



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-0978	RFP, BID, QUOTE OR RENEWAL #: 22-040-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$85,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/15/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$265,000.00
	CURRENT TERM TOTAL COST: \$50,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL
Vendor Information		Department Information	
VENDOR: Professional Medical & Surgical Supply, Inc.	VENDOR #: 11409	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida & Mario Plata
VENDOR CONTACT: Alan Ferry	VENDOR CONTACT PHONE: 800-648-5190	DEPT CONTACT PHONE #: 630-784-4250 & 630- 784-4273	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov & vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: alanf@promedsupply.com	VENDOR WEBSITE:	DEPT REQ #: 7503	
Overview			
<p>DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). To furnish and deliver Ostomy, Tracheostomy, Urological and Enteral supplies and services (Med B) and Enteral feeding formulas, for the DuPage Care Center, for the period July 30, 2025 through July 29, 2026, for a total contract not to exceed \$50,000.00, under bid renewal #22-040-DCC, third and final optional renewal.</p> <p>JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The DPCC currently does not have the resources to bill Medicare Part B for these products. Allowing a company to bill Medicare is a cost-effective way of providing these products. DPCC is regulated by the IL Department of Public Health which mandates & monitors our ongoing compliance with all applicable State & Federal regulations that govern our practices, policies & procedures which in turn drive our deliver system. Adherence to physician prescribed orders for tube feeding & enteral daily supplements is necessary to provide an appropriate level of care to the residents, as well as maintaining compliances.</p>			

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.
RENEWAL	
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: Professional Medical & Surgical Supply, Inc.	Vendor#: 11409	Dept: DuPage Care Center	Division: Nursing & Dining Services
Attn: Alan Ferry	Email: alanf@pormedsupply.com	Attn: Annabel Leonida & Mario Plata	Email: Annabel.leonida@dupagecounty.gov & Vinit.patel@dupagecounty.gov
Address: 1917 Garnet Court	City: New Lenox	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60451	State: IL	Zip: 60187
Phone: 800-648-5190	Fax:	Phone: 630-784-4250 & 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Professional Medical & Surgical Supply, Inc.	Vendor#: 11409	Dept: DuPage Care Center	Division: Nursing & Dining Services
Attn: Alan Ferry	Email: alanf@pormedsupply.com	Attn: Annabel Leonida & Mario Plata	Email: @dupagecounty.gov
Address: 1917 Garnet Court	City: New Lenox	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60451	State: IL	Zip: 60187
Phone: 800-648-5190	Fax:	Phone: 630-784-4250 & 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): July 30, 2025	Contract End Date (PO25): July 29, 2026

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		Ostomy, Tracheostomy, Urological & Enteral Supplies & Services (Med B)	FY25	1200	2050	52320		7,500.00	7,500.00
2	1	EA		Enteral Formulas	FY25	1200	2025	52210		10,000.00	10,000.00
3	1	EA		Ostomy, Tracheostomy, Urological & Enteral Supplies & Services (Med B)	FY26	1200	2050	52320		17,500.00	17,500.00
4	1	EA		Enteral Formulas	FY26	1200	2025	52210		15,000.00	15,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 50,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. To furnish and deliver Ostomy, Tracheostomy, Urological and Enteral supplies and services (Med B) and Enteral feeding formulas, for the DuPage Care Center, for the period July 30, 2025 through July 29, 2026, for a total contract not to exceed \$50,000.00, under bid renewal #22-040-DCC, third and final optional renewal.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. April 15, 2025 Human Services Committee April 22, 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.