



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

### SECTION 1: DESCRIPTION

| General Tracking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | Contract Terms                                           |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|-----------------------------------------------------|
| FILE ID#: 25-2468                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RFP, BID, QUOTE OR RENEWAL #: 23-115-FM | INITIAL TERM WITH RENEWALS: 2 YRS + 1 X 2 YR TERM PERIOD | INITIAL TERM TOTAL COST: \$19,380.00                |
| COMMITTEE: PUBLIC WORKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TARGET COMMITTEE DATE: 11/04/2025       | PROMPT FOR RENEWAL: 3 MONTHS                             | CONTRACT TOTAL COST WITH ALL RENEWALS: \$38,760.00  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CURRENT TERM TOTAL COST: \$19,380.00    | MAX LENGTH WITH ALL RENEWALS: FOUR YEARS                 | CURRENT TERM PERIOD: FIRST RENEWAL                  |
| Vendor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | Department Information                                   |                                                     |
| VENDOR: Best Technology Systems, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VENDOR #: 11576                         | DEPT: Facilities Management                              | DEPT CONTACT NAME: Mary Ventrella                   |
| VENDOR CONTACT: Gary Chinn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VENDOR CONTACT PHONE: 815-254-9554      | DEPT CONTACT PHONE #: 630-407-5705                       | DEPT CONTACT EMAIL: mary.ventrella@dupagecounty.gov |
| VENDOR CONTACT EMAIL: mail@btsranges.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VENDOR WEBSITE:                         | DEPT REQ #:                                              |                                                     |
| <b>Overview</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                          |                                                     |
| 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 a contract to Best Technology Systems, Inc., to provide pistol range maintenance services and repairs, as needed, for the Sheriff's Office, for Facilities Management, for the two-year period, December 6, 2025 through December 5, 2027, for a total contract amount not to exceed \$19,380, per lowest responsible bid #23-115-FM. First and final option to renew. |                                         |                                                          |                                                     |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished<br>The pistol range bullet traps require cleaning services due to lead contamination caused by the discharging of firearms. Periodic air filter replacement for air quality control and employee safety is necessary, as well as maintenance and repair services for the range equipment to ensure it is in proper working condition.                                                                                                                       |                                         |                                                          |                                                     |

### 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. |
| RENEWAL                    |                                                                                                              |
| 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

|                                      |                                                                                                                                                                                                                                                     |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>JUSTIFICATION</b>                 | Select an item from the following dropdown menu to justify why this is a sole source procurement.                                                                                                                                                   |
| <b>NECESSITY AND UNIQUE FEATURES</b> | 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. |
| <b>MARKET TESTING</b>                | 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.                                                                             |
| <b>AVAILABILITY</b>                  | 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:<br>Best Technology Systems, Inc. | Vendor#:<br>11576            | Dept:<br>Facilities Management             | Division:                                    |
| Attn:<br>Erica Tews                      | Email:<br>mail@btsranges.com | Attn:                                      | Email:<br>FMAccountsPayable@dupagecounty.gov |
| Address:<br>12024 S. Aero Drive          | City:<br>Plainfield          | Address:<br>421 N. County Farm Road        | City:<br>Wheaton                             |
| State:<br>IL                             | Zip:<br>60585                | State:<br>IL                               | Zip:<br>60187                                |
| Phone:<br>815-254-9554 x121              | Fax:                         | Phone:<br>630-407-5700                     | Fax:<br>630-407-5701                         |
| <i>Send Payments To:</i>                 |                              | <i>Ship to:</i>                            |                                              |
| Vendor:<br>Best Technology Systems, Inc. | Vendor#:<br>11576            | Dept:<br>Facilities Management             | Division:                                    |
| Attn:                                    | Email:                       | Attn:<br>Michael Peters                    | Email:<br>michael.peters@dupagecounty.gov    |
| Address:<br>12024 S. Aero Drive          | City:<br>Plainfield          | Address:<br>501 N. County Farm Road        | City:<br>Wheaton                             |
| State:<br>IL                             | Zip:<br>60585                | State:<br>IL                               | Zip:<br>60187                                |
| Phone:                                   | Fax:                         | Phone:                                     | Fax:                                         |
| Shipping                                 |                              | Contract Dates                             |                                              |
| Payment Terms:<br>PER 50 ILCS 505/1      | FOB:<br>Destination          | Contract Start Date (PO25):<br>Dec 6, 2025 | Contract End Date (PO25):<br>Dec 5, 2027     |

| Purchase Requisition Line Details                                |     |     |                            |                                    |      |         |      |           |                             |                   |              |
|------------------------------------------------------------------|-----|-----|----------------------------|------------------------------------|------|---------|------|-----------|-----------------------------|-------------------|--------------|
| LN                                                               | Qty | UOM | Item Detail<br>(Product #) | Description                        | FY   | Company | AU   | Acct Code | Sub-Accts/<br>Activity Code | Unit Price        | Extension    |
| 1                                                                | 1   | LO  |                            | Repair & Maintenance<br>Facilities | FY26 | 1000    | 1100 | 53300     |                             | 9,690.00          | 9,690.00     |
| 2                                                                | 1   | LO  |                            | Repair & Maintenance<br>Facilities | FY27 | 1000    | 1100 | 53300     |                             | 9,690.00          | 9,690.00     |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                            |                                    |      |         |      |           |                             | Requisition Total | \$ 19,380.00 |

| Comments             |                                                                                                                                                                          |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>Provide pistol range maintenance services and repairs, as needed, for the Sheriff's Office, for Facilities Management.            |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>Send PO to Vendor, Mary Ventrella, Cathie Figlewski, and Clara Gomez. |
| INTERNAL NOTES       | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.<br>Public Works Committee: 11/04/25                                |
| APPROVALS            | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.                                                               |