



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

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 24-0759	RFP, BID, QUOTE OR RENEWAL #: 24-026-DCC	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$28,481.57
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 03/05/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$28,481.57
	CURRENT TERM TOTAL COST: \$28,481.57	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Edward Don & Company	VENDOR #: 10027	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Tony Dolci	VENDOR CONTACT PHONE: 708-296-3228	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: mario.plata@dupagecounty.gov
VENDOR CONTACT EMAIL: dolcit@don.com	VENDOR WEBSITE:	DEPT REQ #: 7440	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Cambro Meal Tray Carts for the DuPage Care Center, for a total contract purchase order amount not to exceed of \$28,481.57, per quote #24-026-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Ambient meal delivery carts, designed for high volume operations at the DuPage Care Center. Because the meal delivery carts are made of polyethylene, it resists corrosion, dents, and scratches and foam insulation keeps air contained to maintain product temperatures. Delivery carts are easy to move for any dining staff employee designated to transport the cart.			

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

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
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: Edward Don & Company	Vendor#: 10027	Dept: DuPage Care Center	Division: Dining Services
Attn: Tony Dolci	Email: dolcit@don.com	Attn: Mario Plata	Email: mario.plata@dupagecounty.gov
Address: 9801 Adam Don Parkway	City: Woodridge	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60517	State: IL	Zip: 60187
Phone: 708-296-3228	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Edward Don & Company	Vendor#: 10027	Dept: DuPage Care Center	Division: Dining Services
Attn:	Email:	Attn:	Email:
Address: 9801 Adam Don Parkway	City: Woodridge	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60517	State: IL	Zip: 60187
Phone: 708-296-3228	Fax:	Phone: 630-784-4416	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 6, 2024	Contract End Date (PO25): November 30, 2024
Contract Administrator (PO25): Christine Kliebhan			

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	5	EA	MDC1520T30191	Cambro Meal Tray Delivery Carts	FY24	1200	2025	54110		4,231.36	21,156.80
2	3	EA	MDC1520t16191	Cambro Meal Tray Delivery Carts	FY24	1200	2025	52000		2,441.59	7,324.77
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 28,481.57

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Cambro Meal Tray Carts for the DuPage Care Center, for a total contract purchase order amount not to exceed of \$28,481.57, per quote #24-026-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. March 5, 2024 HS Committee
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