

SECTION 1: DESCRIPTION						
General Tracking		Contract Terms				
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 24-099-WEX	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$866,434.00			
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/15/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$2,186,434.00			
	CURRENT TERM TOTAL COST: \$866,434.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: INITIAL TERM			
Vendor Information		Department Information				
VENDOR: Healthy Air Heating & Air, Inc.	VENDOR #: 14166	DEPT: Community Services - Weatherization	DEPT CONTACT NAME: David Watkins			
VENDOR CONTACT: Piotr Blaszczyk	VENDOR CONTACT PHONE: 630-980-4575	DEPT CONTACT PHONE #: 630-407-6469	DEPT CONTACT EMAIL: david.watkins@dupagecounty.gov			
VENDOR CONTACT EMAIL: healthyairheatingandair@gmail.co m	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.).

Architectural & Mechanical services for Weatherization Program (grant funded). RFP with predetermined prices from State Market Analysis.

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

Weatherization Program provides energy efficiency upgrades and health and safety measures to eligible low - income households.

	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 RFP (REQUEST FOR PROPOSAL)	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO						
SOURCE SELECTION	SOURCE SELECTION Describe method used to select source.					
	RFP 24-099-WEX					
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). DCEO, State of IL recommended we add additional contractors to the Weatherization Program to facilitate expending additional grant funds from BIL legislation.					

	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 R	Requisition Informat	ion		
Send Purc	hase Order To:	Send Invoices To:			
Vendor:	Vendor#:	Dept:	Division:		
Healthy Air Heating and Air, Inc.	14166	CS-Weatherization	Intake & Referral		
Attn:	Email:	Attn:	Email:		
Piotr Blaszczyk	healthyairheatingandair@gmail.co m	David Watkins	david.watkins@dupagecounty.gov		
Address:	City:	Address:	City:		
124 N. Bloomingdale Rd.	Bloomingdale	421 N. County Farm Rd.	Wheaton		
State:	Zip:	State:	Zip:		
IL	60108	IL	60187		
Phone:	Fax:	Phone:	Fax:		
630-980-4575	630-980-5577	630-407-6469			
Send Po	ayments To:	Ship to:			
Vendor:	Vendor#:	Dept:	Division:		
Healthy Air Heating and Air, Inc.	14166	CS-Weatherization	Intake & Referral		
Attn:	Email:	Attn: Email:			
Piotr Blaszczyk	healthyairandheatingandair@gmail. com	David Watkins	david.watkins@dupagecounty.gov		
Address:	City:	Address:	City:		
124 N. Bloomingdale Rd.	Bloomingdale	421 N. County Farm Rd.	Wheaton		
State:	Zip:	State:	Zip:		
IL	60108	IL	60187		
Phone:	Fax:	Phone:	Fax:		
630-980-4575	630-980-5577	630-407-6469			
Shipping		Contract Dates			
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):		
PER 50 ILCS 505/1	Destination	10/22/2024	6/30/2025		

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		ARCH & MECH 23-461028		5000	1400	53090	23-461028	224,792.00	224,792.00
2	1	EA		ARCH & MECH 22-403028		5000	1400	53090	22-403028	166,038.00	166,038.00
3	1	EA		ARCH & MECH 24-221028		5000	1430	53090	24-221028	232,337.00	232,337.00
4	1	EA		ARCH & MECH 25-251028		5000	1490	53090	25-251028	104,494.00	104,494.00
5	1	EA		ARCH & MECH RETROFITS24		5000	1555	53090	RETROFITS 24	138,773.00	138,773.00
FY is required, ensure the correct FY is selected. Requisition Total					\$ 866,434.00						

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.			