



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#: 25-2306	RFP, BID, QUOTE OR RENEWAL #: 25-091	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$26,270.20
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/07/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$26,270.20
	CURRENT TERM TOTAL COST: \$26,270.20	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Xtivity Solutions, LLC	VENDOR #:	DEPT: DuPage Care Center	DEPT CONTACT NAME: Shauna Berman
VENDOR CONTACT: Terry Crowley	VENDOR CONTACT PHONE: 630-832-5400	DEPT CONTACT PHONE #: 630-784-4261	DEPT CONTACT EMAIL: shauna.berman@dupagecounty.gov
VENDOR CONTACT EMAIL: tcrowley@xtivitysolutions.com	VENDOR WEBSITE:	DEPT REQ #: 7532	
<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 to furnish, install, program & test cameras for the DuPage Care Center, for the period October 8, 2025 through October 7, 2026, for a contract total amount not to exceed \$26,270.20, per lowest bid #25-091-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To have additional cameras in areas that are more challenging to view and to continue to ensure the safety for the residents and staff at the DuPage Care Center.			

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: Xtivity Solutions, LLC	Vendor#:	Dept: DuPage Care Center	Division: Administration
Attn: Terry Crowley	Email: tcrowley@xtivitysolutions.com	Attn: Shauna Berman	Email: shauna.berman@dupagecounty.gov
Address: 2502 S. Finley Road, Suite 110	City: Lombard	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-832-5400	Fax:	Phone: 630-784-4261	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Xtivity Solutions, LLC	Vendor#:	Dept: DuPage Care Center	Division: Administration
Attn: Managing Partner	Email: tcrowley@xtivitysolutions.com	Attn: Shauna Berman	Email: shauna.berman@dupagecounty.gov
Address: 2502 S. Finley Road, Suite 110	City: Lombard	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-832-5400	Fax:	Phone: 630-784-4261	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): October 8 2025	Contract End Date (PO25): October 7, 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		Furnish, install, program & test cameras for the DuPage Care Center	FY25	1200	2040	54010		26,270.20	26,270.20
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 26,270.20

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Recommendation for the approval to furnish, install, program & test cameras for the DuPage Care Center, for the period October 8, 2025 through October 7, 2026, for a contract total amount not to exceed \$26,270.20, per lowest bid #25-091-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. October 7, 2025 Human Services Committee
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.