



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#: 25-1791	RFP, BID, QUOTE OR RENEWAL #: 24-100-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$30,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/05/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$144,000.00
	CURRENT TERM TOTAL COST: \$38,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: McMahon Food Corporation	VENDOR #: 44693	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Bridget Healy	VENDOR CONTACT PHONE: 773-522-0100	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: mario.plata@dupagecounty.gov
VENDOR CONTACT EMAIL: bridget.mcmahonhealy@gmail.com	VENDOR WEBSITE:	DEPT REQ #: 7520	
<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.). Fluid dairy for the DuPage Care Center residents, cafeteria and cafes' located on County Campus, for the period September 25, 2025 through September 24, 2026, for a contract not to exceed \$38,000, under bid renewal #24-100-DCC, first of three optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Fluid dairy items are required to provide well balanced meals that meet nutritional requirements and IDPH regulations. The Care Center has decided to split this bid amongst the two (2) vendors that submitted bids, to ensure that the DPCC will not have disruption in milk service.			

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

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: McMahon Food Corporation	Vendor#: 44693	Dept: DuPage Care Center	Division: Dining Services
Attn: Bridget Healy	Email: bridget.mcmahonhealy@gmail.com	Attn: Mario Plata	Email: mario.plata@dupagecounty.gov
Address: 2110 Marshall Blvd	City: Chicago	Address: 400 N. County Farm RoadIL	City: Wheaton
State: IL	Zip: 60623	State: IL	Zip: 60187
Phone: 773-522-0100	Fax: 773-522-0344	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: McMahon Food Corporation	Vendor#: 44693	Dept: DuPage Care Center	Division: Dining Services
Attn: Bridget Healy	Email: bridget.mcmahonhealy@gmail.com	Attn: Mario Plata	Email: mario.plata@dupagecounty.gov
Address: 2110 Marshall Blvd	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60623	State: IL	Zip: 60187
Phone: 773-522-0100	Fax: 773-522-0344	Phone: 630-784-4416	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 25, 2025	Contract End Date (PO25): September 24, 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		fluid dairy	FY25	1200	2025	52210		10,000.00	10,000.00
2	1	EA		fluid dairy	FY26	1200	2025	52210		28,000.00	28,000.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 38,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Fluid dairy for the DuPage Care Center residents, cafeteria and cafes' located on County Campus, for the period September 25, 2025 through September 24, 2026, for a contract not to exceed \$38,000, under bid renewal #24-100-DCC, first of three optional renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Human Services Committee August 5, 2025 County Board August 12, 2025
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.