

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:	INITIAL TERM TOTAL COST:		
25-2487	22-112-FM	1 YR + 3 X 1 YR TERM PERIODS	\$98,808.00		
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:		
HUMAN SERVICES	10/21/2025	3 MONTHS	\$325,808.00		
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:		
	\$69,000.00	FOUR YEARS	THIRD RENEWAL		
Vendor Information		Department Information			
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:		
Valdes Supply	36338	DuPage Care Center	Vinit Patel/Annabel Leonida		
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:		
Shahir Ahmed	847-657-6000	630-784-4273/630-784-4250	vinit.patel@dupagecounty.gov/ annabel.Leonida@dupagecounty.go		
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:		v		
shahir.ahmed@valdessupply.com		DEPT REQ #:			
		7541			

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.). Recommendation for the approval for restroom tissue, paper towels and facial tissue (group 2), as needed for the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total not to exceed \$69,000.00, under bid renewal #22-112-FM, third and final optional renewal.

 $\hbox{\it JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished}$

Paper towels and facial tissue are necessary supplies in providing care to the residents of the DPCC. The nurses keep a supply of these products on their medication carts to be used in the administration of medications. Residents are provided with facial tissues to keep at their bedside for personal use. Hard roll towels and restroom tissue are necessary to be provided in all of the washrooms to meet IDPH Health and safety standards for infection control.

SECTION 2: DECISION MEMO REQUIREMENTS				
DECISION MEMO NOT REQUIRED RENEWAL	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.			

SECTION 3: DECISION MEMO				
SOURCE SELECTION	Describe method used to select source.			
4 4 4 500	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 Informat	ion			
Send	Purchase Order To:	Send Invoices To:				
Vendor:	Vendor#:	Dept:	Division:			
Valdes Supply	36388	DuPage Care Center	Environmental Concerns			
Attn:	Email:	Attn:	Email:			
Shahir Ahmed	shahir.ahmed@valdessupply.com	Vinit Patel	vinit.patel@dupagecounty.gov			
Address:	City:	Address:	City:			
667 Chaddwick Drive	Wheeling	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60090	IL	60187			
Phone:	Fax:	Phone:	Fax:			
847-657-6000		630-784-4273				
Send Payments To:		Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
Valdes Supply	36388	DuPage Care Center				
Attn:	: Email: Attn: Em					
Shahir Ahmed	shahir.ahmed@valdessupply.com	ahmed@valdessupply.com				
Address:	City:	Address:	City:			
667 Chaddwick Drive	Wheeling	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60090	IL	60187			
Phone:	Fax:	Phone:	Fax:			
847-657-6000		630-784-4273				
Shipping		Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	December 1, 2025 November 30, 2026				

					Purchas	se Requis	ition Lin	e Details			
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Restroom tissue & hard roll towels for Environmental Services	FY26	1200	2035	52280		60,000.00	60,000.00
2	1	EA		Facial Tissue, multi fold paper towels & perforated roll towels for the Nursing Department	FY26	1200	2050	52200		9,000.00	9,000.00
FY	FY is required, ensure the correct FY is selected. Requisition Total					\$ 69,000.00					

Comments				
HEADER COMMENTS Provide comments for P020 and P025. Recommendation for the approval for restroom tissue, paper towels and facial tissue (group 2), as needed for the DuPage Care Center, for the period December 1, 2025 through November 30, 2026, for a contract total not to exceed \$69,000.00, under bid renewal #22-112-FM, third and final optional renewal.				
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. October 21, 2025 Human Services Committee October 28, 2025 County Board			
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.			