



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: OTHER	INITIAL TERM TOTAL COST: \$104,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/04/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$104,000.00
	CURRENT TERM TOTAL COST: \$104,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Community and Economic Development of Cook County	VENDOR #: 46697	DEPT: Community Services	DEPT CONTACT NAME: Gina Strafford-Ahmed
VENDOR CONTACT: Glen Ofenloch	VENDOR CONTACT PHONE: 312-795-8892	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov
VENDOR CONTACT EMAIL: gofenloch@cedaorg.net	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.). Professional service agreement for technical assistance, operational/implementation services, and training for the Weatherization multifamily project mandated by the funding entity, IL DCEO.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Per IL DCEO's requirement to provide Weatherization services to multifamily units/complexes in DuPage County, a professional agreement for technical assistance is mandated to complete any work.			

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.
OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. Per IL DCEO's Weatherization Manual, CEDA is the mandated partner in developing multifamily projects outlined in 2 CFR 200.320(c)
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. Provide funding for professional services so DuPage County may maintain the Weatherization grant and meet federal grant requirements. 2. Do not approve funding and risk losing the Weatherization grant by not meeting the 25% spending requirement on multifamily projects.

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: Community and Economic Development of Cook County	Vendor#: 46697	Dept: Community Services	Division: Intake and Referral
Attn: Glen Ofenloch, CFO	Email: gofenloch@cedaorg.net	Attn: Gina Strafford-Ahmed	Email: gina.strafford@dupagecounty.gov
Address: 567 West Lake Street, Suite 1200	City: Chicago	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60661	State: IL	Zip: 60187
Phone: 312-795-8892	Fax:	Phone: 630-407-6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
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 11, 2026	Contract End Date (PO25): Sep 30, 2027

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		Professional Services		5000	1400	53010	23-461028	99,500.00	99,500.00
2	1	EA		Professional Services		5000	1555	53010	RETROFITS 25	4,500.00	4,500.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 104,000.00

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.