



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#: FI-P-0014-24	RFP, BID, QUOTE OR RENEWAL #: Bid # 24-028-FIN	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$80,975.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 05/14/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$202,437.50
	CURRENT TERM TOTAL COST: \$80,975.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: PHYSICIANS' RECORD COMPANY	VENDOR #: 10141	DEPT: FINANCE	DEPT CONTACT NAME: JIM MORRISSY
VENDOR CONTACT: CHRIS VOLLER	VENDOR CONTACT PHONE: 7087493111	DEPT CONTACT PHONE #: 6304076116	DEPT CONTACT EMAIL: Jim.Morrissy@dupagecounty.gov
VENDOR CONTACT EMAIL: CHRIS@PHYSICIANSRECORD.COM	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.). Furnish and deliver printed carbonless (NCR) forms to all DuPage County departments. Contract awarded per lowest responsible bid #24-028-FIN.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Carbonless forms are utilized by various County departments. Services include printed, multi-part carbonless forms of various styles & sizes with ink, control numbering, and paper color combinations for all groups and quantities.			

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. LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)
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: Physicians' Record Company	Vendor#: 10141	Dept: Various	Division: Various
Attn: Chris Voller	Email: Chris@physiciansrecord.com	Attn:	Email:
Address: 1958 Ohio Street	City: Lisle	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60532	State: IL	Zip: 60187
Phone: 7087491029	Fax:	Phone: 6304076116	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Physicians' Record Company	Vendor#: 10141	Dept: Various	Division:
Attn: Chris Voller	Email: Chris@physiciansrecord.com	Attn:	Email:
Address: 1958 Ohio Street	City: Lisle	Address:	City:
State: IL	Zip: 60532	State:	Zip:
Phone: 7087491029	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jun 1, 2024	Contract End Date (PO25): Nov 30, 2025
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		NCR FORMS - DOT	FY24	1500	3500	53800		250.00	250.00
2	1	EA		NCR FORMS - DOT	FY25	1500	3500	53800		250.00	250.00
3	1	EA		NCR FORMS - ASSESSMENTS	FY24	1000	1800	53800		2,000.00	2,000.00
4	1	EA		NCR FORMS - ASSESSMENTS	FY25	1000	1800	53800		2,000.00	2,000.00
5	1	EA		NCR FORMS - COURT CLERK	FY24	1000	6700	53800		11,000.00	11,000.00
6	1	EA		NCR FORMS - COURT CLERK	FY25	1000	6700	53800		22,000.00	22,000.00
7	1	EA		NCR FORMS - PUBLIC DEFEND	FY24	1000	6300	53800		7,500.00	7,500.00
8	1	EA		NCR FORMS - PUBLIC DEFEND	FY25	1000	6300	53800		8,750.00	8,750.00
9	1	EA		NCR FORMS - PROBATION	FY24	1000	6100	53800		1,100.00	1,100.00
10	1	EA		NCR FORMS - PROBATION	FY25	1000	6100	53800		1,900.00	1,900.00
11	1	EA		NCR FORMS - PROBATION	FY24	1000	6120	53800		2,500.00	2,500.00
12	1	EA		NCR FORMS - PROBATION	FY25	1000	6120	53800		3,725.00	3,725.00
13	1	EA		NCR FORMS - SHERIFF-4400	FY24	1000	4400	53800		3,000.00	3,000.00
14	1	EA		NCR FORMS - SHERIFF-4400	FY25	1000	4400	53800		5,000.00	5,000.00
15	1	EA		NCR FORMS - SHERIFF-4410	FY24	1000	4410	53800		4,000.00	4,000.00
16	1	EA		NCR FORMS - SHERIFF-4410	FY25	1000	4410	53800		6,000.00	6,000.00
										Requisition Total	\$ 80,975.00

FY is required, assure the correct FY is selected.

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. This contract is to provide Carbonless (NCR) Forms for various County departments from June 1, 2024 through November 30, 2025, for a contract total not to exceed \$80,975.00.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. CC Departments on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Do not encumber.
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