



Procurement Review Comprehensive Checklist

Procurement Services Division

This form must accompany all Purchase Order Requisitions

**SECTION 1: DESCRIPTION**

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: PW-P-0003-24	RFP, BID, QUOTE OR RENEWAL #: # 23-014-PW	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$115,000.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 02/06/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$460,000.00
	CURRENT TERM TOTAL COST: \$115,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Rowell Chemical Corporation	VENDOR #: 39476	DEPT: Public Works	DEPT CONTACT NAME: Jay Dahlberg
VENDOR CONTACT: Dawn Drass	VENDOR CONTACT PHONE: 630-920-8833	DEPT CONTACT PHONE #: 630-985-7400	DEPT CONTACT EMAIL: Jay.Dahlberg@dupageco.org
VENDOR CONTACT EMAIL: ddrass@rowellchemical.com	VENDOR WEBSITE: https://rowellchemical.com/	DEPT REQ #:	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Sodium hypochlorite for both the Woodridge and Knollwood Wastewater Treatment Facilities for a 1-year period from 4/1/24 through 3/31/25 in the amount of \$115,000 per Bid #23-014-PW. This is the first of three possible renewals under this contract.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Sodium hypochlorite is used for plant effluent water disinfection and needs to be supplied to the Woodridge Greene Valley and Knollwood Wastewater Treatment Facilities per Illinois EPA permit regulations.			

**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**

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
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: Rowell Chemical Corporation	Vendor#: 39476	Dept: DuPage County Public Works	Division: Public Works
Attn: Dawn Drass	Email: ddrass@rowellchemical.com	Attn: Magda	Email: pwaccountspayable@dupageco.org
Address: 15 Salt Creek Lane, Suite 205	City: Hinsdale	Address: 7900 S. Route 53	City: Woodridge
State: Illinois	Zip: 60521	State: Illinois	Zip: 60517
Phone: 630-920-8833	Fax:	Phone: 630-985-7400	Fax: 630-985-4802
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Rowell Chemical Corporation	Vendor#: 39476	Dept: SAME AS ABOVE	Division:
Attn: Debi Wickman	Email: dwickman@rowellchemical.com	Attn:	Email:
Address: P. O. Box 95363	City: Chicago	Address:	City:
State: Illiois	Zip: 60694	State:	Zip:
Phone: 630-920-8833	Fax: 630-920-8994	Phone:	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Apr 1, 2024	Contract End Date (PO25): Mar 31, 2025
Contract Administrator (PO25): Drew Cormican/Sandra Martinez			

**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		Sodium hypochlorite for a 1-year period from 4/1/24 through 3/31/25 for the Woodridge and Knollwood Facilities per Bid #23-014-PW. This is the first renewal of three possible renewals under this contract.	FY24	2000	2555	52330		105,000.00	105,000.00
2	1	EA		Sodium hypochlorite for a 1-year period from 4/1/24 through 3/31/25 for the Woodridge and Knollwood Facilities per Bid #23-014-PW. This is the first renewal of three possible renewals under this contract.	FY25	2000	2555	52330		10,000.00	10,000.00
<b>FY is required, assure the correct FY is selected.</b>										Requisition Total	\$ 115,000.00

<i>Comments</i>	
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.

The following documents have been attached:     W-9     Vendor Ethics Disclosure Statement