



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#: FI-P-0007-24	RFP, BID, QUOTE OR RENEWAL #: Quote #23-044-FIN	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$116,800.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 04/09/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$177,890.00
	CURRENT TERM TOTAL COST: \$30,545.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Titan Image Group	VENDOR #: 11753	DEPT: Finance	DEPT CONTACT NAME: Jim Morrissy
VENDOR CONTACT: Jeff Krey	VENDOR CONTACT PHONE: 630-679-0400	DEPT CONTACT PHONE #: 630-407-6116	DEPT CONTACT EMAIL: jim.morrissy@dupagecounty.gov
VENDOR CONTACT EMAIL: jeff@titanimage.com	VENDOR WEBSITE: www.titanimage.com	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.). Agreement to furnish and deliver printed business envelopes for various departments, per bid #23-044-FIN, first of three renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Current contract expires on April 10, 2024.			

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.
RENEWAL	
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

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
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: Titan Image Group	Vendor#: 11753	Dept: Finance	Division: Various
Attn: Jeff Krey	Email: jeff@titanimage.com	Attn:	Email:
Address: 305 W. Briarcliff Drive, Suite 105	City: Bolingbrook	Address: 421 N. County Farm Rd	City: Wheaton
State:	Zip: 60440	State: IL	Zip: 60187
Phone: 630-679-0400	Fax:	Phone: 630-407-6100	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: 421 N. County Farm Rd.	City: Wheaton
State:	Zip:	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-6100	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Apr 12, 2024	Contract End Date (PO25): Nov 30, 2025
Contract Administrator (PO25):			

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		BZP - Envelopes 4/11/2024-11/30/2025	FY24	1100	2810	53800		10,000.00	10,000.00
2	1	EA		Assess - Envelopes 4/11/2024-11/30/2025	FY24	1000	1800	53800		10,000.00	10,000.00
3	1	EA		CS - Envelopes 4/11/2024-11/30/2025	FY24	1000	1750	53800		3,000.00	3,000.00
4	1	EA		Comm Dev - Envelopes 4/11/2024-11/30/2025	FY24	5000	1440	53800		225.00	225.00
5	1	EA		Comm Dev - Envelopes 4/11/2024-11/30/2025	FY24	5000	1450	53800		100.00	100.00
6	1	EA		Fam Cen - Envelopes 4/11/2024-11/30/2025	FY24	1000	1640	53800		120.00	120.00
7	1	EA		FIN - Envelopes 4/11/2024-11/30/2025	FY24	1000	1150	53800		500.00	500.00
8	1	EA		CB - Envelopes 4/11/2024-11/30/2025	FY24	1000	1001	53800		3,000.00	3,000.00
9	1	EA		SHF - Envelopes 4/11/2024-11/30/2025	FY24	1000	4400	53800		3,000.00	3,000.00
10	1	EA		HR - Envelopes 4/11/2024-11/30/2025	FY24	1000	1120	53800		600.00	600.00
FY is required, assure the correct FY is selected.										Requisition Total	\$ 30,545.00

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.

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