

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

| SECTION 1: DESCRIPTION | | | | | |
|---|---|---------------------------------------|--|--|--|
| General Tracking | | Contract Terms | | | |
| FILE ID#: SM-P-0001-25 | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS: | INITIAL TERM TOTAL COST: \$75,000.00 | | |
| COMMITTEE: STORMWATER | TARGET COMMITTEE DATE: January 7, 2025 | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: \$75,000.00 | | |
| | CURRENT TERM TOTAL COST: \$75,000.00 | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD: INITIAL TERM | | |
| Vendor Information | | Department Information | | | |
| VENDOR: VENDOR #: Michael Baker International, Inc. | | DEPT: Stormwater | DEPT CONTACT NAME: Christine Klepp | | |
| VENDOR CONTACT: Tatiana Papakos | VENDOR CONTACT PHONE: 312-575-3956 | DEPT CONTACT PHONE #: 630-407-6708 | DEPT CONTACT EMAIL: klepp@dupagecounty.gov | | |
| VENDOR CONTACT EMAIL: tatiana.papakos@mbakerintl.com | VENDOR WEBSITE: mbakerintl.com | 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.). Professional Services Agreement with MICHAEL BAKER for \$75,000.00 to provide GIS application assistance services.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

To support the Stormwater Management Department's hydraulic modeling and floodplain mapping program custom GIS applications have been developed. These custom GIS applications have been written to access various geodatabases and produce certain outputs used in the County's hydraulic models. Given the latest ArcPro environment, the department needs an assessment of its custom GIS applications. Such an evaluation would include recommendations on whether these applications can be or should be updated or rewritten. An outline of the steps required to update these applications would be a deliverable under this contract. Equivalent alternatives to these applications are necessary for future hydraulic model development.

| | 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 | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. |
| PROFESSIONAL SERVICES EXCLUD | ED PER DUPAGE ORDINANCE (SECTION 2-353) AND 50 ILCS 510/2 (ARCHITECTS, ENGINEERS & LAND SURVEYORS) |

| SECTION 3: DECISION MEMO | | | | |
|--|--|--|--|--|
| SOURCE SELECTION | Describe method used to select source. Stormwater Management selected MICHAEL BAKER in accordance with the Professional Services Selection Process found in Section 2-353 of the DuPage County Procurement Ordinance. Five firms submitted Statements of Interest. A selection team reviewed each proposal ranking each firm on certain selection criteria. | | | |
| 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). 1. Approve contract as requested. Consultant was selected using the County's selection process. Consultant is well qualified to perform the services requested. 2. Hire a different consultant. All vetting and selection procedures were followed making this option unnecessary. 3. Do not approve the contract. This option is not recommended since it is an important part of the Department's goals and mission to model the County's watersheds and remap the floodplains in DuPage County. | | | |

| | 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 Informat | ion | | |
|--|--|--|----------------------------------|--|--|
| Send Purc | hase Order To: | Send Invoices To: | | | |
| Vendor: Michael Baker International, Inc. | Vendor#: | Dept: Stormwater | Division: | | |
| Attn: Tatiana Papakos | Email: tatiana.papakos@mbakerintl.com | Attn: Christine Klepp | Email: klepp@dupagecounty.gov | | |
| Address: 200 W Adams St | City: Chicago | Address: City: 421 N County Farm Rd Wheaton | | | |
| State: IL | Zip: 60606 | State: Zip: IL 60187 | | | |
| Phone: 312-575-3956 | Fax: | Phone: 630-407-6708 | Fax: | | |
| Send Payments To: | | Ship to: | | | |
| Vendor: Michael Baker International, Inc. | Vendor#: | Dept: Division: | | | |
| Attn: Tatiana Papakos | Email: tatiana.papakos@mbakerintl.com | Attn: Email: | | | |
| Address: 200 W Adams St | City: Chicago | Address: City: | | | |
| State: IL | Zip: 60606 | State: Zip: | | | |
| Phone: Fax: 312-575-3956 | | Phone: | Fax: | | |
| Shipping | | Contract Dates | | | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): January 14, 2025 Contract End Date (PO25): Nov 30, 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 | | GIS application assistance | FY25 | 1600 | 3000 | 53010 | | 75,000.00 | 75,000.00 |
| FY is required, ensure the correct FY is selected. Requisition Total | | | | | Requisition Total | \$ 75,000.00 | | | | | |

| 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. | | | |