



Procurement Review Comprehensive Checklist  
 Procurement Services Division  
 This form must accompany all Purchase Order Requisitions

<b>SECTION 1: DESCRIPTION</b>			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$46,888.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/04/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$46,888.00
	CURRENT TERM TOTAL COST: \$46,888.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: H.O.M.E. DuPage Inc.	VENDOR #:	DEPT: Community Services	DEPT CONTACT NAME: Gina Strafford-Ahmed
VENDOR CONTACT: Anne O'Dell	VENDOR CONTACT PHONE: (630) 260-2506	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov
VENDOR CONTACT EMAIL: anne@homedupage.org	VENDOR WEBSITE: www.homedupage.org	DEPT REQ #:	
<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.). Provide financial literacy counseling, budget counseling, credit counseling as well as financial literacy workshops to low income residents of DuPage County. Grant funded cost of \$46,888.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished \$46,885 in CSBG funds will assist DuPage County residents with budgeting and financial literacy skills. 30 clients will be served through the financial literacy workshops, 30 clients will develop and maintain a budget for 90 days, 20 clients will increase their savings, 10 clients will open a savings account and 10 clients will grow their savings to make an asset purchase by December 31, 2025.			

<b>SECTION 2: DECISION MEMO REQUIREMENTS</b>	
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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)	

<b>SECTION 3: DECISION MEMO</b>	
<b>SOURCE SELECTION</b>	Describe method used to select source. This is a sub-grant exempt from bidding. DuPage County Department of Community Services' 2024 Needs Assessment highlighted our community's growing need for financial literacy. In surveying Service Users, 24.5 % indicated having problems paying their bills and managing their money, 19.4% sought help meeting their basic needs (food, clothing, shelter) and 11.4% report problems with payday/title loan, credit cards, or loan companies. H.O.M.E. DuPage, Inc (Sub-grantee) will provide financial literacy workshops, budgeting seminars, financial counseling, and income management skills to CSBG eligible clients. This program is a component in our community's response to the Whole Family Approach.
<b>RECOMMENDATION AND TWO ALTERNATIVES</b>	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). Fund the program at \$46,888. 1) Issue grant to H.O.M.E. DuPage for \$46,888. This will allow low income residents to attain financial skill to attain self-sufficiency. 2) Do not fund the program and run the risk that individuals and families will not have access to training and skill development to become self-sufficient thus remaining reliant on government assistance programs.

### 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: H.O.M.E. DuPage, Inc.	Vendor#:	Dept: Community Services	Division: Intake and Referral
Attn: Anne O'Dell	Email: anne@homedupage.org	Attn: Gina Strafford-Ahmed	Email: gina.strafford@dupagecounty.gov
Address: 1600 E. Roosevelt Road	City: Wheaton	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60187	State: IL	Zip: 60187
Phone: (630) 260-2506	Fax:	Phone: 630-407-6444	Fax: 630-407-6501
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 1, 2025	Contract End Date (PO25): Dec 31, 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		Contract Services	FY25	5000	1650	53820	25-231028	46,888.00	46,888.00
										Requisition Total	\$ 46,888.00

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

*Comments*

HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.