



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#: 26-0083	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$50,250.00
	CURRENT TERM TOTAL COST: \$50,250.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: DuPage County Health Department	VENDOR #: 23985	DEPT: Public Defender	DEPT CONTACT NAME: Jeff York
VENDOR CONTACT: Adam Forker	VENDOR CONTACT PHONE: 630-221-7419	DEPT CONTACT PHONE #: 630-407-8300	DEPT CONTACT EMAIL: Jeff.York@dupagecounty.gov
VENDOR CONTACT EMAIL: Adam.Forker@dupagehealth.org	VENDOR WEBSITE:	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.). Provide linkage to treatment for individuals involved in the criminal justice system with substance use disorders & mental health needs.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Case Manager to conduct mental health and/or substance use screening for individuals in pre-trial court.			

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. IGA (INTERGOVERNMENTAL AGREEMENT)
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: DuPage County Health Department	Vendor#: 19161	Dept: Public Defender	Division:
Attn: Adam Forker	Email: Adam.Forker@dupagehealth.org	Attn: Melissa Buckardt	Email: Melissa.Buckardt@dupagecounty.gov
Address: 111 N. County Farm Road	City: Wheaton	Address: 503 N, County Farm Road, 3rd Floor	City: Wheaton
State: Illinois	Zip: 60187	State: Illinois	Zip: 60187
Phone: 630-221-7419	Fax:	Phone: 630-407-8303	Fax: 630-407-8310
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: DuPage County Health Department	Vendor#: 23985	Dept: Public Defender	Division:
Attn: Adam Forker	Email: account.receivable@lexisnexis.com	Attn: Jeff York	Email: Jeff.York@dupagecounty.gov
Address: 111 N. County Farm Road	City: Chicago	Address: 503 N, County Farm Road, 3rd Floor	City:
State: Illinois	Zip: 60187	State: Illinois	Zip: 60187
Phone: 630-221-7419	Fax:	Phone: 630-407-8300	Fax: 630-407-8310
<i>Shipping</i>		<i>Contract Dates</i>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 13, 2026	Contract End Date (PO25): Nov 30, 2026

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		Conduct mental health and/or substance use screening for individuals in pre-trial court	FY26	5000	6350	53090		40,250.00	40,250.00
2	1	EA		Transportation for individuals in pre-trial court	FY26	5000	6350	53510		10,000.00	10,000.00
FY is required, ensure the correct FY is selected.									Requisition Total	\$ 50,250.00	

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. 1st allowed invoice date of 1/13/26.
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.