

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#: 25-0570	RFP, BID, QUOTE OR RENEWAL #: 24-002-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$500,000.00		
COMMITTEE: TARGET COMMITTEE DATE: HUMAN SERVICES 03/04/2025		PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$2,745,000.00		
	CURRENT TERM TOTAL COST: \$650,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL		
Vendor Information		Department Information			
VENDOR: VENDOR #: Novastaff Healthcare Services 37419		DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel.Leonida@dupagecounty.		
VENDOR CONTACT: VENDOR CONTACT PHONE: David Sim 630-472-1122		DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: Annabel.Leonida@dupagecounty.g ov		
VENDOR CONTACT EMAIL: manager@novastaff.com	VENDOR WEBSITE:	DEPT REQ #: 7489			

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.). Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2025 through April 12, 2026, for a total contract amount not to exceed \$650,000.00, under RFP renewal #24-002-DCC, first of three one-year optional renewal.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

RN's, LPN's and CNA's are vital front line positions in the operation of the DuPage Care Center. Staffing levels have been established based on resident census and acuity, workload, and regulatory guidelines. Staffing is utilized to maintain staffing levels in light of attrition (i.e. vacancies), scheduled time off, unscheduled time off (i.e. call-ins), and medical leaves. In order to ensure that DPCC is able to meet the prescribed staffing plan regardless of these issues, secondary staffing contracts will allow for adequate staffing when the existing pool of qualified DPCC staff is not available.

	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 RENEWAL OF RFP	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. RFP #24-002-DCC 93 invitations were sent 6 documents were requested 24 bid responses received, 7 vendors deemed non-responsive and 1 vendor was rejected. 3 vendors were approved with a contract.			
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 Novastaff Healthcare Services, Inc. for Supplemental Staffing Services for the DuPage Care Center, for the period April 13, 2025 through April 12, 2026. 2) Establish contingency plans to address staffing shortages as they occur, such as temporarily suspending new resident admissions to bring resident needs in line with current staffing ability. This would have a negative impact on revenue streams and cash flow. This would also have very little effect for those situations caused by unplanned absences.			

	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: Purchas	e Requisition Informati	ion			
Send Purch	ase Order To:	Send Invoices To:				
Vendor: Novastaff Healthcare Services, Inc.	Vendor#: 37419	Dept: DuPage Care Center	Division: Nursing			
Attn: David Sim	Email: manager@navoastaff.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov			
Address: PO Box 249	City: Coal City	Address: City: 400 N. County Farm Road Wheaton				
State:	Zip: 60416	State: Zip: 60187				
Phone: 630-472-1122	Fax:	Phone: 630-784-4254	Fax:			
Send Payments To:		Ship to:				
Vendor: Novastaff Healthcare Services, Inc.	Vendor#: 37419	Dept: DuPage Care Center	Division: Nursing			
Attn: David Sim	Email: manager@navoastaff.com	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.g ov			
Address: PO Box 249	City: Coal City	Address: City: 400 N. County Farm Road Wheaton				
State: IL	Zip: 60416	State: Zip: IL 60187				
Phone: 630-472-1122	Fax:	Phone: Fax: 630-784-4250				
Shipping		Contract Dates				
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 13, 2025	Contract End Date (PO25): April 12, 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		Supplemental Nursing Staffing	FY25	1200	2050	53090		396,250.00	396,250.00
2	1	EA		Supplemental Nursing Staffing	FY26	1200	2050	53090		253,750.00	253,750.00
FY is required, ensure the correct FY is selected. Requisition Total						\$ 650,000.00					

Comments				
HEADER COMMENTS	Provide comments for P020 and P025. Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2025 through April 12, 2026, for a total contract amount not to exceed \$650,000.00, under RFP renewal #24-002-DCC.			
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Human Services Committee 03/04/25 County Board 03/11/25			
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.			