



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#:	RFP, BID, QUOTE OR RENEWAL #: 23-065-PW	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$172,110.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 08/20/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$172,110.00
	CURRENT TERM TOTAL COST: \$172,110.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Insituform Technologies, Inc.	VENDOR #:	DEPT: Public Works	DEPT CONTACT NAME: Sean Reese
VENDOR CONTACT: Kevin Coburn	VENDOR CONTACT PHONE: 630-842-8539	DEPT CONTACT PHONE #: 630-985-7400	DEPT CONTACT EMAIL: sean.reese@dupagecounty.gov
VENDOR CONTACT EMAIL: kcoburn@azuria.com	VENDOR WEBSITE:	DEPT REQ #:	
<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.). Recommendation for the approval to sand blast, primer, and spray rehabilitate the Emerald Lift Station. This is to extend the life by 40-50 years from the already 25-year old structure, wet-well, and valve vault. Spray Rehabilitation is a more cost effective option than replacing pipe or lift stations, and extends the useful life of the lift station.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished DuPage County Public Works will benefit from Spray Rehabilitation, Trenchless Rehabilitation, and Maintenance of Pipeline Infrastructure on a project by project bases. This will extend the useful life of the Emerald Lift Station by 40-50 years when proper surface preparation and epoxy application is performed on the structural steel components, which Insituform specializes in. This will decrease overall maintenance costs and increasing quality of flow within the Emerald Lift Station.			

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.
COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING	

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. QUALITY OF LIFE
SOURCE SELECTION	Describe method used to select source. Omnia Contract with the County of DuPage as the lead for Trenchless Rehabilitation and Maintenance of Pipeline Infrastructure
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. Recommended to move forward with the proposal for project #1- Emerald Lift Station, Sand Blasting, Primer Preparation, and Spray Rehabilitation, through Insituform. 2. Do not rehabilitate the Emerald Lift Station. Not recommended due to increasing costs and frequency for repairs. 3. Do not approve purchase at this time. Not recommended due to the impact on the system and preallocated budget.

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: Insituform Technologies, Inc.	Vendor#:	Dept: Public Works	Division: Public Works
Attn: Kevin Coburn	Email: kcoburn@azuria.com	Attn: Magda	Email: pwaccountspayable@dupagecount y.gov
Address: 1334 Enterprise Drive	City: Romeoville	Address: 7900 S. Rt 53	City: Woodridge
State: IL	Zip: 60446	State: IL	Zip: 60517
Phone: 630-842-8539	Fax: 708-478-4871	Phone: 630-985-7400	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Same As Above	Vendor#: Same As Above	Dept: Same As Above	Division: Same As Above
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Aug 27, 2024	Contract End Date (PO25): Jun 30, 2025
Contract Administrator (PO25): Drew Cormican			

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		Sand Blast, Prime, and Spray Rehabilitation to be completed on the Emerald Lift Station per Omnia Contract #23-065-PW	FY24	2000	2555	54070		172,110.00	172,110.00
										Requisition Total	\$ 172,110.00

FY is required, assure the correct FY is selected.

<i>Comments</i>	
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.

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