

SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#: FI-P-0013-24	RFP, BID, QUOTE OR RENEWAL #: OMNIA Partners #22-07	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$46,444.33		
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 05/14/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$46,444.33		
	CURRENT TERM TOTAL COST: \$46,444.33	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM		
Vendor Information		Department Information			
VENDOR: HD Supply Facilities Maintenance, LTD	VENDOR #: 11812	DEPT: Regional Office of Education	DEPT CONTACT NAME: Kelly Kozerka		
VENDOR CONTACT: Nicholas Bova	VENDOR CONTACT PHONE: 708.446.9937	DEPT CONTACT PHONE #: 630.407.5773	DEPT CONTACT EMAIL: kkozerka@dupageroe.org		
VENDOR CONTACT EMAIL: Nicholas.Bova@hdsupply.com	VENDOR WEBSITE:	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.). Recommendation for the approval of safety supplies for the school districts and private schools in DuPage county.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Keeping students and staff safe in our school districts and private schools in DuPage county.

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 COOPERATIVE (DPC2-352), GOVER	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.  NMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING			

	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.  The cooperative agreement with HD Supply Facilities Maintenance, LTD. (Omnia Partners Contract #22-07)				
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) To purchase using the Omnia pricing. Recommended approach. 2) Do nothing, leaving students and staff unsafe. 3) Going out to a bid to an unknown firm. Not recommended.				

	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.

Send Purch	ase Order To:	Send Invoices To:			
Vendor: HD Supply Facilities Maintenance, LTD	Vendor#: 11812	Dept: Regional Office of Education	Division:		
Attn: Nicholas Bova	Email: Nicholas.Bova@hdsupply.com	Attn: Kelly Kozerka	Email: kkozerka@dupageroe.org		
Address: 1100 Lombard Rd	City: Lombard	Address: City: 421 N County Farm Road Wheaton			
State: IL	Zip: 60148	State:	Zip: 60187		
Phone: 708-446-9937	Fax:	Phone: Fax: 630-407-5773 630-407-5802			
Send Pay	ments To:	Ship to:			
Vendor: HD Supply Facilities Maintenance, LTD	Vendor#: 11812	Dept: Regional Office of Education	Division:		
Attn:	Email:	Attn: Kelly Kozerka	Email: kkozerka@dupageroe.org		
Address: 3400 Cumberland Blvd	City: Atlanta	Address: City: 421 N County Farm Road Wheaton			
State: GA	Zip: 30339	State:	Zip: 60187		
Phone:	Fax:	Phone: Fax: 630-407-5773 630-407-5802			
Shipping		Contract Dates			
Payment Terms: PER 50 ILCS 505/1					

	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		Safety Products	FY24	1000	5700	52200		46,444.33	46,444.33
FY is required, assure the correct FY is selected.  Requisition Tota					Requisition Total	\$ 46,444.33					

Comments				
HEADER COMMENTS	Provide comments for P020 and P025.  To provide and deliver safety products per quote number 04222024.			
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:  $\checkmark$  W-9  $\checkmark$  Vendor Ethics Disclosure Statement