



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-1982	RFP, BID, QUOTE OR RENEWAL #: 26-059-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$36,300.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/04/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$145,200.00
	CURRENT TERM TOTAL COST: \$36,300.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Alpha Baking Company	VENDOR #: 38093	DEPT: DuPage Care Center	DEPT CONTACT NAME: Dining Services
VENDOR CONTACT: Jim Deere	VENDOR CONTACT PHONE: 773-261-6000	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: mario.plata@dupagecounty.gov
VENDOR CONTACT EMAIL: jdeere@alphabaking.com	VENDOR WEBSITE:	DEPT REQ #: 7595	
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.). Furnish and deliver assorted sliced breads, rolls & sandwich buns for the DuPage Care Center, for the period September 9, 2026 through September 8, 2027, for a contract total not to exceed \$36,300.00 per bid #26-059-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The DuPage Care Center is regulated by the IL Department of Public Health which mandates & monitors our ongoing compliance with applicable State & Federal regulations that govern our practices, policies & procedures. Adherence to physicians diet orders & clearly defined menu guideline, which includes bread is necessary to avoid fines & or penalties. To ensure that we are allowed to bill for & be reimbursed for care provided to residents as well as operated campus cafeteria and catering operations, bread purchases are necessary			

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. LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)
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

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

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: Alpha Baking	Vendor#: 38093	Dept: DuPage Care Center	Division: Dining Services
Attn: Mo Shihab	Email: mshihab@alphabaking.com	Attn: Mario Plata	Email: mario.plata@dupagecounty.gov
Address: 5001 W. Polk Street	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60639	State: IL	Zip: 60187
Phone: 773-261-6000	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Alpha Baking	Vendor#: 38093	Dept: DuPage Care Center	Division: Dining Services
Attn: Marilyn Chisolm	Email: mchisholm@alphabaking.com	Attn: Mario Plata	Email: mario.plata@dupagecounty.gov
Address: 36230 Treasury Center	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60694-6200	State: IL	Zip: 60187
Phone: 773-797-3352	Fax:	Phone: 630-784-4416	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 9, 2026	Contract End Date (PO25): September 8, 2027

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		assorted sliced breads, rolls & sandwich buns	FY26	1200	2025	52210		12,100.00	12,100.00
2	1	EA		assorted sliced breads, rolls & sandwich buns	FY27	1200	2025	52210		24,200.00	24,200.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 36,300.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Furnish and deliver assorted sliced breads, rolls & sandwich buns for the DuPage Care Center, for the period September 9, 2026 through September 8, 2027, for a contract total not to exceed \$36,300.00, per bid #26-059-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 08/04/26 HS Committee 08/11/26 County Board Meeting
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.