



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#: 25-2730	RFP, BID, QUOTE OR RENEWAL #: 25-100-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$66,500.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 11/18/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$266,000.00
	CURRENT TERM TOTAL COST: \$66,500.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Symbria Rehab, Inc.	VENDOR #: 27600	DEPT: DuPage Care Center	DEPT CONTACT NAME: Karen Cerny
VENDOR CONTACT: Jill Krueger	VENDOR CONTACT PHONE: 630-981-8091	DEPT CONTACT PHONE #: 630-784-4402	DEPT CONTACT EMAIL: karen.cerny@dupagecounty.gov
VENDOR CONTACT EMAIL: jkrueger@symbria.com	VENDOR WEBSITE:	DEPT REQ #: 7545	
<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.). Recommendation for the approval of a contract purchase order for Community Wellness Partner for the Wellness Center staffing and management for Outpatient Center at the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total not to exceed \$66,500.00 per RFP #25-100-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To provide staffing and management for the Outpatient Center at the DuPage Care Center.			

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.
RFP (REQUEST FOR PROPOSAL)	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. 22 invitations sent 1 document requested 2 bid responses received RFP #25-100-DCC was opened on October 9, 2025 and two (2) responses were submitted. The information submitted by each respondent was reviewed by both Procurement and the Care Center staff. Based on this detailed review, the most appropriate respondent was determined to be Symbria Rehab, Inc.. In awarding a contract for these services, numerous factors were taken into consideration when choosing a vendor, which were as follows: Firm Qualifications: Experience in similar environments and financial stability; Key Qualifications: staffing resources/ accreditations and Marketing strategies and Project Understanding: Clarity and detailed scope, sustainability, outcomes and Goals and Philosophy.
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 Community Wellness Partner for the Wellness Center staffing and management for Outpatient Center at the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total not to exceed \$66,500.00 2) Do not approve contract renewal for Community Wellness Partner for the Wellness Center staffing and management for Outpatient Center at the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total not to exceed \$66,500.00 however, this would potentially result in the closing of the Wellness Center to the community.

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: Symbria Rehab, Inc.	Vendor#: 27600	Dept: DuPage Care Center	Division: Rehab & Therapy Services
Attn: Jill Krueger	Email: jkrueger@symbria.com	Attn: Karen Cerny	Email: karen.cerny@dupagecounty.gov
Address: 7125 Janes Avenue, Suite 300	City: Woodridge	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60517	State: IL	Zip: 60187
Phone: 630-981-8091	Fax:	Phone: 630-784-4402	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Symbria Rehab, Inc.	Vendor#: 27600	Dept: DuPage Care Center	Division:
Attn: Bruce Pultini	Email: bpultini@symbria.com	Attn:	Email: dupagecounty.gov
Address: 28100 Torch Parkway, Suite 600	City: Warrenville	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60555	State: IL	Zip: 60187
Phone: 630-981-8091	Fax:	Phone: 630-784-4402	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): December 1, 2025	Contract End Date (PO25): November 30, 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	EA		Community Wellness Partner for Wellness Center staffing and management	FY26	1200	2095	53090		66,500.00	66,500.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 66,500.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Recommendation for the approval of a contract purchase order for Community Wellness Partner for the Wellness Center staffing and management for Outpatient Center at the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total not to exceed \$66,500.00 per RFP #25-100-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. November 18, 2025 Human Services Committee November 25, 2025 County Board
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.