

## 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:		
25-2853	25-129-DCC	1 YR + 3 X 1 YR TERM PERIODS	\$35,000.00		
COMMITTEE:	ITTEE: TARGET COMMITTEE DATE: PROMPT FOR RENEWAL:		CONTRACT TOTAL COST WITH ALL RENEWALS:		
HUMAN SERVICES	12/02/2025	3 MONTHS	\$140,000.00		
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:		
\$35,000.00		FOUR YEARS	INITIAL TERM		
Vendor Information		Department Information			
VENDOR:	IDOR: VENDOR #: DEPT:		DEPT CONTACT NAME:		
Pulmonary Exchange, Ltd. 11800		DuPage Care Center	Nursing Department		
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:		
Ray Kalinsky 708-423-8888		630-784-4250	annabel.leonida@dupagecounty.go v		
VENDOR CONTACT EMAIL: VENDOR WEBSITE:		DEPT REQ #:			
rayjr@pelvip.com		7550			

## 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 purchase order for rental of respiratory care equipment for the DuPage Care Center, for the period January 18, 2026 through January 17, 2027, for a total contract not to exceed \$35,000.00 per lowest bid #25-129-DCC.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
This rental equipment are devices that are prescribed treatments for the residents to maintain good quality of care (Ci-pap & Bi-pap machines, etc. as well as providing Respiratory Therapist services to set up machine & to adjust settings & educate nursing staff as needed.

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				
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: Purch	nase Requisition Informat	ion			
Send Po	urchase Order To:	Send	Send Invoices To:			
Vendor: Pulmonary Exchange, Ltd.	Vendor#: 11800	Dept: DuPage Care Center	Division: Nursing Department			
Attn: Ray Kalinsky	Email: rayjr@pelvip.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov			
Address: 9480 Southwest Highway	City: Oaklawn	Address: 400 N. County Farm Road	City: Wheaton			
State: IL	Zip: 60453	State:	Zip: 60187			
Phone: 708-423-8888	Fax:	Phone: Fax: 630-784-4254				
Send Payments To:		Ship to:				
Vendor: Pulmonary Exchange, Ltd.	Vendor#: 11800	Dept: DuPage Care Center	Division: Nursing Department			
Attn: Ray Kalinsky	Email: rayjr@pelvip.com	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.go v			
Address: 9480 Southwest Highway	City: Oaklawn	Address: 400 N. County Farm Road	City:			
State: IL	Zip: 60453	State:	Zip: 60187			
Phone: Fax: 708-423-8888		Phone: 630-784-4250	Fax:			
Shipping		Contract Dates				
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): January 18, 2026	Contract End Date (PO25): January 17, 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		Rental of respiratory care equipment	FY26	1200	2050	53410		32,000.00	32,000.00
2	1	EA		Rental of respiratory care equipment	FY27	1200	2050	53410		3,000.00	3,000.00
FY is required, ensure the correct FY is selected.  Requisition Total					\$ 35,000.00						

	Comments				
HEADER COMMENTS	Provide comments for P020 and P025.  Recommendation for the approval of a contract purchase order for rental of respiratory care equipment for the DuPage Care Center, for the period January 18, 2026 through January 17, 2027, for a total contract not to exceed \$35,000.00 per lowest bid #25-129-DCC.				
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.  December 2, 2025 Human Services Committee December 9, 2025 County Board Meeting				
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.				