



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: JPS-P-0064-23	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: 3 YRS + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$96,811.80
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 09/19/2023	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$96,811.80
	CURRENT TERM TOTAL COST: \$96,811.80	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: SECOND CHANCE CARDIAC SOLUTIONS	VENDOR #: 31602	DEPT: OHSEM	DEPT CONTACT NAME: KEITH BRIGGS
VENDOR CONTACT: ELIZABETH HERIAUD	VENDOR CONTACT PHONE: 800-550-2337	DEPT CONTACT PHONE #: 630-407-5225	DEPT CONTACT EMAIL: Keith.Briggs@dupageco.org
VENDOR CONTACT EMAIL: SALES@SCCSOLUTIONS.NET	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.). Purchase of 56 AEDs and supporting supplies and services for the County campus via CMS contract (21-416CMS-BOSS4-P-28118)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Health and well being of the general public and County employees when they are on the County campus.			

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. COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING

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. QUALITY OF LIFE
SOURCE SELECTION	Describe method used to select source. CMS contract (21-416CMS-BOSS4-P-28118)
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). Recommendation to approve the contract will allow for the County Campus to have AEDs. Going out for bid would result in a higher cost. Take no action and risk the inability to properly respond to medical incidents on County Campus.

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			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: SECOND CHANCE CARDIAC SOLUTIONS	Vendor#: 31602	Dept: OHSEM	Division: SECURITY
Attn: ELIZABETH HERIAUD	Email: SALES@SCCSOLUTIONS.NET	Attn: KEITH BRIGGS	Email: Keith.Briggs@dupageco.org
Address: PO BOX 152	City: YORKVILLE	Address: 421 N. COUNTY FARM RD	City: WHEATON
State: IL	Zip: 60560	State: IL	Zip: 60187
Phone: 800-550-2337	Fax:	Phone: 630-407-5225	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAME	Vendor#:	Dept: SAME	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Sep 27, 2023	Contract End Date (PO25): Sep 26, 2026
Contract Administrator (PO25):			

Add Line		Purchase Requisition Line Details										
	LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
x	1	56	EA		AEDS	FY23	1000	1130	52000		1,693.75	94,850.00
x	2	5	EA		CPR UNI-PADZ	FY23	1000	1130	52320		173.40	867.00
x	3	56	EA		AED PRO TRACKER	FY23	1000	1130	53370		19.55	1,094.80
FY is required, assure the correct FY is selected.											Requisition Total	\$ 96,811.80

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Purchase of 56 AEDs and supporting supplies and services for the County campus via CMS contract (21-416CMS-BOSS4-P-28118)
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