



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#: 24-2833	RFP, BID, QUOTE OR RENEWAL #: 21-057-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$990,500.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 11/05/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$3,690,500.00
	CURRENT TERM TOTAL COST: \$700,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Symbria Rehab, Inc.	VENDOR #: 27600	DEPT: DuPage Care Center	DEPT CONTACT NAME: Karen Cerny
VENDOR CONTACT: Amanda Cline	VENDOR CONTACT PHONE: 314-881-2374	DEPT CONTACT PHONE #: 630-784-4402	DEPT CONTACT EMAIL: karen.cerny@dupagecounty.gov
VENDOR CONTACT EMAIL: acline@symbria.com	VENDOR WEBSITE:	DEPT REQ #: 7475	
<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.). Provide Physical, Occupational, Speech and Respiratory Therapy and Consulting Services for the DuPage Care Center, for the period December 1, 2024 through November 30, 2025, for a contract total not to exceed \$700,000.00, per renewal under RFP #21-057-CARE, third and final optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To provide Therapy and Consulting Services to the residents 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.
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. RFP #21-057-CARE
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 contract renewal for Therapy and Consulting Services for the residents at the DuPage Care Center, for the period December 1, 2024 through November 30, 2025, for a contract total not to exceed \$700,000.00. 2) Do not approve contract renewal for Therapy and Consulting Services for the residents at the DuPage Care Center, for the period December 1, 2024 through November 30, 2025, for a contract total not to exceed \$700,000.00., however, this would leave the center unable to offer short-term and sub-acute rehab services to patients, subsequently negatively affecting one of the major revenue sources for the DuPage Care Center.

## 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: Symbria Rehab, Inc.	Vendor#: 27600	Dept: DuPage Care Center	Division: Rehab & Therapy Services
Attn: Amanda Cline	Email: acline@symbria.com	Attn:	Email: karen.cerny@dupagecounty.gov
Address: 28100 Torch Parkway, Suite 600	City: Warrenville	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60555	State: IL	Zip: 60187
Phone: 314-881-2374	Fax:	Phone: 630-784-4402	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Symbria Rehab, Inc.	Vendor#: 27600	Dept: DuPage Care Center	Division: Rehab & Therapy Services
Attn: Bruce Pultini	Email: bpultini@symbria.com	Attn:	Email: karen.cerny@dupagecounty.gov
Address: 28100 Torch Parkway, Suite 600	City: Warrenville	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60555	State: IL	Zip: 60187
Phone: 630-413-5832	Fax:	Phone: 630-784-4402	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): December 1, 2024	Contract End Date (PO25): November 30, 2025

**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		Physical, Occupational, Speech & Respiratory Therapy & Consulting Services	FY25	1200	2060	53090		700,000.00	700,000.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 700,000.00

*Comments*

HEADER COMMENTS	Provide comments for P020 and P025. Provide Physical, Occupational, Speech and Respiratory Therapy and Consulting Services for the DuPage Care Center, for the period December 1, 2024 through November 30, 2025, for a contract total not to exceed \$700,000.00, per renewal under RFP #21-057-CARE, third and final optional renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. November 5, 2024 Human Services Committee      November 12, 2024 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.