



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#: 23-3715	RFP, BID, QUOTE OR RENEWAL #: 23-102-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$63,380.10
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 12/05/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$253,520.40
	CURRENT TERM TOTAL COST: \$63,380.10	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Professional Medical & Surgical Supply	VENDOR #: 11409	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Alan Ferry	VENDOR CONTACT PHONE: 800-648-5190	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: alanf@promedsupply.com	VENDOR WEBSITE:	DEPT REQ #: 7427	
<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.). Furnish and deliver examination gloves for the DuPage Care Center, for the period January 1, 2024 through December 31, 2024, for a total contract amount of \$63,380.10, per bid #23-102-DCC. (ARPA ITEM)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished By using examination gloves, the spread of communicable disease and bacteria is minimized. Using gloves protects the residents, staff and visitors of the DuPage Care Center from the spread of disease.			

### 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

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
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	
<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: Professional Medical & Surgical Supply	Vendor#: 11409	Dept: DuPage Care Center	Division: DuPage Care Center/Clinical
Attn: Alan Ferry	Email: alanf@profmedsupply.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 1917 Garnet Ct.	City: New Lenox	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60451	State: IL	Zip: 60187
Phone: 800-648-5190	Fax: 866-726-7416	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Professional Medical & Surgical Supply	Vendor#: 11409	Dept: DuPage Care Center	Division: DuPage Care Center/Clinical
Attn: Alan Ferry	Email: alanf@profmedsupply.com	Attn:	Email:
Address: 1917 Garnet Ct.	City: New Lenox	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60451	State: IL	Zip: 60187
Phone: 800-648-5190	Fax: 866-726-7416	Phone: 630-784-4273	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): January 1, 2024	Contract End Date (PO25): December 31, 2024
Contract Administrator (PO25): Christine Kliebhan			

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		examination gloves	FY24	1100	1215	52320	Covid-19- DCC	63,380.10	63,380.10
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 63,380.10

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Furnish and deliver examination gloves for the DuPage Care Center, for the period January 1, 2024 through December 31, 2024, for a total contract amount of \$63,380.10, per bid #23-102-DCC. (ARPA ITEM)
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. December 5, 2023 Human Services Committee      December 12, 2023 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.

The following documents have been attached:    ☐ W-9    ☒ Vendor Ethics Disclosure Statement