



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#: 25-1827	RFP, BID, QUOTE OR RENEWAL #: 25-077-FM	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$25,817.50
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/19/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$25,817.50
	CURRENT TERM TOTAL COST: \$25,817.50	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Voris Mechanical, Inc.	VENDOR #: 43066	DEPT: DuPage Care Center	DEPT CONTACT NAME: Nick Jensen
VENDOR CONTACT: Kimberly Voris	VENDOR CONTACT PHONE: 630-469-7800	DEPT CONTACT PHONE #: 630-784-4435	DEPT CONTACT EMAIL: nicholas.jensen@dupagecounty.gov
VENDOR CONTACT EMAIL: kvoris@vorismechanical.com	VENDOR WEBSITE:	DEPT REQ #: 7524	
<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.). Replacement HVAC Roof Top Unit for the DuPage Care Center, for the period 08/20/25 through 08/19/26, for a contract total amount not to exceed \$25,817.50; per lowest responsible bid #25-077-FM.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement HVAC Unit/ Maintenance Shop at the DuPage Care Center			

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: Vorismechanical, Inc.	Vendor#: 43066	Dept: DuPage Care Center	Division: Facilities Management
Attn: Kimberly Voris	Email: kvoris@vorismechanical.com	Attn: Nick Jenson	Email: nicholas.jensen@dupagecounty.gov
Address: 370 Windy Point Drive	City: Glendale Heights	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60139	State: IL	Zip: 60187
Phone: 630-469-7800	Fax:	Phone: 630-784-4435	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Vorismechanical, Inc.	Vendor#: 43066	Dept: DuPage Care Center	Division:
Attn: Toni Bandelow/Ginger Lovstad	Email: AP@vorismechanical.com	Attn: Nick Jenson	Email: nicholas.jensen@dupagecounty.gov
Address: 370 Windy Point Drive	City: Glendale Heights	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60139	State: IL	Zip: 60187
Phone: 630-469-7800	Fax:	Phone: 630-784-4435	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): August 20, 2025	Contract End Date (PO25): August 19, 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		HVAC Rooftop Unit	FY25	1200	2040	54110		22,450.00	22,450.00
2	1	EA		Contingency	FY25	1200	2040	54110		3,367.50	3,367.50
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 25,817.50

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Replacement HVAC Roof Top Unit for the DuPage Care Center, for the period 08/20/25 through 08/19/26, for a contract total amount not to exceed \$25,817.50; per lowest responsible bid #25-077-FM.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 19, 2025 Human Services Committee
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.