



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#: FM-P-0017-24	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$4,374,742.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 05/07/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$4,374,742.00
	CURRENT TERM TOTAL COST: \$4,374,742.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: ComEd	VENDOR #: 10023	DEPT: Facilities Management	DEPT CONTACT NAME: Cathie Figlewski
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #: 630-407-4700	DEPT CONTACT EMAIL: catherine.figlewski@dupagecounty.gov
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	

Overview

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 of a contract to ComEd, for electric utility distribution services for the connected County facilities, for Facilities Management, for the period May 1, 2024 through April 30, 2025, for a total contract amount not to exceed \$4,374,742.00, per 55 ILCS 5/5-1022 (c) not suitable for competitive bids – Public Utility. (\$3,169,299 for Facilities Management, \$22,797 for Animal Services, \$794,041 for the Care Center, \$131,380 for the Division of Transportation, and \$257,225 for the Health Department)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
Electric utility distribution services are required to maintain the operations of the County facilities.

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.
PUBLIC UTILITY	
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

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: ComEd	Vendor#: 10023	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email: FMAccountsPayable @dupagecounty.gov
Address: 2 Lincoln Center, 9th Flr	City: Oak Brook Terrace	Address: 421 N. County Farm Road	City: Wheaton
State:	Zip: 60181	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: ComEd	Vendor#: 10023	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email:
Address: PO Box 6112	City: Carol Stream	Address: 421 N. County Farm, 2-700	City: Wheaton
State: IL	Zip: 60197-6112	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-5700	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 1, 2024	Contract End Date (PO25): Apr 30, 2025
Contract Administrator (PO25): Cathie Figlewski			

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	LO		FM		1000	1100	53210		3,169,299.00	3,169,299.00
2	1	LO		CC		1200	2045	53210		794,041.00	794,041.00
3	1	LO		AS		1100	1300	53210		22,797.00	22,797.00
4	1	LO		DOT		1500	3510	53210		131,380.00	131,380.00
5	1	LO		Health Dept. - Informational Only						257,225.00	257,225.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 4,374,742.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Electric Services for Connected Facilities
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Cathie Figlewski, Clara Gomez, Katie Boffa, Christine Kliebahn, Kristie Lecaros, Kathy Curcio
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. PW: 5/7/24 CB: 5/14/24
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