

in detainee population.

## **Decision Memo**

## **Procurement Services Division**

This form is required for all Professional Service Contracts over \$25,000 and as otherwise required by the Procurement Review Checklist.

	Date:	Feb 28, 2023
MinuteTraq (IQI	M2) ID #:	23-1006
Department Requisition #:		

Requesting Department: Sheriff's Office	Department Contact: Commander John Putnam	
Contact Email: john.putnam@dupagesheriff.org	Contact Phone: 630-407-2050	
Vendor Name: Trinity Services Group	Vendor #:	

Requesting Department. Sherin's Office	Department Contact. Commander John Futham	
Contact Email: john.putnam@dupagesheriff.org	Contact Phone: 630-407-2050	
Vendor Name: Trinity Services Group	Vendor #:	

Action Requested - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc. Change expiration date for PO# 5729-0001 SERV to expire on 05/31/2023. The expiration on PO issued 05/01/2022 states 04/30/2023 as the contract end date. Add additional funds in the amount of \$135,000 due to the length of the contract changing as well as a rise

Summary Explanation/Background - Provide an executive summary of the action. Explain why it is necessary and what is to be accomplished.

Upon review it was discovered that the original contract called for an expiration of 05/31. At some point in time, the PO issued for renewals became 04/30. The above mentioned PO is for the last renewal for this contract. The requested service will be going for bid. The vendor has agreed to the expiration date of 05/31/2023.

Strategic Impact	
Quality of Life Select one of the five strategic imperatives i	n the County's Strategic Plan this action will most impact and provide a brief explanation.
The service provided is meals for detainees in the DuPage County Correctional Center.	

**Source Selection/Vetting Information** - Describe method used to select source.

This vendor was selected pursuant to RFP #19-009-SHF.

Recommendations/Alternatives - Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request.

The lowest responsible bidder was selected with a cost of \$.097 per meal.

Fiscal Impact/Cost Summary - Include projected cost for each fiscal year, approved budget amount and account number, source of funds, and any future funding requirements along with any narrative.

Increase contract total (line 3) \$135,000.00 (\$584,182.50 to \$719,182.50)