



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID #:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$48,000.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 9/2/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$48,000.00
	CURRENT TERM TOTAL COST: \$48,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Terri Albright	VENDOR #: 26660	DEPT: 18th Judicial Circuit	DEPT CONTACT NAME: Nicole Swiss
VENDOR CONTACT: Terri Albright	VENDOR CONTACT PHONE: On file	DEPT CONTACT PHONE #: 630-407-8788	DEPT CONTACT EMAIL: nicole.swiss@18thjudicial.org
VENDOR CONTACT EMAIL: On file	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.). Professional services as a crisis counselor and as a handler of a comfort dog to assist in therapeutic support for court users and court staff.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Terri Albright has the education, expertise and experience in crisis services, deescalation and support for persons who are Circuit Court involved and may be experiencing a mental health crisis. The Circuit Court seeks to improve the quality of services provided to Circuit Court participants and employees in need of mental health resources.			

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.
OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. Sole source based on education, expertise and experience.
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. To approve contract with Terri Albright for professional services. 2. To rely on other crisis counselors would create a barrier to those experiencing a mental health crisis in the court. 3. To add a crisis counselor/therapy dog to the court's headcount.


SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION	
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement. SOLE PROVIDER OF A LICENSED OR PATENTED GOOD OR SERVICE
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. Terri Albright has the education, expertise and experience in crisis services, deescalation and support for those who are experiencing a mental health crisis.
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			
Send Purchase Order To:		Send Invoices To:	
Vendor: Terri Albright	Vendor#: 26660	Dept: 18th Judicial Circuit	Division:
Attn:	Email: On file	Attn: Nicole Swiss	Email: nicole.swiss@18thjudicial.org
Address: On file	City: On file	Address: 505 N. County Farm Road, Room 2015	City: Wheaton
State: IL	Zip: On file	State: IL	Zip: 60187
Phone: On file	Fax:	Phone: 630-407-8788	Fax:
Send Payments To:		Ship to:	
Vendor: Same as above	Vendor#:	Dept: Same as above	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 10/6/2025	Contract End Date (PO25): 10/5/2026

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	Monthly service	Crisis Counselor	FY25	1000	5900	53090		48,000.00	48,000.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 48,000.00

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.