



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#: 25-1572	RFP, BID, QUOTE OR RENEWAL #: 1951187HS	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$15,260.60
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$15,260.60
	CURRENT TERM TOTAL COST: \$15,260.60	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Henry Schein, Incorporated	VENDOR #: 19276	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Joseph Maltese	VENDOR CONTACT PHONE: 313-515-3308	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: joseph.maltese@henryschein.com	VENDOR WEBSITE:	DEPT REQ #: 7514	
<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.). Deluxe top over bed table with base for the DuPage Care Center 2North and 2South Neighborhoods, for a period of July 2, 2025 through July 1, 2026, for a total amount not to exceed \$15,260.60, per Cooperative (DPC2-352), Government Joint Purchasing Act (30ILCS525) or GSA Pricing. (Omnia Partners contract #2021002973)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement tables for over the bed, for Neighborhoods 2North and 2South			

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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. quote 1951187HS and OMNIA Partners
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) Approve contract for replacement over bed tables for the 2North and 2South Neighborhoods, for a period of July 2, 2025 through July 1, 2026, for a total amount not to exceed \$15,260.60, per Cooperative (DPC2-352), Government Joint Purchasing Act (30ILCS525) or GSA Pricing. (Omnia Partners contract #2021002973). 2) Do not approve contract for replacement over bed tables for the 2North and 2South Neighborhoods, however, they will not match the existing over bed tables for the other newly renovated floor and would result in a higher cost, due to other vendors not being part of a Cooperative, Joint Purchasing.

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: Henry Schein, Incorporated	Vendor#: 19276	Dept: DuPage Care Center	Division:
Attn: Joseph Maltese	Email: joseph.maltese@henryschein.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 135 Duryea Road	City: Melville	Address: 400 N. County Farm Road	City: Wheaton
State: New York	Zip: 11747	State: IL	Zip: 60187
Phone: 313-515-3308	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Henry Schein, Incorporated	Vendor#: 19276	Dept: DuPage Care Center	Division:
Attn:	Email:	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: PO Box 360920	City: Pittsburgh	Address: 400 N. County Farm Road	City: Wheaton
State: PA	Zip: 15251-6920	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): July 2, 2025	Contract End Date (PO25): July 1, 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		1483211	65 Deluxe top over bed table with base and shipping and handling	FY25	1200	2000	52000		15,260.60	15,260.60
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 15,260.60

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Deluxe top over bed table with base for the DuPage Care Center 2North and 2SouthNeighborhoods, for a period of July 2, 2025 through July 1, 2026, for a total amount not to exceed \$15,260.60, per Cooperative (DPC2-352), Government Joint Purchasing Act (30ILCS525) or GSA Pricing. (Omnia Partners contract #2021002973)
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. July 1, 2025 Human Services Committee
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Color is Walnut with Black Bull-nose edge & spill Containment - includes double mirror vanity H-base in opal powder coat
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.