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 #: RFP 23-072-CS	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: $38,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 11/04/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: $152,000.00
	CURRENT TERM TOTAL COST: $34,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
Vendor Information		*Department Information*	
VENDOR: DuPage Federation on Human Services Reform	VENDOR #: 11348	DEPT: Community Services	DEPT CONTACT NAME: Karen Graczyk
VENDOR CONTACT: Eva Rafas	VENDOR CONTACT PHONE: 630-782-4786	DEPT CONTACT PHONE #: 630-407-6543	DEPT CONTACT EMAIL: karen.graczyk@dupagecounty.gov
VENDOR CONTACT EMAIL: erafas@dupagefederation.org	VENDOR WEBSITE: www.dupagefederation.org	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.).
To provide face-to-face and telephonic interpreter services, and translation services, to assist clients in Community Services, primarily the Senior services' unit, and American Sign Language, for the Finance Department also, per RFP #23-072-CS, this is the second of three (3) one (1) year renewals.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
Community Services assists clientele that speak many diverse languages. The ability to communicate effectively in order to provide necessary social services an mandated by the State of Illinois requires the assistance of interpreter services.

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-23-072-CS
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). Award renewal to vendor as they provide good, consistent services. Do not award renewal and then have to complete another RFP for a new vendor. Do not award renewal and then not be able to provide state mandated services and communicate effectively with clientele.

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: Purchase Requisition Information			
Send Purchase Order To:		*Send Invoices To:*	
Vendor: DuPage Federation on Human Services Reform	Vendor#: 11348	Dept: Community Services	Division: ALL
Attn: Eva Rafas	Email: erafas@dupagefederation.org	Attn: Karen Graczyk	Email: karen.graczyk@dupagecounty.gov
Address: 1910 S. Highland Ave., Ste 135	City: Lombard	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-782-4782	Fax:	Phone: 630-407-6543	Fax: 630-307-6501
Send Payments To:		*Ship to:*	
Vendor: DuPage Federation on Human Services Reform	Vendor#: 11348	Dept: Community Servies	Division: ALL
Attn: Eva Rafas	Email: erafas@dupagefederaton.org	Attn: Karen Graczyk	Email: karen.graczyk@dupagecounty.gov
Address: 1910 . Highland Ave., Ste 135	City: Lombard	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-782-4782	Fax:	Phone: 630-407-6543	Fax: 630-407-6501
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Dec 1, 2025	Contract End Date (PO25): Nov 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		Interpreter Services - CS	FY26	1000	1750	53040		30,760.00	30,760.00
2	1	EA		American Sign Language	FY26	1000	1150	53040		3,240.00	3,240.00
FY is required, ensure the correct FY is selected.										Requisition Total	$ 34,000.00

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. HS COMMITTEE 11/4/2025 FINANCE/COUNTY BOARD 11/12/2025
APPROVALS	Department Head signature approval for procurements under $15,000. Procurement Officer Approval for ETSB.