



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-2579	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$48,000.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 11/18/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$48,000.00
	CURRENT TERM TOTAL COST: \$48,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: DuPage Health Department	VENDOR #: 19161	DEPT: 18th Judicial Circuit Court	DEPT CONTACT NAME: Suzanne Armstrong
VENDOR CONTACT: Adam Forker	VENDOR CONTACT PHONE: 630-221-7419	DEPT CONTACT PHONE #: 630-407-8888	DEPT CONTACT EMAIL: Suzanne.Armstrong@DuPageCourts.gov
VENDOR CONTACT EMAIL: Adam.Forker@dupagehealth.org	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.). Intergovernmental agreement with the DuPage Health Department for a part time navigator to provide mental health and social services guidance to court visitors.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished This will provide courthouse visitors in need to receive immediate assistance, and/or guidance to resources while assisting court personnel who may not have the training to provide these services. This will improve the quality of services to court participants.			

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. IGA (INTERGOVERNMENTAL AGREEMENT)
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: DuPage County Health Dept	Vendor#: 191610	Dept: 18th Judicial Circuit	Division:
Attn: Adam Forker	Email: Adam.Forker@dupagehealth.org	Attn: Suzanne Armstrong	Email: Suzanne.Armstrong@DuPageCourts.gov
Address: 111 N County Farm Road	City: Wheaton	Address: 505 N County Farm Rd	City: Wheaton
State: IL	Zip: 60187	State: IL	Zip: 60187
Phone: 630-221-7419	Fax:	Phone: 630-407-8901	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: same as above	Vendor#:	Dept: same as above	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
<i>Shipping</i>		<i>Contract Dates</i>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Dec 1, 2025	Contract End Date (PO25): Nov 30, 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	12	EA	Monthly Navigator Service	Part-time Court Navigator Services	FY26	1000	5900	53090		4,000.00	48,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 48,000.00

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. 