



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#: 26-0403	RFP, BID, QUOTE OR RENEWAL #: 23-020-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$122,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/03/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$299,000.00
	CURRENT TERM TOTAL COST: \$59,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Performance Foodservice Chicago	VENDOR #: 38749	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Dennis Mitchell	VENDOR CONTACT PHONE: 331-212-1352	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: Mario.Plata@dupagecounty.gov
VENDOR CONTACT EMAIL: dennis.mitchell@PFGC.com	VENDOR WEBSITE:	DEPT REQ #: 7561	
<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.). Recommendation for the approval of secondary food and supplies for the DuPage Care Center and cafe's on County Campus, for the period March 1, 2026 through February 28, 2027, for a contract total not to exceed \$59,000.00, under bid renewal #23-020-DCC, third and final optional renewal.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To have in place and utilize a secondary food and supplies supplier to use when primary does not have items available and to be prepared and have other options should an emergency arise due to supply/demand and transportation issues that could impact our nation.			

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	
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: Performance Foodservice Chicago	Vendor#: 38749	Dept: DuPage Care Center	Division: Dining Services
Attn: Dennis Mitchell	Email: dennis.mitchell@pfgc.com	Attn: Mario Plata	Email: Mario.plata@dupagecounty.gov
Address: 5030 Baseline Road	City: Montgomery	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60538	State: IL	Zip: 60187
Phone: 331-212-1352	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Performance Foodservice Chicago	Vendor#: 38749	Dept: DuPage Care Center	Division: Dining Services
Attn:	Email:	Attn:	Email: dupagecounty.gov
Address: 5030 Baseline Road	City: Montgomery	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60538	State: IL	Zip: 60187
Phone: 331-212-1352	Fax:	Phone: 630-784-4416	Fax:
<i>Shipping</i>		<i>Contract Dates</i>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 1, 2026	Contract End Date (PO25): February 28, 2027

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accs/Activity Code	Unit Price	Extension
1	1	EA		Food	FY26	1200	2025	52210		26,500.00	26,500.00
2	1	EA		Supplies	FY26	1200	2025	52200		8,000.00	8,000.00
3	1	EA		Food	FY26	1200	2100	52210		5,000.00	5,000.00
4	1	EA		Supplies	FY26	1200	2100	52200		5,000.00	5,000.00
5	1	EA		Food	FY27	1200	2025	52210		8,500.00	8,500.00
6	1	EA		Supplies	FY27	1200	2025	52200		2,500.00	2,500.00
7	1	EA		Food	FY27	1200	2100	52210		2,500.00	2,500.00
8	1	EA		Supplies	FY27	1200	2100	52200		1,000.00	1,000.00