



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#: 24-2170  | RFP, BID, QUOTE OR RENEWAL #: 23-090-DCC | INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS | INITIAL TERM TOTAL COST: \$28,800.00                 |
| COMMITTEE: HUMAN SERVICES  | TARGET COMMITTEE DATE: 08/20/2024        | PROMPT FOR RENEWAL: 3 MONTHS                             | CONTRACT TOTAL COST WITH ALL RENEWALS: \$73,800.00   |
|  | CURRENT TERM TOTAL COST: \$15,000.00     | MAX LENGTH WITH ALL RENEWALS: FOUR YEARS                 | CURRENT TERM PERIOD: FIRST RENEWAL                   |
| <i>Vendor Information</i>  |  | <i>Department Information</i>                            |  |
| VENDOR: Direct Supply, Inc.  | VENDOR #: 10586                          | DEPT: DuPage Care Center                                 | DEPT CONTACT NAME: Annabel Leonida                   |
| VENDOR CONTACT: Andy Bach  | VENDOR CONTACT PHONE: 886-810-0265       | DEPT CONTACT PHONE #: 630-784-                           | DEPT CONTACT EMAIL: Annabel.Leonida@dupagecounty.gov |
| VENDOR CONTACT EMAIL: abach@directsupply.com   | VENDOR WEBSITE:                          | DEPT REQ #: 7466   |  |
| <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.). Joerns replacement bed parts for the DuPage Care Center, for the period September 5, 2024 through September 4, 2025, for a total contract amount not to exceed \$15,000.00, under quote renewal #23-090-DCC, first of three one-year optional renewals. |  |  |  |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished<br>Replacement bed parts to maintain and repair the beds in 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. |
| 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

|                                      |   |
|--------------------------------------|---|
| <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:<br>Direct Supply, Inc.      | Vendor#:<br>10586                | Dept:<br>DuPage Care Center                      | Division:<br>Nursing                           |
| Attn:<br>Andy Bach                  | Email:<br>abach@directsupply.com | Attn:<br>Annabel Leonida                         | Email:<br>Annabel.Leonida<br>dupagecounty.gov  |
| Address:<br>7301 W. Champions Way   | City:<br>Milwaukee               | Address:<br>400 N. County Farm Road              | City:<br>Wheaton                               |
| State:<br>WI                        | Zip:<br>53223                    | State:<br>IL                                     | Zip:<br>60187                                  |
| Phone:<br>866-810-0265              | Fax:                             | Phone:<br>630-784-4250                           | Fax:   |
| <i>Send Payments To:</i>            |                                  | <i>Ship to:</i>                                  |  |
| Vendor:<br>Direct Supply, Inc.      | Vendor#:<br>10586                | Dept:<br>DuPage Care Center                      | Division:                                      |
| Attn:                               | Email:                           | Attn:  | Email:<br>dupagecounty.gov                     |
| Address:<br>PO Vox 88201            | City:<br>Milwaukee               | Address:<br>400 N. County Farm Road              | City:<br>Wheaton                               |
| State:<br>WI                        | Zip:<br>53288-0201               | State:<br>IL                                     | Zip:<br>60187                                  |
| Phone:<br>866-810-0265              | Fax:                             | Phone:<br>630-784-4250                           | Fax:   |
| Shipping                            |                                  | Contract Dates                                   |  |
| Payment Terms:<br>PER 50 ILCS 505/1 | FOB:<br>Destination              | Contract Start Date (PO25):<br>September 5, 2024 | Contract End Date (PO25):<br>September 4, 2025 |

**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  |                         | replacement bed parts | FY24 | 1200    | 2050 | 52250     |                         | 5,000.00          | 5,000.00     |
| 2  | 1   | EA  |                         | replacement bed parts | FY25 | 1200    | 2050 | 52250     |                         | 10,000.00         | 10,000.00    |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                         |                       |      |         |      |           |                         | Requisition Total | \$ 15,000.00 |

| <i>Comments</i>      |  |
|----------------------|--|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>Joerns replacement bed parts for the DuPage Care Center, for the period September 5, 2024 through September 4, 2025, for a total contract amount not to exceed \$15,000.00, under quote renewal #23-090-DCC, first of three one-year optional renewals. |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>HS Committee August 20, 2024  |
| 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.   |