



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

<b>SECTION 1: DESCRIPTION</b>			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: RFP #24-023-CS	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$130,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 03/05/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$130,000.00
	CURRENT TERM TOTAL COST: \$130,000.00	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Effectv	VENDOR #:	DEPT: Community Services	DEPT CONTACT NAME: Gina Strafford-Ahmed
VENDOR CONTACT: Grady Logan	VENDOR CONTACT PHONE: 847-420-5749	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov
VENDOR CONTACT EMAIL: grady_logan@comcast.com	VENDOR WEBSITE: www.comcast.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.). Ad campaign provides for marketing and outreach for 211 services in DuPage County. (Grant Funded)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Expanding awareness of 211 program in DuPage County to all residents.			

<b>SECTION 2: DECISION MEMO REQUIREMENTS</b>	
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.
RFP (REQUEST FOR PROPOSAL)	

<b>SECTION 3: DECISION MEMO</b>	
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. A Request for Proposal was issued to secure a contract to serve the Community Services Department.
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. Provide contract to Comcast/Effectv through a RFP. 2. Seek additional bids through another RFP and risk grant expiring before campaign can be implemented. 3. Take no action and have status quo for 211. The recommendation is to award a contract to Comcast/Effectv as they have extensive experience in advertising with streaming media in DuPage County.

## 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: Effectv	Vendor#:	Dept: Community Services	Division: Intake & Referral
Attn: Grady Logan	Email: grady_logan@comcast.com	Attn: Gina Strafford-Ahmed	Email: gina.strafford@dupagecounty.gov
Address: 2001 York Road	City: Oak Brook	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60523	State: IL	Zip: 60187
Phone: 847-420-5749	Fax:	Phone: 630-407-6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: N/A	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Mar 12, 2024	Contract End Date (PO25): Jun 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		PR Campaign	FY24	5000	1765	53801	211ILLINOI S24	90,000.00	90,000.00
2	1	EA		PR Campaign	FY24	5000	1765	53801	211IDPH24	40,000.00	40,000.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 130,000.00

<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