

## Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#:	ID#: RFP, BID, QUOTE OR RENEWAL #: INITIAL TERM WITH RENEWALS:				
25-2490	22-105-DCC	1 YR + 3 X 1 YR TERM PERIODS	\$35,000.00		
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL		
HUMAN SERVICES	10/21/2025	3 MONTHS	RENEWALS: \$185,000.00		
THOM IN SERVICES	HOWAN SERVICES 10/21/2025 SIMONITS				
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:		
	\$50,000.00	FOUR YEARS	SECOND RENEWAL		
Vendor Information		Department Information			
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:		
AirGas USA, LLC	10674	DuPage Care Center	Vinit Patel		
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:		
Joel Thoms	630-231-7760	630-784-4273	vinit.patel@dupagecounty.gov		
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	1		
joel.thoms@airgas.com		7540			

## 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 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 RENEWAL	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.

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: Purcha	se Requisition Informat	ion			
Send Pu	rchase Order To:	Seno	Send Invoices To:			
Vendor:	: Vendor#: Dept:					
AirGas USA, LLC	10674	DuPage Care Center	Environmental Concerns			
Attn:	Email:	Attn:	Email:			
Joel Thoms	joel.thoms@airgas.com	Vinit Patel	vinit.patel@dupagecounty.gov			
Address:	City:	Address:	City:			
PO Box 73445	Chicago	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60673-4445	IL	60187			
Phone:	Fax:	Phone:	Fax:			
630-231-7760		630-784-4273				
Send Payments To:		Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
AirGas USA, LLC	10674	DuPage Care Center				
Attn:	Email:	Attn:	Email:			
Joel Thoms	joel.thoms@airgas.com		dupagecounty.gov			
Address:	City:	Address: City:				
1250 W. Washington Street	West Chicago	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60185	IL	60187			
Phone:	Fax:	Phone:	Fax:			
630-231-7760		630-784-4273				
Shipping		Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	December 1, 2025	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
FY is required, ensure the correct FY is selected.  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.			