



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#: 25-2490	RFP, BID, QUOTE OR RENEWAL #: 22-105-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$35,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/21/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$185,000.00
	CURRENT TERM TOTAL COST: \$50,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: AirGas USA, LLC	VENDOR #: 10674	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Joel Thoms	VENDOR CONTACT PHONE: 630-231-7760	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: joel.thoms@airgas.com	VENDOR WEBSITE:	DEPT REQ #: 7540	
<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 liquid portable oxygen for the residents at the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$50,000.00, under bid renewal #22-105-DCC, third and final optional renewal.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Residents of the DuPage Care Center, with compromised breathing abilities often times are confined to their room for breathing treatments. Through the use of portable liquid oxygen, those residents are allowed greater independence and a greater quality of life.			

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

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: AirGas USA, LLC	Vendor#: 10674	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Joel Thoms	Email: joel.thoms@airgas.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: PO Box 73445	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60673-4445	State: IL	Zip: 60187
Phone: 630-231-7760	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: AirGas USA, LLC	Vendor#: 10674	Dept: DuPage Care Center	Division:
Attn: Joel Thoms	Email: joel.thoms@airgas.com	Attn:	Email: dupagecounty.gov
Address: 1250 W. Washington Street	City: West Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60185	State: IL	Zip: 60187
Phone: 630-231-7760	Fax:	Phone: 630-784-4273	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		Liquid Portable Oxygen	FY25	1200	2075	52320		35,000.00	35,000.00
2	1	EA		monthly repair costs flat rate \$1,250	FY25	1200	2075	53370		15,000.00	15,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 50,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Recommendation for the approval of a contract purchase order for liquid portable oxygen for the residents at the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total amount not to exceed \$50,000.00, under bid renewal #22-105-DCC, third and final optional renewal.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. October 21, 2025 Human Services Committee October 28,2025 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.