



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

### SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 24-099-WEX	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$50,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/01/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$65,000.00
	CURRENT TERM TOTAL COST: \$15,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: COMFORT 1ST INSULATION & ENERGY SOLUTIONS INC	VENDOR #: 43174	DEPT: COMMUNITY SERVICES	DEPT CONTACT NAME: GINA STRAFFORD-AHMED
VENDOR CONTACT: MICHAEL CALLAHAN	VENDOR CONTACT PHONE: 815-986-8586	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: GINA.STRAFFORD@DUPAGECOUNTY.GOV
VENDOR CONTACT EMAIL: INFO@COMFORT1STINSULATION.COM	VENDOR WEBSITE:	DEPT REQ #:	
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.). Architectural services for Weatherization Program (grant funded). RFP with predetermined prices from State Market Analysis.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Weatherization program provides energy efficiency upgrades and health and safety measures to eligible low-income households.			

### 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: Comfort 1st Insulation & Energy Solutions, Inc.	Vendor#: 43174	Dept: COMMUNITY SERVICES	Division: INTAKE & REFERRAL
Attn: Michael Callahn	Email: info@Comfort1stInsulation.com	Attn: GINA STRAFFORD-AHMED	Email: GINA.STRAFFORD@DUPAGECOUNTY.GOV
Address: 612 Harrison Ave	City: Rockford	Address: 421 N COUNTY FARM ROAD	City: WHEATON
State: IL	Zip: 61104	State: IL	Zip: 60187
Phone: 815-986-8586	Fax:	Phone: 630-407-6444	Fax:
<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): Jul 1, 2025	Contract End Date (PO25): Jun 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		ARCH 23-461028		5000	1400	53090	23-461028	5,000.00	5,000.00
2	1	EA		ARCH 25-221028		5000	1430	53090	25-221028	4,000.00	4,000.00
3	1	EA		ARCH 26-251028		5000	1490	53090	26-251028	4,000.00	4,000.00
4	1	EA		ARCH RETROFITS25		5000	1555	53090	RETROFITS 25	2,000.00	2,000.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 15,000.00

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.