



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#: 26-0405	RFP, BID, QUOTE OR RENEWAL #: 23-002-DCC	INITIAL TERM WITH RENEWALS: 3 YRS + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$47,713.45
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/03/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$90,603.90
	CURRENT TERM TOTAL COST: \$42,890.50	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD:
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Shift4 Payments, LLC	VENDOR #: 43181	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: James Slagle	VENDOR CONTACT PHONE: 888-276-2108	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: Mario.Plata@dupagecounty.gov
VENDOR CONTACT EMAIL: james.slagle@shift4.com	VENDOR WEBSITE:	DEPT REQ #: 7559	
<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.). Point of Sale System subscription and fees for credit card payments for Dining Services and Campus Cafe's sales, for the period March 1, 2026 through February 28, 2027, for a total contract not to exceed \$42,890.50, under bid renewal #23-002-DCC, final option to renew.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Point of Sale System for the cafeterias on County Campus			

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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
RENEWAL OF RFP	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. per RFP #23-002-DCC
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) Approve renewal of Point of Sale System for the DuPage Care Center, Dining Services and other cafeterias on County Campus, for the period March 1, 2026 through February 28, 2027, for a total contract not to exceed \$42,890.50, under RFP renewal #23-002-DCC. 2) Do not approve renewal of Point of Sale System for the DuPage Care Center, Dining Services and other cafeterias on County Campus, for the period March 1, 2026 through February 28, 2027, for a total contract not to exceed \$42,890.50, under RFP renewal #23-002-DCC, however, if we do not approve, this could cause a loss in revenue, as we would not be able to take credit or debit cards for payment.

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: Shift4 Payments, LLC	Vendor#: 43181	Dept: DuPage Care Center	Division: Dining Services
Attn: James Slagle	Email: james.slagle@shift4.com	Attn: Mario Plata	Email: Mario.Plata@dupagecounty.gov
Address: 3501 Corporate Parkway	City: Center Valley	Address: 400 N. County Farm Road	City: Wheaton
State: PA	Zip: 18034	State: IL	Zip: 60187
Phone: 888-276-2108	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: VenueNext, LLC c/o Shift4 Payments	Vendor#: 18034	Dept: DuPage Care Center	Division: Dining Services
Attn: Accounting	Email:	Attn: Mario Plata	Email: Mario.Plata@dupagecounty.gov
Address: 3501 Corporate Parkway	City: Center Valley	Address: 400 N. County Farm Road	City: Wheaton
State: PA	Zip: 18034	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4416	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 1, 2026	Contract End Date (PO25): February 28, 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		Software Subscription for POS for Dining Services and Cafeterias on County Campus	FY26	1200	2100	53807		7,890.50	7,890.50
2	1	EA		Fees for Credit/Debit card payments	FY26	1200	2100	53808		26,250.00	26,250.00
3	1	EA		Fees for Credit/Debit card payments	FY27	1200	2100	53808		8,750.00	8,750.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 42,890.50

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Point of Sale System subscription and fees for credit card payments for Dining Services and Campus Cafe's sales, for the period March 1, 2026 through February 28, 2027, for a total contract not to exceed \$42,890.50, under bid renewal #23-002-DCC, final option to renew.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 02/03/26 HS Committee 02/10/26 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.