

## 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.

MinuteTraq (IQM2) ID #:

Department Requisition #:

5690-0001SERV

Requesting Department: DuPage Care Center	Department Contact: Keith Briggs/Shauna Berman
Contact Email: keith.briggs@dupageco.org & Shauna.Berman@dupageco.org	Contact Phone: 630-407-5225 & 630-784-4261
Vendor Name: Clear Loss Prevention, Inc.	Vendor #: 25205
Action Requested - Identify the action to be taken and the total cost; for instance, approval of new contract, renew contract, increase contract, etc.	
Create line for the DuPage Care Center (1200-2040-54110) and increase in the amount of \$18,209.00	

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

OHSEM has an existing contract for video surveillance system, contract 5690-0001 SERV. The DuPage Care Center has requested quotes on additional cameras and wiring for the West and East Garden patios.

## Strategic Impact

Quality of Life

Select one of the five strategic imperatives in the County's Strategic Plan this action will most impact and provide a brief explanation.

To have additional cameras in areas that are more challenging to view and to continue to ensure the safety for the residents and staff at the DuPage Care Center.

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

#22-013-OHSEM

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

Approval to create line for the DuPage Care Center and increase in the amount of \$18,209.00
Do not approve change order to create line for the DuPage Care Center and increase in the amount of \$18,209.00, however, DPCC will need to purchase and provide the necessary cameras to view the needed areas to be able to provide and ensure the safety for the residents and staff that frequent these areas.

**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.

FY23 1200-2040-54010 \$18,209.00