



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#: 26-1610	RFP, BID, QUOTE OR RENEWAL #: 26-029-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$30,600.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 06/17/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$122,400.00
	CURRENT TERM TOTAL COST: \$30,600.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Keurig Dr. Pepper/The American Bottling Company	VENDOR #: 29088	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Susan Milbratz	VENDOR CONTACT PHONE: 708-990-0492	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: mario.plata@dupagecounty.gov
VENDOR CONTACT EMAIL: susan.milbratz@kdrp.com	VENDOR WEBSITE:	DEPT REQ #: 7509	
<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.). Recommendation for the approval of a contract to provide beverages & fountain drinks, for the DuPage Care Center and Cafes' on County Campus, for the period July 30, 2026 through July 29, 2027, for a contract total not to exceed \$30,600.00, per lowest bid #26-029-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To enhance menu variety with the County Cares as well as catering needs for scheduled various County meetings, seminars & gatherings.			

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.
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: Keurig Dr. Pepper/The American Bottling Company	Vendor#: 29088	Dept: DuPage Care Center	Division: Dining Services
Attn: Susan Milbratz	Email: susan.milbratz@kdrp.com	Attn: Mario Plata	Email: Mario.plata@dupagecounty.gov
Address: 400 N. Wolf Road, Ste A	City: Northlake	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60164	State: IL	Zip: 60187
Phone: 708-990-0492	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Keurig Dr. Pepper/The American Bottling Company	Vendor#:	Dept: DuPage Care Center	Division:
Attn: Accts Payables	Email: AP.invoicing@dpsg.com	Attn: Mario Plata	Email: Mario.plata@dupagecounty.gov
Address: 21431 Network Place	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60673-1214	State: IL	Zip: 60187
Phone: 972-673-7000 #6	Fax:	Phone: 630-784-4416	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): July 30, 2026	Contract End Date (PO25): July 29, 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		Beverages & Fountain Drinks	FY26	1200	2025	52210		2,400.00	2,400.00
2	1	EA		Beverages & Fountain Drinks	FY26	1200	2100	52210		7,800.00	7,800.00
3	1	EA		Beverages & Fountain Drinks	FY27	1200	2025	52210		5,800.00	5,800.00
4	1	EA		Beverages & Fountain Drinks	FY27	1200	2100	52210		14,600.00	14,600.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 30,600.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Recommendation for the approval of a contract to provide beverages & fountain drinks, for the DuPage Care Center and Cafes' on County Campus, for the period July 30, 2026 through July 29, 2027, for a contract total not to exceed \$30,600.00, per lowest bid #26-029-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. June 16, 2026 Human Services Committee June 23, 2026 County Board Meeting
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.