

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:		
25-1784	25-073-FM	2 YRS + 1 X 2 YR TERM PERIOD	\$150,000.00		
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH AL		
HUMAN SERVICES	08/05/2025	3 MONTHS	RENEWALS:		
HOWAIN SERVICES	00/03/2023	3 menting	\$300,000.00		
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:		
	\$150,000.00	FOUR YEARS	INITIAL TERM		
Vendor Information		Department Information			
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:		
Unipak Corporation	pak Corporation 36322		Vinit Patel		
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:		
Brian Marcus 888-808-5120		630-784-4273	vinit.patel @dupagecounty.gov		
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:			
customercare@unipakcorp.net		7523			

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.). Trash and recycling can liners for the DuPage Care Center, for the period August 13, 2025 through August 12, 2027, for a total amount not to exceed \$150,000.00, per bid 25-073-FM, Section B.

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

The DuPage Care Center uses trash and recycling can liners for trash and recycling for the cans through the Center. With liners, the trash is contained and odor associated with trash would be eliminated.

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				
SOURCE SELECTION	Describe method used to select source.			
AND	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 Informat	ion			
Send	l Purchase Order To:	Send Invoices To:				
Vendor:	Vendor#: Dept:		Division:			
Unipak Corporation	36322	DuPage Care Center	Environmental Services			
Attn:	Email:	Attn:	Email:			
Brian Marcus	customercare@unipakcorp.net	Vinit Patel	vinit.patel@dupagecounty.gov			
Address:	City:	Address:	City:			
PO Box 332	West Long Branch	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
NJ	07764	IL	60187			
Phone:	Fax:	Phone:	Fax:			
888-808-5120		630-784-4273				
Send Payments To:		Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
Unipak Corporation	36322	DuPage Care Center	Environmental Services			
Attn:	Email:	Attn:	Email:			
Brian Marcus	customercare@unipakcorp.net	Vinit Patel	vinit.patel@dupagecounty.gov			
Address:	City:	Address:	City:			
PO Box 332	West Long Branch	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
NJ	07764	IL	60187			
Phone:	Fax:	Phone:	Fax:			
888-808-5120		630-784-4273				
Shipping		Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	August 13, 2025	August 12, 2027			

	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		trash and recycling can liners	FY25	1200	2035	52280		22,494.00	22,494.00
2	1	EA		trash and recycling can liners	FY26	1200	2035	52280		75,000.00	75,000.00
3	1	EA		trash and recycling can liners	FY27	1200	2035	52280		52,506.00	52,506.00
FY is required, ensure the correct FY is selected. Requisition Total					\$ 150,000.00						

	Comments
HEADER COMMENTS	Provide comments for P020 and P025. Trash and recycling can liners for the DuPage Care Center, for the period August 13, 2025 through August 12, 2027, for a total amount not to exceed \$150,000.00, per bid 25-073-FM, Section B.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 5, 2025 Human Services Committee August 12, 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.