



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-2853	RFP, BID, QUOTE OR RENEWAL #: 25-129-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$35,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 12/02/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$140,000.00
	CURRENT TERM TOTAL COST: \$35,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Pulmonary Exchange, Ltd.	VENDOR #: 11800	DEPT: DuPage Care Center	DEPT CONTACT NAME: Nursing Department
VENDOR CONTACT: Ray Kalinsky	VENDOR CONTACT PHONE: 708-423-8888	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: rayjr@pelvip.com	VENDOR WEBSITE:	DEPT REQ #: 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 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: 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: IL	Zip: 60187
Phone: 708-423-8888	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
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.gov
Address: 9480 Southwest Highway	City: Oaklawn	Address: 400 N. County Farm Road	City:
State: IL	Zip: 60453	State: IL	Zip: 60187
Phone: 708-423-8888	Fax:	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
<i>FY is required, ensure the correct FY is selected.</i>										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.