



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

### SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 24-2673	RFP, BID, QUOTE OR RENEWAL #: 22-112-FM	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$98,808.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/15/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$343,808.00
	CURRENT TERM TOTAL COST: \$79,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
Vendor Information		Department Information	
VENDOR: Valdes Supply	VENDOR #: 36338	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel/Annabel Leonida
VENDOR CONTACT: Shahir Ahmed	VENDOR CONTACT PHONE: 847-657-6000	DEPT CONTACT PHONE #: 630-784-4273/630-784-4250	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov/ annabel.Leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: shahir.ahmed@valdessupply.com	VENDOR WEBSITE:	DEPT REQ #: 7472	

#### Overview

**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 restroom tissue, paper towels and facial tissue (group 2), as needed for the DuPage Care Center, for the period December 1, 2024 through November 30, 2025, for an amount not to exceed \$79,000.00, under bid renewal #22-112-FM, second of three one-year optional renewals.

**JUSTIFICATION** Summarize why this procurement is necessary and what objectives will be accomplished  
Paper towels and facial tissue are necessary supplies in providing care to the residents of the DPCC. The nurses keep a supply of these products on their medication carts to be used in the administration of medications. Residents are provided with facial tissues to keep at their bedside for personal use. Hard roll towels and restroom tissue are necessary to be provided in all of the washrooms to meet IDPH Health and safety standards for infection control.

### 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.  
RENEWAL

**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

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

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	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: Valdes Supply	Vendor#: 36388	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Shahir Ahmed	Email: shahir.ahmed@valdessupply.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 667 Chaddwick Drive	City: Wheeling	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60090	State: IL	Zip: 60187
Phone: 847-657-6000	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Valdes Supply	Vendor#: 36388	Dept: DuPage Care Center	Division:
Attn: Shahir Ahmed	Email: shahir.ahmed@valdessupply.com	Attn:	Email: vinit.patel@dupagecounty.gov
Address: 667 Chaddwick Drive	City: Wheeling	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60090	State: IL	Zip: 60187
Phone: 847-657-6000	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): December 1, 2024	Contract End Date (PO25): November 30, 2025

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		Restroom tissue & hard roll towels for Environmental Services	FY25	1200	2035	52280		70,000.00	70,000.00
2	1	EA		Facial Tissue, multi fold paper towels & perforated roll towels for the Nursing Department	FY25	1200	2050	52200		9,000.00	9,000.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 79,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Furnish and deliver restroom tissue, paper towels and facial tissue (group 2), as needed for the DuPage Care Center, for the period December 1, 2024 through November 30, 2025, for an amount not to exceed \$79,000.00, under bid renewal #22-112-FM, second of three one-year optional renewals.
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. October 15, 2024 Human Services Committee      October 22, 2024 County Board
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.