



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#: 23-3493	RFP, BID, QUOTE OR RENEWAL #: 21-073-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$65,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 11/07/2023	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$262,000.00
	CURRENT TERM TOTAL COST: \$66,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND 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: Jill Krueger	VENDOR CONTACT PHONE: 630-413-5810	DEPT CONTACT PHONE #: 630-784-4402	DEPT CONTACT EMAIL: Karen.cerny@dupagecounty.gov
VENDOR CONTACT EMAIL: jkrreger@symbria.com	VENDOR WEBSITE:	DEPT REQ #: 7419	
<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.). Community Wellness Partner for the Wellness Center staffing and management for Outpatient Center at the DuPage Care Center, for the period December 1, 2023 through November 30, 2024, for a contract total not to exceed \$66,000.00, per renewal under RFP #21-073-CARE, second of three, one-year optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To provide staffing and management for the Outpatient Center 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.
RENEWAL	
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: Symbria Rehab, Inc.	Vendor#: 27600	Dept: DuPage Care Center	Division: Physical Rehab & Therapy
Attn: Jill Krueger	Email: jkrueger@symbria.com	Attn: Karen Cerny	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: 630-413-5810	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: Physical Rehab & Therapy
Attn: Bruce Pultini	Email: bpultini@symbria.com	Attn: Karen Cerny	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:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): December 1, 2023	Contract End Date (PO25): November 30, 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		Community Wellness Partner for Wellness Center staffing and management	FY24	1200	2060	53090		66,000.00	66,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 66,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Community Wellness Partner for the Wellness Center staffing and management for Outpatient Center at the DuPage Care Center, for the period December 1, 2023 through November 30, 2024, for a contract total not to exceed \$66,000.00, per renewal under RFP #21-073-CARE, second of three, one-year optional renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. November 7, 2023 Human Services Committee November 14, 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