

## 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: OTHER	INITIAL TERM TOTAL COST: \$126,000.00			
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/05/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$126,000.00			
	CURRENT TERM TOTAL COST: \$126,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM			
Vendor Information		Department Information				
VENDOR: VENDOR #: Community and Economic Development of Cook County		DEPT: Community Services	DEPT CONTACT NAME: Gina Strafford-Ahmed			
VENDOR CONTACT: Glen Ofenloch	VENDOR CONTACT PHONE: 312-795-8892	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov			
VENDOR CONTACT EMAIL: gofenloch@cedaorg.net	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 service agreement for Technical Assistance, Operational/Implementation Services, and Training for Weatherization Multi-Family project mandated by the funding entity, IL DCEO.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

Per IL DCEO requirement to provide Weatherization services to multi-family units in DuPage County, a professional service agreement for technical assistance is mandated to complete any work.

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 (I	DETAIL SELECTION PROCESS ON DECISION MEMO)			

SECTION 3: DECISION MEMO				
	Describe method used to select source.  Per IL DCEO Weatherization Manual CEDA in developing multi-family projects outlined in 2 CRF 200.320(c).			
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. Provide funding for professional services so DuPage County may maintain the Weatherization grant.  2. Do not approve funding and risk losing the Weatherization grant.			

	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	se Requisition Informat	ion				
Send Purch	nase Order To:	Send	Send Invoices To:				
Vendor:	Vendor#:	Dept: Community Services	Division: Weatherization				
Attn: Glen Ofenloch, CFO	Email: gofenloch@cedaorg.net	Attn: David Stuckey	Email: david.stuckey@dupagecounty.gov				
Address: 567 West Lake Street, Suite 1200	City: Chicago	Address: 421 N. County Farm Road	City: Wheaton				
State:	Zip: 60661	State:	Zip: 60187				
Phone: 312-795-8892	Fax:	Phone: 630-407-6464	Fax:				
Send Payments To:		Ship to:					
Vendor: SAA	r: Vendor#: Dept: SAA		Division:				
Attn:	Email:	Attn:	Email:				
Address: City: Address:		City:					
State: Zip: State		State:	Zip:				
Phone:	Fax:	Phone:	Fax:				
 Shipping		Contract Dates					
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Aug 12, 2025	Contract End Date (PO25): Jun 30, 2026				

					Purcha	se Requisi	tion Lir	e Details			
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Professional Services	FY25	5000	1555	53090	RETROFITS 24	63,000.00	63,000.0
2	1	EA		Professional Services	FY25	5000	1400	53090	22-403028	5,000.00	5,000.0
3	1	EA		Professional Services	FY25	5000	1430	53090	24-221028	5,000.00	5,000.0
4	1	EA		Professional Services	FY25	5000	1490	53090	25-251028	5,000.00	5,000.0
5	1	EA		Professional Services		5000	1400	53090	25-401028	16,000.00	16,000.0
6	1	EA		Professional Services		5000	1430	53090	25-221028	16,000.00	16,000.00
7	1	EA		Professional Services		5000	1490	53090	26-251028	16,000.00	16,000.00
FY is	require	d, ensure	the correct FY	is selected.				1		Requisition Total \$	126,000.00

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.			