

## This form must accompany all Purchase Order Requisitions

This form must accompany air i dichase order nequisitions					
SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#: 24-2940	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$31,000.00		
COMMITTEE: TARGET COMMITTEE DATE: ANIMAL SERVICES 11/19/2024		PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$31,000.00		
Vandor Information	CURRENT TERM TOTAL COST: \$31,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM		
Vendor Information		Department Information			
VENDOR: SPAY ILLINOIS PET WELL CLINICS	VENDOR #: 20021	DEPT: ANIMAL SERVICES	DEPT CONTACT NAME: KRISTIE LECAROS		
VENDOR CONTACT: Kathi Daniels	VENDOR CONTACT PHONE: 630-961-8000	DEPT CONTACT PHONE #: 630-407-2803	DEPT CONTACT EMAIL: KRISTIE.LECAROS@DUPAGECOUNTY .GOV		
VENDOR CONTACT EMAIL: info@spayillinois.org	VENDOR WEBSITE: https://www.spayillinois.org/	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.). Animal Services incurs costs ranging from \$250.00 - \$400.00 per client to provide no cost spay/neuter services to qualified DuPage County residents receiving benefits through the Illinois LINK or Social Security Disability programs. Per the State of IL, Animal Services collects Pet Population Fund (PPF) differential fees that are restricted for this service. Animal Services partners with multiple DuPage County veterinary hospitals/clinics to provide vaccinations and surgery. Qualified residents are given a PPF voucher for a no cost spay/neuter and are provided with a list of veterinarians participating in the program. Residents select a veterinarian of their choosing from the list to perform the spay/neuter (participation in the program is a participation of their choosing from the list to perform the spay/neuter (participation in the program is a participation of their choosing from the list to perform the spay/neuter (participation in the program is a participation of their choosing from the list to perform the spay/neuter (participation in the program is a participation of their choosing from the list to perform the spay/neuter (participation in the program is a participation of their choosing from the list to perform the spay/neuter (participation in the program is a participation in the program is a participation of the list to perform the spay/neuter (participation in the program is a participation in the program is a participation of the list to perform the spay in the participation of the list to perform the spay in the list to perform the list topen to any DuPage County vet hospital/clinic). Spay Illinois Pet Well Clinics is a PPF partner vet clinic and the one most commonly used. There is no way for staff to predetermine the volume any one PPF partner vet will have in a given year. The requested Contract Total is based on YTD expenditure with Spay Illinois Pet Well Clinics.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Spay Illinois is the only PPF program partner that actively promotes the DCAS no-cost spay/neuter program to DuPage County residents. Resident participation in the program reduces the number of unwanted pets in DuPage County, reduces the number of animals entering the shelter system, and ensures that pets of residents in financial need are vaccinated against rabies and microchipped for faster identification. Spay Illinois is also equipped to perform surgery, vaccination and diagnostic testing for Animal Services shelter animals in the absence (due to vacation or unfilled position) of a full time shelter veterinarian, at highly discounted rates. Backup veterinary services are funded by a grant from DuPage Animal Friends.

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.  PER 55 ILCS 5/5-1022 'COMPETITIVE BIDS' (C) NOT SUITABLE FOR COMPETITIVE BIDDING				
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	e Requisition Informat	ion		
Send Pui	rchase Order To:	Send	Send Invoices To:		
Vendor: Spay Illinois Pet Well Clinics	Vendor#: 20021	Dept: ANIMAL SERVICES	Division:		
Attn: Kathi Daniels	Email: kdaniels@spaylllinois.org	Attn: KRISTIE LECAROS	Email: ANIMALSERVICES@DUPAGECOUNT Y.GOV		
Address: 2765 Maple Avenue	City: Lisle	Address: City: 120 N. COUNTY FARM RD. WHEATON			
State: IL	Zip: 60532	State: Zip: 60187			
Phone: 630-961-8000	Fax: 630-961-8002	Phone: 630-407-2800	Fax: 630-407-2801		
Send Payments To:		Ship to:			
Vendor: Spay Illinois Pet Well Clinics	Vendor#: 20021	Dept: ANIMAL SERVICES	Division:		
Attn: Accounts Receivable	Email: accounting@spayillinois.org	Attn: LAURA FLAMION	Email: LAURA.FLAMION@DUPAGECOUNT Y.GOV		
Address: 2765 Maple Avenue	City: Lisle	Address: 120 N. COUNTY FARM RD.	City: WHEATON		
State: IL	Zip: 60532	State:	Zip: 60187		
Phone: Fax: 630-961-8000 630-961-8002		Phone: 630-407-2800	Fax: 630-407-2801		
Shipping		Cor	Contract Dates		
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25):  Dec 1, 2024  Contract End Date (PO25):  Nov 30, 2025			

	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		PPF	Reimbursement for no cost spay/neuter surgery via restricted PPF account	FY25	1100	1300	53075		16,000.00	16,000.00
2	1		PPF	Reimbursement for no cost vaccinations/pre-surgery exams/microchip	FY25	1100	1300	53070		7,000.00	7,000.00
3	1			Backup shelter veterinary services	FY25	5000	1310	53070	DAFUNR24	8,000.00	8,000.00
FYi	FY is required, ensure the correct FY is selected. Requisition Total \$					\$ 31,000.00					

	Comments
HEADER COMMENTS	Provide comments for P020 and P025.  Recommendation for the approval of a purchase order to Pet Population Fund program partner, Spay Illinois Pet Well Clinics to provide no-cost spay/neuter for eligible DuPage County residents, and backup shelter veterinary services, for the period December 1, 2024 through November 30, 2025 for a contract total not to exceed \$31,000.00, per 55 ILCS 5/5-1022 "Competitive Bids" (c) not suitable for competitive bids as citizen determines the veterinarian used. Total contract amount is established from FY2024 expenses and will vary based on FY2025 program utilization by DuPage County citizens.
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. Account Code 53075 funded by state mandated restricted Pet Population Fees. PPF Program vaccines are funded by Animal Services operational budget Account Code 53070.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.