

## 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 #: 24-066-WEX	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$230,909.54			
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/05/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$310,909.54			
	CURRENT TERM TOTAL COST: \$80,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: FIRST RENEWAL			
Vendor Information		Department Information				
VENDOR: Healthy Air Heating & Air, Inc.	VENDOR #: 14166	DEPT: Community Services	DEPT CONTACT NAME: David Stuckey			
VENDOR CONTACT: PIOTR BLASZCZYK	VENDOR CONTACT PHONE: (630)-980-4575	DEPT CONTACT PHONE #: 6464	DEPT CONTACT EMAIL: David.stuckey@dupagecounty.gov			
VENDOR CONTACT EMAIL: healthyairheatingandair@gmail.co m	VENDOR WEBSITE: heatingcoolingrepairchicago.com	DEPT REQ #:				

## 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.). Healthy Air Heating & Air, Inc. will be servicing or if unable to effectively repair, replacing, inoperable or red-tagged furnaces for low-income qualified homeowners within DuPage County via LIHEAP grant funds. Procured via request for qualification.

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

This is necessary because as the weather gets colder, low-income DuPage County residents may be unable to afford repair/replacing their inoperable furnace which can be life threatening. The objective is to resolve no-heat crisis situations for DuPage County low-income homeowners.

	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 RENEWAL OF RFP	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.  Healthy Air Heating & Air, Inc. has worked with DuPage County for 5 years, specifically with our Weatherization program and as of last program year, our LIHEAP Emergency Furnace program.			
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).  Healthy Air Heating & Air, Inc. has worked with DuPage County's Weatherization for 6 years and LIHEAP Emergency Furnace program the previous program year.			
	1.) Fund this vendor to resolve no-heat crisis situations faced by low-income LIHEAP approved homeowners who have a preexisting furnace that is nonfunctional or red-tagged by their utility company.  2.) If not funded there will be low-income homeowners with nonfunctional furnaces struggling to find heat as temperatures drop throughout the winter months.			

	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 I	Requisition Informat	ion		
Send Purc	hase Order To:	Send Invoices To:			
Vendor:	Vendor#:	Dept:	Division:		
Healthy Air Heating and Air, Inc.	14166	Community Services	Intake and Referral		
Attn:	Email:	Attn:	Email:		
Piotr Blaszczyk	healthyairheatingandair@gmail.co m	David Stuckey	David.stuckey@Dupagecounty.gov		
Address:	City:	Address:	City:		
124 N Bloomingdale Rd	Bloomingdale	421 N. County Farm Road	Wheaton		
State:	Zip:	State:	Zip:		
IL	60108	IL	60187		
Phone:	Fax:	Phone:	Fax:		
(630) 980-4575		(630) 407-6464	(630) 407-6599		
Send Po	ayments To:	Ship to:			
Vendor:	Vendor#:	Dept:	Division:		
SAA		SAA			
Attn:	Email:	Attn:	Email:		
Address:	City:	Address:	City:		
State:	Zip:	State:	Zip:		
Phone:	Fax:	Phone: Fax:			
 Shipping		Contract Dates			
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):		
PER 50 ILCS 505/1	Destination	Oct 1, 2025 Jun 30, 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	LIHEAP Furnace Voucher Program	Service or replace furnaces for low-income qualified homeowners under the LIHEAP Grant Program	FY26	5000	1420	53090		80,000.00	80,000.00
FY is required, ensure the correct FY is selected. Requisition Total					\$ 80,000.00						

Comments				
HEADER COMMENTS	Provide comments for P020 and P025.			
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.			
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.			