

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:	INITIAL TERM TOTAL COST:		
25-0086	23-020-DCC	1 YR + 3 X 1 YR TERM PERIODS	\$122,000.00		
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL		
HUMAN SERVICES	01/07/2025	3 MONTHS	RENEWALS:		
THOM IN SERVICES	01/07/2023		\$173,000.00		
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:		
	\$55,000.00	FOUR YEARS	SECOND RENEWAL		
Vendor Information		Department Information			
VENDOR:	VENDOR #: DEPT:		DEPT CONTACT NAME:		
Performance Foodservice Chicago	38749	DuPage Care Center	Mario Plata		
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:		
Dennis Mitchell	331-212-1352	630-784-4416	Mario.Plata@dupagecounty.gov		
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:			
dennis.mitchell@PFGC.com		7486			

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.). Secondary food and supplies for the DuPage Care Center, for the period March 1, 2025 through February 28, 2026, for a contract total not to exceed \$55,000.00, under bid renewal #23-020-DCC, second of three one-year optional renewal.

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

To have in place and utilize a secondary food and supplies supplier to use when primary does not have items available and to be prepared and have other options should an emergency arise due to supply/demand and transportation issues that could impact our nation.

	SECTION 2: DECISION MEMO REQUIREMENTS
DECISION MEMO NOT REQUIRED RENEWAL	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.

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: Purchas	e Requisition Informat	ion			
Send Purch	ase Order To:	Send Invoices To:				
Vendor: Performance Foodservice Chicago	Vendor#: 38749	Dept: DuPage Care Center	Division: Dining Services			
Attn: Dennis Mitchell	Email: dennis.mitchell@pfgc.com	Attn: Mario Plata	Email: Mario.plata@dupagecounty.gov			
Address: 5030 Baseline Road	City: Montgomery	Address: City: 400 N. County Farm Road Wheaton				
State: IL	Zip: 60538	State:	Zip: 60187			
Phone: 331-212-1352	Fax:	Phone: 630-784-4416	Fax:			
Send Payments To:		Ship to:				
Vendor: Performance Foodservice Chicago	Vendor#: 38749	Dept: DuPage Care Center	Division: Dining Services			
Attn:	Email:	Attn: Email: dupagecounty.gov				
Address: 5030 Baseline Road	City: Montgomery	Address: City: 400 N. County Farm Road Wheaton				
State: IL	Zip: 60538	State:	Zip: 60187			
Phone: Fax: 331-212-1352		Phone: 630-784-4416	Fax:			
Shipping		Contract Dates				
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 1, 2025 Contract End Date (PO25): February 28, 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		Supplies	FY25	1200	2025	52200		8,000.00	8,000.00
2	1	EA		Food	FY25	1200	2025	52210		26,500.00	26,500.00
3	1	EA		Supplies	FY25	1200	2100	52200		1,000.00	1,000.00
4	1	EA		Food	FY25	1200	2100	52210		5,000.00	5,000.00
5	1	EA		Supplies	FY26	1200	2025	52200		2,500.00	2,500.00
6	1	EA		Food	FY26	1200	2025	52210		8,500.00	8,500.00
7	1	EA		Supplies	FY26	1200	2100	52200		1,000.00	1,000.00
8	1	EA		Food	FY26	1200	2100	52210		2,500.00	2,500.00
FY is required, ensure the correct FY is selected. Requisition Total					\$ 55,000.00						

	Comments				
HEADER COMMENTS	Provide comments for P020 and P025. Secondary food and supplies for the DuPage Care Center, for the period March 1, 2025 through February 28, 2026, for a contract total not to exceed \$55,000.00, under bid renewal #23-020-DCC, second of three one-year optional renewal.				
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. January 7, 2025 HS January 14, 2025 County Board				
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.				