



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#: 24-2022	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$51,845.52
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/06/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$51,845.52
	CURRENT TERM TOTAL COST: \$51,845.52	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Cook's Direct, Inc.	VENDOR #: 34581	DEPT: DuPage Care Center	DEPT CONTACT NAME: Administration
VENDOR CONTACT: Tom Jensen	VENDOR CONTACT PHONE: 630-821-6300	DEPT CONTACT PHONE #: 630-784-4208	DEPT CONTACT EMAIL: christine.kliebhan@dupagecounty.gov
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #: 7462	

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.). Replacement Hoshizaki Ice and Water Dispensers for the DuPage Care Center Units, for the period August 14, 2024 through November 30, 2024, for a total contract amount not to exceed \$51,845.52, per Cooperative Contract with Sourcwell, contract #063022.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement Ice and Water Machines. Current Machines were purchased in 2010 or prior and repairs are becoming more frequent and costly. Ice is used for a multitude of patient care applications including hydration, wound care, and physical therapy. The cubelit ice makes it easier to swallow as it is soft and chewable, making it easier for the patient.

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

SOURCE SELECTION	Describe method used to select source. Quality of Life
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). 1) Approve contract for replacement Hoshizaki Ice and Water Dispensers for the DuPage Care Center Units, per Cooperative Contract with Sourcwell, contract #063022, for the period of August 14, 2024 through November 30, 2024. 2) Do not approve contract or replacement Hoshizaki Ice and Water Dispensers for the DuPage Care Center Units, per Cooperative Contract with Sourcwell, contract #063022, for the period of August 14, 2024 through November 30, 2024., however, DPCC needs to have access to cold water and ice for the residents, for hydration needs.

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: Cook's Direct, Inc.	Vendor#: 34581	Dept: DuPage Care Center	Division: Administration
Attn: Tom Jensen	Email:	Attn: Christine Kliebhan	Email: christine.kliebhan@dupagecounty.gov
Address: 27725 Diehl Road	City: Warrenville	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60555	State: IL	Zip: 60187
Phone: 630-821-6300	Fax:	Phone: 630-784-4208	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Cook's Direct, Inc.	Vendor#: 34581	Dept: DuPage Care Center	Division: Administration
Attn: Tom Jensen	Email:	Attn:	Email: christine.kliebhan@dupagecounty.gov
Address: 27725 Diehl Road	City: Warrenville	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60555	State: IL	Zip: 60187
Phone: 630-821-6300	Fax:	Phone: 630-784-4208	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): August 14, 2024	Contract End Date (PO25): November 30, 2024

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	8	EA	DCM-271BAH-OS	Hoshizaki Ice & water Dispensers, legs package, filtration system	FY24	1200	2040	54110		6,480.69	51,845.52
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 51,845.52

Comments

HEADER COMMENTS	Provide comments for P020 and P025. Replacement Hoshizaki Ice and Water Dispensers for the DuPage Care Center Units, per Cooperative Contract with Sourcewell, contract #063022.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 6, 2024 Human Services Committee August 13, 2024 County Board
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.