



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#: 25-0450	RFP, BID, QUOTE OR RENEWAL #: 25-002-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$80,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/18/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$320,000.00
	CURRENT TERM TOTAL COST: \$80,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Advacare Systems	VENDOR #: 11694	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Robert LoCascio	VENDOR CONTACT PHONE: 847-322-1964	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: Annabel.Leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: rlocascio@advacaresystems.com	VENDOR WEBSITE:	DEPT REQ #: 7495	
<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.). Rental of medical equipment - beds and mattresses, for the DuPage Care Center, for the period March 1, 2025 through February 28, 2026, for a contract total amount not to exceed \$80,000.00, per low bid #25-002-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished this rental equipment are devices that are prescribed treatments necessary for residents to maintain a good quality of care.			

**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**

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: Advacare Systems	Vendor#: 11694	Dept: DuPage Care Center	Division: Nursing
Attn: Robert LoCascio	Email: rlocascio@advacaresystems.com	Attn: Connie Pureza	Email: Connie.Pureza@dupagecounty.gov
Address: 2939 N. Pulaski	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60641	State: IL	Zip: 60187
Phone: 847-322-1964	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Advacare Systems	Vendor#: 11694	Dept: DuPage Care Center	Division: Nursing
Attn:	Email:	Attn:	Email:
Address: 2939 N. Pulaski	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60641	State: IL	Zip: 60187
Phone:	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): March 1, 2025	Contract End Date (PO25): February 28, 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		Rental of medical equipment - beds/mattresses	FY25	1200	2050	53410		60,000.00	60,000.00
2	1	EA		Rental of medical equipment - beds/mattresses	FY26	1200	2050	53410		20,000.00	20,000.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 80,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Rental of medical equipment - beds and mattresses, for the DuPage Care Center, for the period March 1, 2025 through February 28, 2026, for a contract total amount not to exceed \$80,000.00, per low bid #25-002-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. February 18, 2025 Human Services Committee      February 25, 2025 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.