



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

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: 4 YRS + 0 TERM PERIOD	INITIAL TERM TOTAL COST: \$100,000.00
COMMITTEE: ANIMAL SERVICES	TARGET COMMITTEE DATE: 03/21/2023	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$100,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: NICOR GAS	VENDOR #: 10057	DEPT: Animal Services	DEPT CONTACT NAME: Kristie Lecaros
VENDOR CONTACT:	VENDOR CONTACT PHONE: 888-642-6748	DEPT CONTACT PHONE #: (630) 407-2800	DEPT CONTACT EMAIL: kristie.lecaros@dupageco.org
VENDOR CONTACT EMAIL:	VENDOR WEBSITE: NICORGAS.COM	DEPT REQ #:	
<i>Overview</i>			
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 purchase order to Nicor Gas, for natural gas distribution service, for Animal Services, for the four year period April 1, 2023 - March 31, 2027, for a total contract amount not to exceed \$100,000.00			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Natural gas distribution service is required to maintain operation of the Animal Services shelter.			

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. PUBLIC UTILITY
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: NICOR GAS	Vendor#: 10057	Dept: Animal Services	Division:
Attn:	Email:	Attn: Kristie Lecaros	Email: animalservices@dupageco.org
Address: PO BOX 2020	City: AURORA	Address: 120 N. County Farm Rd	City: Wheaton
State: IL	Zip: 60507-2020	State: IL	Zip: 60187
Phone: 888-642-6748	Fax:	Phone: (630) 407-2800	Fax: (630) 407-2801
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: NICOR GAS	Vendor#: 10057	Dept: Animal Services	Division:
Attn:	Email:	Attn: Laura Flamion	Email: animalservices@dupageco.org
Address: PO BOX 5407	City: CAROL STREAM	Address: 120 N. County Farm Rd	City: Wheaton
State: IL	Zip: 60197-5407	State: IL	Zip: 60187
Phone: 888-642-6748	Fax:	Phone: (630) 407-2800	Fax: (630) 407-2801
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Apr 1, 2023	Contract End Date (PO25): Mar 31, 2027
Contract Administrator (PO25): Laura Flamion			

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			Natural Gas	FY23	1100	1300	53200		16,000.00	16,000.00
2	1			Natural Gas	FY24	1100	1300	53200		25,000.00	25,000.00
3	1			Natural Gas	FY25	1100	1300	53200		25,000.00	25,000.00
4	1			Natural Gas	FY26	1100	1300	53200		25,000.00	25,000.00
5	1			Natural Gas	FY27	1100	1300	53200		9,000.00	9,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 100,000.00

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.

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