

## Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION						
General Tracking		Contract Terms				
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:			
25-2730	25-100-DCC	1 YR + 3 X 1 YR TERM PERIODS	\$66,500.00			
COMMITTEE:	TARGET COMMITTEE DATE:	CONTRACT TOTAL COST WITH ALI RENEWALS:				
HUMAN SERVICES	11/18/2025	3 MONTHS	\$266,000.00			
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:			
	\$66,500.00	FOUR YEARS	INITIAL TERM			
Vendor Information	L	Department Information	<u> </u>			
VENDOR:	NDOR: VENDOR #: DE		DEPT CONTACT NAME:			
Symbria Rehab, Inc. 27600		DuPage Care Center	Karen Cerny			
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:			
Jill Krueger 630-981-8091		630-784-4402	karen.cerny@dupagecounty.gov			
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	1			
jkrueger@symbria.com		7545				

## 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.). 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 RFP (REQUEST FOR PROPOSAL)	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.  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: Purcha	se Requisition Informat	ion			
Send Purci	hase Order To:	Seno	Send Invoices To:			
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:	Zip: 60187			
Phone: 630-981-8091	Fax:	Phone: 630-784-4402	Fax:			
Send Payments To:		Ship to:				
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: City: 400 N. County Farm Road Wheaton				
State:	Zip: 60555	State:         Zip:           IL         60187				
Phone: 630-981-8091	Fax:	Phone: 630-784-4402	Fax:			
Shipping		Contract Dates				
Payment Terms: PER 50 ILCS 505/1						

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
FY is required, ensure the correct FY is selected. 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.				