



Procurement Review Comprehensive Checklist  
 Procurement Services Division  
 This form must accompany all Purchase Order Requisitions

<b>SECTION 1: DESCRIPTION</b>			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: RFP 23-072-CS	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$38,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/01/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$152,000.00
	CURRENT TERM TOTAL COST: \$29,999.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: DuPage Federation On Human Services Reform	VENDOR #: 11348	DEPT: Community Services	DEPT CONTACT NAME: Karen Graczyk
VENDOR CONTACT: David Roth	VENDOR CONTACT PHONE: 630-782-4782	DEPT CONTACT PHONE #: 630-407-6543	DEPT CONTACT EMAIL: karen.graczyk@dupageco.org
VENDOR CONTACT EMAIL: droth@dupagefederation.org	VENDOR WEBSITE:	DEPT REQ #:	
<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.). To provide face-to-face and telephonic interpreter services, translation services, to assist clients in Community Services, primarily the Senior Services' unit, and American Sign Language, for the Finance Department also, Per RFP #23-072-CS; this is the first of three (3) one (1) year renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Community Services assists clientele that speak many diverse languages. The ability to communicate effectively in order to provide necessary social services as mandated by the State of Illinois requires the assistance of interpreter services.			

<b>SECTION 2: DECISION MEMO REQUIREMENTS</b>	
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. RENEWAL
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

<b>SECTION 3: DECISION MEMO</b>	
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: DuPage Federation on Human Services Reform	Vendor#: 11348	Dept: Community Services	Division:
Attn: David Roth	Email: droth@dupagefederation.org	Attn: Karen Graczyk	Email: karen.graczyk@dupageco.org
Address: 1910 S. Highland Ave., Ste 135	City: Lombard	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-782-4782	Fax:	Phone: 630-407-6543	Fax: 630-407-6501
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: DuPage Federation on Human Services Reform	Vendor#: 11348	Dept: Community Services	Division:
Attn: David Roth	Email: droth@dupagefederation.org	Attn: Karen Graczyk	Email: karen.graczyk@dupageco.org
Address: 1910 S. Highland Ave., Ste 135	City: Lombard	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60148	State: IL	Zip: 60187
Phone: 630-782-4782	Fax:	Phone: 630-407-6543	Fax: 630-407-6501
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 11, 2024	Contract End Date (PO25): Nov 30, 2025
Contract Administrator (PO25):			

**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		Interpreter/Translation Services; Face-to-Face, Telephonic, and/or American Sign Language	FY24	1000	1750	53040		1,200.00	1,200.00
2	1	EA		Interpreter/Translation Services; Face-to-Face, Telephonic, and/or American Sign Language	FY25	1000	1750	53040		25,019.00	25,019.00
3	1	EA		American Sign Language - Finance	FY24	1000	1150	53040		540.00	540.00
4	1	EA		American Sign Language - Finance	FY25	1000	1150	53040		3,240.00	3,240.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 29,999.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. HS COMMITTEE 10/1/2024
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