



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#: 23-2657	RFP, BID, QUOTE OR RENEWAL #: 23-090-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$28,800.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/15/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$115,200.00
	CURRENT TERM TOTAL COST: \$28,800.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Direct Supply, Inc.	VENDOR #: 10586	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel.Leonida@dupageco.org
VENDOR CONTACT: Andy Bach	VENDOR CONTACT PHONE: 886-810-0265	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupageco.org
VENDOR CONTACT EMAIL: abach@directsupply.com	VENDOR WEBSITE:	DEPT REQ #: 7408	
<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.). Joerns replacement bed parts for the DuPage Care Center, for the period September 5, 2023 through September 4, 2024, for a total contract amount not to exceed \$28,800.00, per quote #23-090-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement bed parts to maintain and repair the beds in 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	
STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
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

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	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: Direct Supply, Inc.	Vendor#: 10586	Dept: DuPage Care Center	Division: Nursing
Attn: Andy Bach	Email: abach@directsupply.com	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org
Address: 7301 W. Champions Way	City: Milwaukee	Address: 400 N. County Farm Road	City: Wheaton
State: WI	Zip: 53223	State: IL	Zip: 60187
Phone: 866-810-0265	Fax:	Phone: 630-784-4250	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Direct Supply, Inc.	Vendor#: 27216	Dept: DuPage Care Center	Division: Nursing
Attn:	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org
Address: PO Box 88201	City: Milwaukee	Address: 400 N. County Farm Road	City: Wheaton
State: WI	Zip: 53288-0201	State: IL	Zip: 60187
Phone: 866-810-0265	Fax:	Phone: 630-784-4250	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Sep 5, 2023	Contract End Date (PO25): Sep 4, 2024
Contract Administrator (PO25): Christine Kliebhan			

**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		replacement bed parts	FY23	1200+	2050	52250		3,900.00	3,900.00
2	1	EA		replacement bed parts	FY24	1200	2050	52250		24,900.00	24,900.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 28,800.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Joerns replacement bed parts for the DuPage Care Center, for the period September 5, 2023 through September 4, 2024, for a total contract amount not to exceed \$28,800.00, per quote #23-090-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 15, 2024 HS Committee    August 22, 2023 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.

The following documents have been attached:     W-9     Vendor Ethics Disclosure Statement