



# 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#: 26-0121                       | RFP, BID, QUOTE OR RENEWAL #: #25-113-DOT | INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS | INITIAL TERM TOTAL COST: \$115,000.00                  |
| COMMITTEE: TRANSPORTATION               | TARGET COMMITTEE DATE: 01/06/2026         | PROMPT FOR RENEWAL: 3 MONTHS                             | CONTRACT TOTAL COST WITH ALL RENEWALS: \$460,000.00    |
|                                         | CURRENT TERM TOTAL COST: \$115,000.00     | MAX LENGTH WITH ALL RENEWALS: FOUR YEARS                 | CURRENT TERM PERIOD: INITIAL TERM                      |
| <i>Vendor Information</i>               |                                           | <i>Department Information</i>                            |                                                        |
| VENDOR: MD Solutions                    | VENDOR #: 26307                           | DEPT: Division of Transportation                         | DEPT CONTACT NAME: Roula Eikosidekas                   |
| VENDOR CONTACT: Neil Louy               | VENDOR CONTACT PHONE: 614-873-2222        | DEPT CONTACT PHONE #: 630-407-6920                       | DEPT CONTACT EMAIL: roula.eikosidekas@dupagecounty.gov |
| VENDOR CONTACT EMAIL: neil@md-signs.com | VENDOR WEBSITE:                           | DEPT REQ #: 26-1500-11                                   |                                                        |

#### 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 MD Solutions, to furnish and deliver reflective sheeting rolled goods for the DOT Sign Shop on an as-needed basis, for the period February 1, 2026 through January 31, 2027, for a contract total not to exceed \$115,000.00; per lowest responsible bid #25-113-DOT, this contract may be subject to three one-year renewals upon mutual agreement.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

The primary function of the DOT Sign Shop is to ensure that signs are erected and maintained along County highways and trails. Rolled goods are the reflective sheeting applied to aluminum sign blanks, which provide reflectivity and enhance visibility.

### 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.  
LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)

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:<br>MD Solutions             | Vendor#:<br>26307           | Dept:<br>Division of Transportation        | Division:<br>Accounts Payable             |
| Attn:<br>Neil Louy                  | Email:<br>neil@md-signs.com | Attn:<br>Kathy Curcio                      | Email:<br>DOTFinance@dupagecounty.gov     |
| Address:<br>8225 Estates Parkway    | City:<br>Plain City         | Address:<br>421 N. County Farm Road        | City:<br>Wheaton                          |
| State:<br>CH                        | Zip:<br>43064               | State:<br>IL                               | Zip:<br>60187                             |
| Phone:<br>614-873-2222              | Fax:                        | Phone:<br>630-407-6900                     | Fax:                                      |
| <i>Send Payments To:</i>            |                             | <i>Ship to:</i>                            |                                           |
| Vendor:<br>MD Solutions             | Vendor#:<br>26307           | Dept:<br>Division of Transportation        | Division:<br>Sign Shop                    |
| Attn:                               | Email:                      | Attn:<br>Ed Morgan                         | Email:<br>ed.morgan@dupagecounty.gov      |
| Address:<br>same as above.          | City:                       | Address:<br>140 N. County Farm Road        | City:<br>Wheaton                          |
| State:                              | Zip:                        | State:<br>IL                               | Zip:<br>60187                             |
| Phone:                              | Fax:                        | Phone:<br>630-407-6927                     | Fax:                                      |
| <b>Shipping</b>                     |                             | <b>Contract Dates</b>                      |                                           |
| Payment Terms:<br>PER 50 ILCS 505/1 | FOB:<br>Destination         | Contract Start Date (PO25):<br>Feb 1, 2026 | Contract End Date (PO25):<br>Jan 31, 2027 |

| Purchase Requisition Line Details                                |     |     |                            |                                  |      |         |      |           |                             |                   |               |
|------------------------------------------------------------------|-----|-----|----------------------------|----------------------------------|------|---------|------|-----------|-----------------------------|-------------------|---------------|
| LN                                                               | Qty | UOM | Item Detail<br>(Product #) | Description                      | FY   | Company | AU   | Acct Code | Sub-Accts/<br>Activity Code | Unit Price        | Extension     |
| 1                                                                | 1   | EA  |                            | Reflective Sheeting Rolled Goods | FY26 | 1500    | 3510 | 52200     |                             | 15,000.00         | 15,000.00     |
| 2                                                                | 1   | EA  |                            | Reflective Sheeting Rolled Goods | FY27 | 1500    | 3510 | 52200     |                             | 100,000.00        | 100,000.00    |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                            |                                  |      |         |      |           |                             | Requisition Total | \$ 115,000.00 |

| Comments             |                                                                                                                                                                                        |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br><br>To furnish and deliver reflective sheeting rolled goods for the DOT Sign Shop.                                                              |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br><br>Email Approved PO to: Neil Louy, Ed Morgan, Roula Eikosidekas and Mike Figuray. |
| INTERNAL NOTES       | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.<br><br>see above.                                                                |
| APPROVALS            | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.                                                                             |