



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#:	RFP, BID, QUOTE OR RENEWAL #: 25-021-WEX	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$22,925.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/03/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$91,700.00
	CURRENT TERM TOTAL COST: \$22,925.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Environmental Consulting Group, Inc.	VENDOR #: 20135	DEPT: Community Services	DEPT CONTACT NAME: Gina Strafford-Ahmed
VENDOR CONTACT: Mark Schleyer	VENDOR CONTACT PHONE: 630-607-0060	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov
VENDOR CONTACT EMAIL: mscheleyer@envcg.com	VENDOR WEBSITE: www.ecgmidwest.com	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.). Bid for asbestos testing single family homes for Weatherization and Single Family Rehab grants, total cost per year approx. \$22,925. Five bids received, three accepted two chosen based on qualifications, first of 3 optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Bid to find providers for grant funded program.			

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. RENEWAL
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).

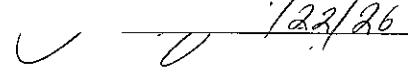
SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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: Environmental Consulting Group, Inc	Vendor#: 20135	Dept: Community Services	Division: Weatherization
Attn: Mark Schleyer	Email: mschleyer@envcg.com	Attn: Gina Strafford-Ahmed	Email: gina.strafford@dupagecounty.gov
Address: 105 S. York Street, Suite 250	City: Elmhurst	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60126	State: IL	Zip: 60187
Phone: 630-607-0060	Fax:	Phone: 630-407-6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Environmental Consulting Group, Inc	Vendor#: 20135	Dept: SAA	Division:
Attn: Linda Liming	Email: lliming@envcg.com	Attn:	Email:
Address: 105 S. Your Street, Suite 250	City: Elmhurst	Address:	City:
State: IL	Zip: 60126	State:	Zip:
Phone: 630-607-0060	Fax:	Phone:	Fax:
<i>Shipping</i>		<i>Contract Dates</i>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Mar 11, 2026	Contract End Date (PO25): Mar 10, 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		Asbestos Testing		5000	1440	53820	CD24 SFR	15,520.00	15,520.00
2	1	EA		Asbestos Testing		5000	1555	53090	RETROFITS 26	7,405.00	7,405.00
FY is required, ensure the correct FY is selected.											Requisition Total \$ 22,925.00

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. Signature on File  123/26