

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:	INITIAL TERM TOTAL COST:		
23-2864	23-053-FM	1 YR + 3 X 1 YR TERM PERIODS	\$128,262.56		
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL		
PUBLIC WORKS	09/19/2023	3 MONTHS	RENEWALS:		
TOBLIC WOMG	03/13/2023		\$513,050.24		
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:		
	\$128,262.56	FOUR YEARS	INITIAL TERM		
Vendor Information	L	Department Information			
VENDOR:	VENDOR #: DEPT:		DEPT CONTACT NAME:		
Air Filter Solutions LLC	Filter Solutions LLC 41943 Facilities		Mary Ventrlla		
VENDOR CONTACT: VENDOR CONTACT PHONE:		DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:		
Mel Reeves 630-470-2888		630-407-5705	mary.ventrella@dupageco.org		
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	I		
melr@afsolutionsco.com					

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 Air Filter Solutions LLC, to furnish and deliver air filters, as needed, for County facilities, for Facilities Management, for the period September 27, 2023 through September 26, 2024, for a total contract amount not to exceed \$128,262.56, per lowest responsible bid #23-053-FM. (\$121,962.56 for Facilities Management, \$1,100 for the Division of Transportation, \$2,200 for Animal Services, and \$3,000 for Health Department)

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

Air filters are necessary for the proper operation of the campus HVAC system and to properly maintain air quality throughout the County facilities.

SECTION 2: DECISION MEMO REQUIREMENTS				
DECISION MEMO NOT REQUIRED LOWEST RESPONSIBLE QUOTE/BID	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. (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				
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.

Send I	Purchase Order To:	Send Invoices To:				
Vendor: Air Filter Solutions LLC	Vendor#: 41943	Dept: Facilities Management	Division: Email: FMAccountsPayable@dupageco.og			
Attn: Mel Reeves	Email: melr@afsolutionsco.com	Attn:				
Address: 519 Sensor Drive	City: Lemont	Address: 421 N. County Farm Road	City: Wheaton			
State: IL	Zip: 60439	State:	Zip: 60187			
Phone: 630-470-2888	Fax:	Phone: 630-407-5700	Fax: 630-407-5701			
Sei	nd Payments To:	Ship to:				
Vendor: Air Filter Solutions LLC	Vendor#: 41943	Dept: Facilities Management	Division:			
Attn:	Email:	Attn:	Email:			
Address: 519 Sensor Drive	City: Lemont	Address: various locations	City: Wheaton			
State:	Zip: 60439	State:	Zip: 60187			
Phone:	Fax:	Phone:	Fax:			
 Shipping		Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	Sep 27, 2023	Sep 26, 2024			

					Purcha	se Requis	ition Lin	e 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	FY23	1000	1100	52270		5,000.00	5,000.00
2	1	LO		Animal Services	FY23	1100	1300	52270		400.00	400.00
3	1	LO		Division of Transportation	FY23	1500	3510	52270		550.00	550.00
4	1	LO		Health Department	FY23	3000	2208	52270		1,500.00	1,500.00
5	1	LO		Facilities Management	FY24	1000	1100	52270		116,962.56	116,962.56
6	1	LO		Animal Services	FY24	1100	1300	52270		1,800.00	1,800.00
7	1	LO		Division of Transportation	FY24	1500	3510	52270		550.00	550.00
8	1	LO		Health Department	FY24	3000	2208	52270		1,500.00	1,500.00
FY is required, assure the correct FY is selected. Requisition Total					\$ 128,262.56						

Comments					
HEADER COMMENTS Provide comments for P020 and P025.					
	Furnish and deliver air filters, as needed, for County facilities.				
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.				
	Send PO to Vendor, Mary Ventrella, Cathie Figlewski, Clara Gomez, Kathy Black Curcio, Kristie Lecaros, & Pat Flaherty.				
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.				
	Public Works Committee: 09/19/23 County Board: 09/26/23				
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.				

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