

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 #: RFP 23-072-CS | INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS | INITIAL TERM TOTAL COST: \$10,000.00 | | |
| COMMITTEE: HUMAN SERVICES | TARGET COMMITTEE DATE: 09/03/2024 | PROMPT FOR RENEWAL: 6 MONTHS | CONTRACT TOTAL COST WITH ALL RENEWALS: \$55,000.00 | | |
| | CURRENT TERM TOTAL COST: \$15,000.00 | MAX LENGTH WITH ALL RENEWALS: FOUR YEARS | CURRENT TERM PERIOD: FIRST RENEWAL | | |
| Vendor Information | | Department Information | | | |
| VENDOR: Piedmont Global Language Solutions (PGLS) | VENDOR #: 42756 | DEPT: DEPT CONTACT NAME Community Services Karen Graczyk | | | |
| VENDOR CONTACT: Brooke Smith | VENDOR CONTACT PHONE: 703-691-6180 Ext. 723 | DEPT CONTACT PHONE #: 630-407-6543 | DEPT CONTACT EMAIL: karen.graczyk@dupagecounty.gov | | |
| VENDOR CONTACT EMAIL: bsmith@pglsinc.com | 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.). To provide face-to-face and telephonic interpreter services, translation services, and American Sign Language, to assist clients in Community Services, primarily the Senior Services' unit. Per RFP # 23-072-CS, this is the optional first of three (3) one (1) year renewals.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Community Services assists clientele that speak many diverse languages. The ability to communicate effectively in order to provide necessary social services as mandated by the State of Illinois requires the assistance of interpreter services.

| 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 RENEWAL OF RFP | 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. RFP - # 23-072-CS | | | |
| 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). PGLS' proposal was one of the most cost efficient and responsible offers to meet all the requirements to provide necessary services to our clienteles' services mandated by the State of Illinois Award contract to another vendor per proposals and pay a higher cost for services. Do not award a contract and Community Services will not be able to serve all of our clients due to language barriers. | | | |

| | 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: Purcha | ase Requisition Informat | ion | | | |
|---|---------------------|-----------------------------|--------------------------------|--|--|--|
| Send Purd | chase Order To: | Send Invoices To: | | | | |
| Vendor: Piedmont Global Language Solutions (PGLS) | Vendor#: 42756 | Dept: Community Services | Division: | | | |
| Attn: | Email: | Attn: | Email: | | | |
| Brooke Smith | bsmith@pglsinc.com | Karen Graczyk | karen.graczyk@dupagecounty.gov | | | |
| Address: | City: | Address: | City: | | | |
| 1010 N. Glebe Road, Suite 450 | Arlington | 421 N. County Farm Road | Wheaton | | | |
| State: | Zip: State: Zi | | | | | |
| VA | 22201 | IL | 60187 | | | |
| Phone: | Fax: | Phone: | Fax: | | | |
| 703-691-6180 ext. 723 | | 630-406-6543 | 630-407-6501 | | | |
| Send Payments To: | | Ship to: | | | | |
| Vendor: Piedmont Global Language Solutions (PGLS) | Vendor#: 42756 | Dept: Community Services | Division: | | | |
| Attn: | Email: | Email: | | | | |
| Brooke Smith | bsmith@pglsinc.com | | | | | |
| Address: City: Address: | | | City: | | | |
| 1010 N. Glebe Road, Suite 450 | Arlington | 421 N. County Farm Road | Wheaton | | | |
| State: | e: Zip: State: Zip: | | | | | |
| VA | 22201 | IL | 60187 | | | |
| Phone: | Fax: | Phone: Fax: | | | | |
| 703-691-6180 | | 630-407-6543 | 630-40706591 | | | |
| Shipping | | Contract Dates | | | | |
| Payment Terms: | FOB: | Contract Start Date (PO25): | Contract End Date (PO25): | | | |
| PER 50 ILCS 505/1 | Destination | Sep 11, 2024 | Nov 30, 2025 | | | |

| | 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 | | Interpreter Services - CS | FY24 | 1000 | 1750 | 53040 | | 1,000.00 | 1,000.00 |
| 2 | 1 | EA | | Interpreter Services - CS | FY25 | 1000 | 1750 | 53040 | | 14,000.00 | 14,000.00 |
| FY is required, ensure the correct FY is selected. Requisition Total | | | | | \$ 15,000.00 | | | | | | |

| 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. | | | |