

## Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

	SECTION 1:	DESCRIPTION			
General Tracking		Contract Terms			
FILE ID#: 24-0194	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$32,125.00		
COMMITTEE: TARGET COMMITTEE DATE: F HUMAN SERVICES 01/02/2024		PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$32,125.00		
	CURRENT TERM TOTAL COST: \$32,125.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM		
Vendor Information	ı	Department Information			
VENDOR: VENDOR #: LeadingAge Illinois 10112		DEPT: DuPage Care Center	DEPT CONTACT NAME: Janelle Chadwick		
VENDOR CONTACT:VENDOR CONTACT PHONE:Angela Schnepf630-325-6170		DEPT CONTACT PHONE #: 630-784-4202	DEPT CONTACT EMAIL: janelle.chadwick@dupagecounty.go v		
VENDOR CONTACT EMAIL: aschnepf@leadingage.org	VENDOR WEBSITE:	DEPT REQ #: 7430			

## 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.). Annual membership dues for the DuPage Care Center, for the period of January 1, 2024 through December 31, 2024, in the amount of \$32,125.00, per Other Professional Services - Other Professional Service not subject to competitive bidding per 55 ILCS 5/5-1022(a). Vendor selected pursuant to DuPage County code Section 2-353(1)(b)

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

LeadingAge Illinois is one of the largest & most respected associations of providers serving Illinois older adults. Committee to advancing excellence, LeadingAge Illinois advocates quality services, promotes innovative practices & fosters collaboration. Leading Age Illinois services the full spectrum of providers including home & community based services (HCBS), senior housing, continuing care retirement communities (CCRC), assisted living, supportive living & skilled nursing/rehabilitation centers. LeadingAge Illinois is the state affiliated of Leading Age national. LeadingAge Illinois is the largest elder-care association in Illinois. Leading Age Illinois is nationally recognized for its innovative programs, leadership & expertise on issues related to long term care & senior housing & services. Along with their national partners, LeadingAge & Argentum (previously the Assisted Living Federation of America (ALFA)), LeadingAge Illinois is highly committed to the advancement of quality & innovation in older adult services. Membership provides access to extensive, diverse programming including but not limited to the following: LeadingAge Illinois advocates for all members, obtaining adequate reimbursement to allow for DPCC to maintain & improve quality to our residents, reducing redundant & innovation-stifling regulations, promoting resident/customer directed care & services, developing protection standards, support additional Medicaid funding for nursing homes, addressing the late Medicaid determinations crisis, Managed Care Oversight, Collaboration with Telligen, a Quality Improvement Organization for the State of IL, Audio Seminars, workshops, Annual conventions, webinars & professional certification programs.

NOTE: Made numerous attempts to obtain invoice since November, Previously we have received invoice in mid November, however, Invoice was received 12/11/23, next scheduled is January 9, 2024 (discharged committee)

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.				
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.				
OTHER PROFESSIONAL SERVICES (I	DETAIL SELECTION PROCESS ON DECISION MEMO)				

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. FINANCIAL PLANNING			
SOURCE SELECTION	Describe method used to select source. Other Professional Services			
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).  1) Approve LeadingAge Illinois for the DuPage Care Center's annual membership dues, so that services are not interrupted.  2) Do not approve LeadingAge Illinois for the DuPage Care Center's annual membership dues, which would leave DPCC without services that assist with valuable information, programs, workshops, conventions for continued education, quality services and collaboration and latest guidelines and regulations knowledge.			

	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.					

Sand Purcha	ase Order To:	Sano	I Invoices To:			
	Vendor#:					
Vendor:	Dept:	Division:				
LeadingAge Illinois	10112	DuPage Care Center	Administration			
Attn:	Email:	Attn:	Email:			
Angela Schnepf	aschnepf@leadingageil.org	Janelle Chadwick	janelle.chadwick@dupagecounty.g ov			
Address:	City:	Address:	City:			
550 Warrenville Road, Suite 102	Lisle	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60532	IL	60187			
Phone:	Fax:	Phone:	Fax:			
630-325-6170		630-784-4202				
Send Pay	ments To:	Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
LeadingAge Illinois	10112	DuPage Care Center	Administration			
Attn:	Email:	Attn:	Email:			
		Janelle Chadwick	janelle.chadwick@dupagecounty.g ov			
Address: City:		Address:	City:			
Department #10347, PO Box 87618	Chicago	400 N. County Farm Road Wheaton				
State:	Zip:	State:	Zip:			
IL	60680-0618	IL	60187			
Phone: Fax:		Phone:	Fax:			
630-325-6170		630-784-4202				
Shipping		Contract Dates				
Payment Terms:	FOB:	Contract End Date (PO25):				
PER 50 ILCS 505/1	ILCS 505/1 Destination January 1, 2024 December 31, 2024					

	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		Annual Membership Dues for the DuPage Care Center	FY24	1200	2000	53600		32,125.00	32,125.00
FY is required, assure the correct FY is selected.  Requisition Total				\$ 32,125.00							

Comments					
HEADER COMMENTS  Provide comments for P020 and P025.  Annual membership dues for the DuPage Care Center, for the period of January 1, 2024 through De in the amount of \$32,125.00, per Other Professional Services - Other Professional Service not subject bidding per 55 ILCS 5/5-1022(a). Vendor selected pursuant to DuPage County code Section 2-353(1)					
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.  January 2, 2024 HS Committee (discharge committee to January 9th)				
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.				

The following documents have been attached:	W-9	✓ Vend	for Ethics Disclosure Statement
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