



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: OTHER	INITIAL TERM TOTAL COST: \$85,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 12/05/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$85,000.00
	CURRENT TERM TOTAL COST: \$85,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Family Shelter Services	VENDOR #: 10111	DEPT: Community Services	DEPT CONTACT NAME: Karen Graczyk
VENDOR CONTACT: Lisa Horne	VENDOR CONTACT PHONE: 630-816-6634	DEPT CONTACT PHONE #: 630-407-6543	DEPT CONTACT EMAIL: karen.graczyk@dupagecounty.gov
VENDOR CONTACT EMAIL: hornel@metrofamily.org	VENDOR WEBSITE:	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.). Agency to provide service to domestic violence victims and their children, in the area of victim court advocacy, follow up on police reported incidences of domestic violence, and provide training to DuPage county staff			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished This is the only agency within DuPage County that provides these particular services			

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.
OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)	

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. QUALITY OF LIFE
SOURCE SELECTION	Describe method used to select source. Family Shelter Service is the only full service domestic violence agency in DuPage County and has an office and presence in the DuPage County Judicial Office Facility as well.
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). It is recommended that the agreement with Family Shelter Services be continued. They have a long term association with DuPage County for over twenty years assisting with domestic violence victim safety. If we don't assist financially, they may not be able to maintain all the services they provide. They may have to take their services to another county for financial needs.

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: Family Shelter Service	Vendor#: 10111	Dept: Community Services	Division:
Attn: Lisa Horne	Email: hornel@metrofamily.org	Attn: Karen Graczyk	Email: karen.graczyk@dupagecounty.gov
Address: 222 East Willow Ave	City: Wheaton	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60187	State: IL	Zip: 60187
Phone: 630-816-6634	Fax: 630-221-8098	Phone: 630-407-6543	Fax: 630-407-6501
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Family Shelter Services	Vendor#: 10111	Dept: Community Services	Division: Wheaton
Attn: Lisa Horne	Email: hornel@metrofamily.org	Attn: Karen Graczyk	Email: karen.graczyk@dupagecounty.gov
Address: 222 East Willow Ave	City: Wheaton	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60187	State: IL	Zip: 60187
Phone: 630-816-6634	Fax: 630-221-8290	Phone: 630-407-6543	Fax: 630-407-6501
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Dec 1, 2023	Contract End Date (PO25): Nov 30, 2024
Contract Administrator (PO25):			

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	EA		Court advocacy to domestic violence victims and their children	FY24	1000	1750	53090		85,000.00	85,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 85,000.00

<i>Comments</i>	
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