



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#: 25-2059	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$1,821,000.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 09/16/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,821,000.00
	CURRENT TERM TOTAL COST: \$1,821,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Wheaton Sanitary District	VENDOR #: 10037	DEPT: Facilities Management	DEPT CONTACT NAME: Katie Boffa
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #: 630-407-5700	DEPT CONTACT EMAIL: katrina.boffa@dupagecounty.gov
VENDOR CONTACT EMAIL:	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.). Recommendation for the approval of a contract to Wheaton Sanitary District, for sanitary sewer utility services, for the County campus, for Facilities Management, for the four-year period October 1, 2025, through September 30, 2029, for a total contract amount not to exceed \$1,821,000. Per 55 ILCS 5/5-1022 "Competitive Bids" (c) Not suitable for competitive bids – Public Utility. (Facilities Management portion is \$1,540,000 and the DuPage Care Center's portion is \$281,000).

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
Sanitary sewer services are required to maintain the operations of the County facilities.

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.
PUBLIC UTILITY

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: Wheaton Sanitary District	Vendor#: 10037	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email: FMAccountsPayable @dupagecounty.gov
Address: 15649 Shaffner Rd.	City: Wheaton	Address: 421 N. County Farm Road, Room 2-700	City: Wheaton
State: IL	Zip: 60189	State: IL	Zip: 60187
Phone: 630-668-1515	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Wheaton Sanitary District	Vendor#: 10037	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email:
Address: PO Box 1389	City: Wheaton	Address: 421 N. County Farm Road, Room 2-700	City: Wheaton
State: IL	Zip: 60187-1389	State: IL	Zip: 60187
Phone: 630-668-1515	Fax:	Phone: 630-407-5700	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 1, 2025	Contract End Date (PO25): Sep 30, 2029

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	LO		Facilities Management		1000	1100	53220		1,540,000.00	1,540,000.00
2	1	LO		Care Center		1200	2045	53220		281,000.00	281,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 1,821,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Sanitary sewer utility services for the County campus, for the period 10/01/215through 09/30/29.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Cathie Figlewski, Christine Kliebahn and Clara Gomez
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. PW: 8/16/25 CB: 8/23/25
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.