 600, Rockford, IL, 61101. Service office: 1024 W. Main Street, ST. Charles, IL 60174
Moving to _____

EMPLOYER IDENTIFICATION NUMBER 37-1030764

OR

SOCIAL SECURITY NUMBER _____

CONTACT PERSON Administrative office: Gail Walsh; Service office Brandy Mutehart

PHONE NUMBER Admin 815-668-4438; Service office: 630-232-9415

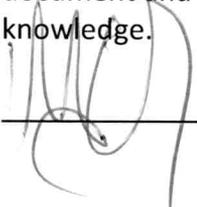
E-MAIL ADDRESS gwalsh@pslegal.org; bmutehart@pslegal.org

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
Legal Services for Older Adults	Legal Services

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
Hours	\$67	75	\$5000

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.



Signature

Feb. 18, 2020

Date

Michael O'Connor

Typed/Printed Name

Executive Director

Title

DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS

COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)

NAME OF ORGANIZATION Voluntary Action Center

ADDRESS 1606 Bethany Road

Sycamore, IL 60178

EMPLOYER IDENTIFICATION NUMBER 36-2798257

OR

SOCIAL SECURITY NUMBER _____

CONTACT PERSON Leah Jordal

PHONE NUMBER 815-758-3932

E-MAIL ADDRESS ljordal@vacdk.com

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
Meals on Wheels	Home Delivered Meals

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
Meals	10.00	17,500	\$175,000

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.



Signature

2-21-20

Date

Mike Neuenkirchen

Typed/Printed Name

Vice President of Operations

Title

DEKALB COUNTY ILLINOIS
SENIOR TAX LEVY REQUEST FOR BIDS

COVER SHEET
(COMPLETE ONE COVER SHEET FOR EACH PROPOSED PROJECT)

NAME OF ORGANIZATION Voluntary Action Center

ADDRESS 1606 Bethany Road

Sycamore, IL 60178

EMPLOYER IDENTIFICATION NUMBER 36-2798257

OR

SOCIAL SECURITY NUMBER _____

CONTACT PERSON Leah Jordal

PHONE NUMBER 815-758-3932

E-MAIL ADDRESS ljordal@vacdk.com

ATTACHED IS THE PROPOSAL FOR THE FOLLOWING:

Project Name	Service Provided
TransVAC and MedVAC	Transportation

UNITS OF SERVICE (e.g. hours, meals, visits)	COST OF ONE UNIT OF SERVICE	NUMBER OF UNITS PROPOSED	TOTAL BID
Rides	7.63	7,500	\$57,225

The aforementioned bidder acknowledges that the individual signing below is authorized to execute this document and that all information contained in this proposal is true and correct to the best of his/her knowledge.



Signature

2-21-20

Date

Mike Neuenkirchen

Typed/Printed Name

Vice President of Operations

Title