



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: OTHER	INITIAL TERM TOTAL COST: \$40,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 01/16/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$4,000.00
	CURRENT TERM TOTAL COST: \$4,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Teen Parent Connection	VENDOR #:	DEPT: Community Services	DEPT CONTACT NAME: Gina Strafford-Ahmed
VENDOR CONTACT: Becky Beilfuss	VENDOR CONTACT PHONE: (630) 812-0116	DEPT CONTACT PHONE #: 6444	DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov
VENDOR CONTACT EMAIL: beckyb@teenparentconnection.org	VENDOR WEBSITE: teenparentconnection.org	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.). Teen Parent Connection will provide car seats, booster seats, diapers, formula, wipes and car seat safety training to low income residents of DuPage County via \$40,000 in CSBG grant funds.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished \$40,000 in CSBG funds will assist with up to 65 households with car seats, booster seats and car seat safety training and 250 households with diapers, formula, wipes and other infant needs.			

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 (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. QUALITY OF LIFE
SOURCE SELECTION	Describe method used to select source. This is a sub-grant exempt from bidding. They will provide direct services for the County's CSBG program and will maintain all records and financial documents. Outreach Community Services is an established not for profit in DuPage County and has received Human Services Grant Funds and CDBG funding as well. See attached request for funding. Low-income residents of DuPage County do not have access to safe, age-appropriate car seats for their children. In conducting the 2022 DuPage County Department of Community Services' Needs Assessment, 42.9% of the Service User indicated struggling to pay for car needs and 33.9% indicated struggling to obtain personal items for their families in the last 12 months. Teen Parent Connection (Sub-grantee) will provide child passenger safety education and car seats to DuPage County eligible families. Participating families will receive an age-appropriate car seat for each child and education on how to properly install the car seat by an Illinois Child Passenger Safety Technician. Participating families will also be provided diapers, wipes, supplemental food, and formula via Teen Parent Connection pantry.
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). Fund the program at \$40,000. 1) Fund Teen Parent Connection at \$40,000 to provide up to 65 households with car seats or booster seats and safety training as well 250 households with infant formula, diapers, wipes and other infant needs. 2) If funds are not provided, 35 households would not have the appropriate safety equipment, infant supplies and training to ensure their children are safe while in a vehicle.

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: Teen Parent Connection	Vendor#:	Dept: Community Services	Division: Intake and Referral
Attn: Becky Beilfuss	Email: beckyb@teenparentconnection.org	Attn: Gina Strafford-Ahmed	Email: gina.strafford@dupagecounty.gov
Address: 475 Taft Ave	City: Glen Ellyn	Address: 421 N. County Farm Road	City: Wheaton
State: Illinois	Zip: 60137	State: Illinois	Zip: 60187
Phone: (630) 812-0116	Fax:	Phone: 6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 1, 2024	Contract End Date (PO25): Dec 31, 2024
Contract Administrator (PO25):			

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		Contract Services	FY24	5000	1650	53820	24-231028	40,000.00	40,000.00
FY is required, assure the correct FY is selected.										Requisition Total	\$ 40,000.00

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.

The following documents have been attached: ☒ W-9 ☒ Vendor Ethics Disclosure Statement