

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1036518
Vendor Name: Central Dupage Hospital Associ
Invoice Number: 080718
Invoice Date: 08/07/18
PO Number: P0360325
Check Number: 0241564
Check Amount: \$ 7,000.00
Check Date: 10/17/2018
Department ID: 00466
Reviewer Name: None
Voucher Number: V0528553
Redaction Type: None
Document Type: AP Invoice

Document Below

From: navai278@cod.edu
Sent: Wed Sep 19 13:54:52 CDT 2018
To: invoicing@cod.edu
CC:
Subject: PO360325 Dated 09.19.2018

Good afternoon,

Please issue payment for renewal 2018-2019 invoice/PO 360325 in the amount of \$7,000.00

Thank you,

ileana

Ileana Nava

Administrative Assistant

Dean of Students' Office

College of DuPage

425 Fawell Blvd. | SSC 3232 | Glen Ellyn, IL 60137

Phone: 630.942.2485 | navai278@cod.edu



CONTRACT APPROVAL COVER SHEET

Contract Name: Student Assistance Program-Northwestern Medicine Central DuPage Hospital (RENEWAL)

Requesting Department: Dean of Students Date Initiated: 08/14/2018

Contact Name: Jim Laing Phone: 630-933-4642

Email Address: James.Laing@nm.org

Vendor Name: Northwestern Medicine Phone: 888-933-1327

Vendor Contact: Jim Laing Email: James.Laing@nm.org

Total Contract: \$ \$7000 (RENEWAL) Contract Dates: Start: 10.01.2018

FY Budget \$ 01-30- 00466-5302001 End: 10.01.2019

Vendor 1: Name _____ Quote: \$ _____

Vendor 2: Name _____ Quote: \$ _____

Vendor 3: Name _____ Quote: \$ _____

Contract Purpose: To provide mental health services to our students through a Student Assistant Program with Northwestern Medicine. This allows students to transition to an effective modality of service after an initial assessment visit with a College of DuPage Counselor. (RENEWAL)

Contract Type: ☐ Independent Contractor ☒ Service Agreement ☐ Lease
☐ Construction ☐ Other

Has the College contracted with this vendor in the past or is this a renewal or extension of a previously approved contract? ☒ Yes ☐ No (If YES, attach a copy of the relevant agreement.)

Are required support documents attached? (see page 2) ☐ Yes

I certify that I have read and understand the terms of this agreement and have appropriate authority to submit this agreement on behalf of my department. I further certify that the agreement is complete and includes all exhibits, attachments and pages.

Print

Sign

Requester: Susan Jerak

Budget Mgr.: Susan Jerak

Dept. Adm.: Susan Jerak

Susan Jerak
Susan Jerak
Susan Jerak

Submit to Purchasing in Berg Instructional Center (BIC), Room 1540 or email to purchasing@cod.edu

Purchasing Dept. Use Only

Comments _____

Approval Initials _____

REVIEWED

By E. Roberts at 11:27 am, Aug 20, 2018

CONTRACT APPROVAL COVER SHEET (Instructions)

Per Administrative Procedure 10-60, all contracts entered into on behalf of the College of DuPage must be signed by the Vice President, Administration. This form must be completed in full and submitted with all contracts that require a signature.

Submit the contract, along with this form and all required support documents as outlined below, to Purchasing in the Berg Instructional Center (BIC), Room 1540 or via email at purchasing@cod.edu. Purchasing will review all documents, and, if appropriate, will forward to the Vice President, Administration for signature. Contracts submitted without complete documentation will be returned to the requester.

Required support documentation:

- ☐ 1. Contract value less than \$5,000: Contract Purpose section should indicate action taken to confirm best price.
- ☒ 2. Contract value between \$5,000 and \$14,999: minimum of three (3) verbal quotes must be documented (vendor name and quoted amount) on this form or an attached sheet.
- ☒ 3. Contract value between \$15,000 and \$24,999: minimum of three (3) written quotes.
- ☐ 4. Contract value of \$25,000 or greater: bid results (bid tabulation or RFP evaluation matrix), Board Report, and confirmation of Board approval (meeting minutes or Cabinet confirmation).
- ☐ 5. Contracts submitted as sole source: full justification of sole source and letter from the vendor confirming they are the only source of the product/service.
- ☐ 6. If vendor will be providing a service on campus a Certificate of Insurance is required. For additional information contact Risk Manager.

Upon signature, the original contract will be returned to the requester. It is the responsibility of the requester to forward all fully executed contracts/agreements, no matter the dollar amount, to the Purchasing Department by emailing to purchasingforms@cod.edu for inclusion in the College's contract database. If a vendor/contractor signature is still required after signature by the Vice President, Administration, it is the responsibility of the requester to obtain the remaining signature(s). Once fully executed, requester will scan a copy of the complete contract and email to purchasingforms@cod.edu.

A copy of the signed contract, along with all required support documents, must be attached to the requisition when initiated.



Employee Assistance Program
27 West 350 High Lake Road
Winfield, Illinois 60190
888.933.1327
nm.org

August 7, 2018

Ms. Sue Jerak, Dean of Students
College of DuPage
425 Fawell Drive
Glen Ellyn, IL 60137

Dear Ms. Jerak:

Northwestern Medicine Central DuPage Hospital's contract with College of DuPage to provide Student Assistance Program (SAP) services is due to be renewed October 1, 2018. We are pleased to continue our partnership with you and will extend the SAP services at the rate below for 12 months.

This letter proposes SAP services beginning October 1, 2018 for the following services:

Ongoing consultation & program materials \$7000.00 annually – invoice enclosed

Onsite Workshops	2 Hrs. Free; additional hours billed at \$195.00/hour
Critical Incidents	1 Hr. Free; additional hours billed at \$195.00/hour

Signature Brian W. Caputo Print Name Brian W. Caputo, Ph.D., C.P.A.
Date 8/27/18 Vice President/CFO
Administrative Affairs

Please RETURN this agreement and payment before the end of your current contract. We look forward to continuing our partnership to support your students thus enhancing their academic performance.

Sincerely,

Jim Laing
Jim Laing
Northwestern Medicine EAP
Central DuPage Hospital

Enclosure (1)

STUDENT ASSISTANCE PROGRAM
College of DuPage

BILLING INVOICE

2018 - 2019 Contract Year

August 7, 2018

APPROVED
10/08/18 - SUSAN JERAK

Annual Student Assistance Program Effective date: 10/1/18 – 9/30/19 \$7000.00

- TOTAL DUE: \$7000.00

- Please check payable to:
Northwestern Medicine
ATTN: Pauleen Driscoll
27 W 350 High Lake Road
Winfield, IL 60190

CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

NORTHWESTERN MEMORIAL INSURANCE
COMPANY

c/o USA Risk Group (Cayman) Ltd.
5th Floor, Queensgate House
113 South Church Street
P.O. Box 1085 GT
Georgetown, Grand Cayman
Cayman Islands

THIS CERTIFICATE IS ISSUED AS A MATTER OF
INFORMATION ONLY AND CONFERS NO RIGHTS
UPON THE CERTIFICATE HOLDER. THIS
CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER
THE COVERAGE AFFORDED BY THE POLICIES
BELOW

COMPANIES AFFORDING COVERAGE

COMPANY

A

NORTHWESTERN MEMORIAL INSURANCE COMPANY

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

CDH-DELNOR HEALTH SYSTEM
D/B/A CADENCE HEALTH
C/O NORTHWESTERN MEMORIAL HEALTHCARE
CORPORATE INSURANCE
211 E. ONTARIO, SUITE 900
CHICAGO, IL 60611

COVERAGE

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE
INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY
REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO
WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THIS INSURANCE AFFORDED BY THE
POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES, ON FILE AT OFFICE OF NAMED INSURED. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID
CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Professional Liability	NMIC-017WR	6/1/2018	6/1/2019	\$3,000,000 per occurrence \$3,000,000 in the aggregate

* / In the event of any conflict between limits shown on this certificate and the limits to be afforded under certificate holder's contract with Insured, the lesser of the two limits applies.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Evidencing coverage is provided for Employee Assistance Program (EAP) of Behavioral Health Services at Northwestern Medicine-Central DuPage Hospital, a covered affiliate of Northwestern Memorial Healthcare.

CERTIFICATE-HOLDER**Evidence of Coverage****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED
POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE HERETO, THE ISSUING
COMPANY WILL ENDEAVOR TO MAIL 30 DAYS
WRITTEN NOTICE OF THE CERTIFICATE HOLDER
NAMED TO THE LEFT, BUT FAILURE TO MAIL
SUCH NOTICE SHALL IMPOSE NO OBLIGATION
OR LIABILITY OF ANY KIND UPON THE
COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Bill To:**College of DuPage**

College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

Vendor:

1036518
Central Dupage Hospital Association
25 N Winfield Rd
Winfield, IL 60190

Attn: Justin Williams

Phone: 630-933-4642
Fax: 630-933-1933

PURCHASE ORDER

360325

Page: 1

Release Method: Hard Copy

Release Date: 09/19/2018

Created Date: 09/19/2018

Ship To:

College of DuPage Shipping & Receiving
425 Fawell Blvd.
Glen Ellyn, IL 60137

Purchasing, Manager

Phone: 630-942-2238

Fax: 630-942-2417

Deliver To: Susan Jerak, SSC 3232

PO Created By: Castellanos, Susan

Purchase Order Comments:

Requisition Number(s): 668560

Requisitioner Name(s): Ileana Nava

#	Vendor Item	QTY	UOM	Description	Unit Price	Total Price
1		1	Each	Renewal Student Assistant Program	\$7,000.00	\$7,000.00
Deliver To: Susan Jerak, SSC 3232						
2		1	Each	Ongoing Consultaion & Program Materials	\$0.00	\$0.00
Deliver To: Susan Jerak, SSC 3232						
3		1	Each	Renewal October 1, 2018	\$0.00	\$0.00
Deliver To: Susan Jerak, SSC 3232						
4		1	Each	Twelve month SAP Services	\$0.00	\$0.00
Deliver To: Susan Jerak, SSC 3232						
					Sub Total: \$	7,000.00
					Total: \$	7,000.00

Account Code Summary

Account Code	Account Description	Amount
01-30-00466-5302001		\$7,000.00

Terms and Conditions:

1. F.O.B. DESTINATION unless otherwise indicated under Purchase Order Comments.
2. College of DuPage will only accept electronic invoices, which can be in any format, including but not limited to PDF, Word, Excel. Invoices must reference the COD Purchase Order Number. Invoices are to be emailed to invoicing@cod.edu. Questions about payment status or other inquiries, please email acctpay@cod.edu or call 630-942-2228.
3. All payments are processed via ACH transfer on a weekly basis. You are strongly encouraged to set up your ACH account upon receipt of this PO to avoid unnecessary payment delays. A letter will be sent to you under separate cover which outlines the set-up instructions, your log-in, and temporary password. Invoices must be received in an electronic format at least three weeks prior to the due date and are to be emailed to invoicing@cod.edu. Paper checks are issued once-a-month. A paper check will be issued to foreign vendors that are not eligible for ACH transfer.
4. All invoices must be provided to the College for services rendered directly to the College. Undisputed invoices will be paid within sixty (60) days of receipt of properly submitted invoices to the Contractor, in accordance with the Local Government Prompt Payment Act.
5. All solicitations must be directed to the Purchasing Department. Any vendor selling directly to any faculty or staff member, without prior authorization from the Purchasing Department will be removed from our vendor list.

Bill To:**College of DuPage**

College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

PURCHASE ORDER

360325

Page: 2**Release Method:** Hard Copy**Release Date:** 09/19/2018**Created Date:** 09/19/2018

6. College of DuPage is exempt from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax. The College's Tax Exemption Identification Number is E9997-3391-06.
7. If unable to ship and/or deliver as required, advise the Purchasing Department immediately with full details at 630-942-2217.
8. All packages shall clearly indicate the purchase order number and contain a packing list of all contents with itemized descriptions.
9. All shipments are accepted subject to inspection and approval by College of DuPage.
10. Any company/organization to be awarded a contract for goods and/or services must be in compliance with the fair employment practice act and all rules & regulations thereunder.
11. Suppliers are required to comply with executive orders 11246, 11375, The Rehabilitation Act of 1973, and the Vietnam Readjustment Act of 1974.
12. All contracts for construction work are subject to the provisions of 820 ILCS 130, ch. 48, Par. 39s-1 through 39s-12, providing for payment of the prevailing rate of wages to laborers, workmen & mechanics. Contractor shall submit to the College, monthly certified payroll records for all workers and sub-contractors utilized for the project.