

	520110111	DESCRIPTION				
General Tracking		Contract Terms				
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:			
24-0650	24-017-FM	2 YRS + 1 X 2 YR TERM PERIOD	\$22,320.00			
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:			
PUBLIC WORKS	02/20/2024	3 MONTHS	\$44,640.00			
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:			
	\$22,320.00	FOUR YEARS	INITIAL TERM			
Vendor Information		Department Information				
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:			
Chem-Wise Ecological Pest Management Services, Inc.	32620	Facilities Management	Mary Ventrella			
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:			
Dale Leifheit	630-236-1600	630-407-5705	mary.ventrella@dupagecounty.gov			
VENDOR CONTACT EMAIL: dleifheit@chemwise.net	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 Chem-Wise Ecological Pest Management Services, Inc., for full-service extermination and pest control services, as needed, for County facilities, for the two-year period, February 23, 2024 through February 22, 2026, for a total contract amount not to exceed \$22,320, per lowest responsible bid #24-017-FM. (Facilities Management \$16,950, Care Center \$3,400, Animal Services \$600, Division of Transportation \$1,370)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

Extermination services are needed to control and eradicate insects and pests in and around County campus.

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. LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)

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).				

Form under revision control 01/04/2023

	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.

Send Pur	chase Order To:	Send Invoices To:				
Vendor: Chem-Wise Ecological Pest Management Services, Inc.	Vendor#: 32620	Dept: Facilities Management	Division:			
Attn: Dale Leifheit	Email: dleifheit@chemwise.net	Attn:	Email: FMAccountsPayable @dupagecounty.gov			
Address: 2600 Beverly Drive, Unit #106	City: Aurora	Address: 421 N. County Farm Road	City: Wheaton			
State: IL	Zip: 60502	State: IL	Zip: 60187			
Phone: 630-236-1600	Fax: 630-851-8991	Phone: 630-407-5700	Fax: 630-407-5701			
Send F	Payments To:		Ship to:			
Vendor: Chem-Wise Ecological Pest Management Services, Inc.	Vendor#: 32620	Dept: Facilities Management	Division:			
Attn:	Email:	Attn:	Email:			
Address: 2600 Beverly Drive, Unit #106	City: Aurora	Address: various locations	City: Wheaton			
State: IL	Zip: 60502	State: IL	Zip: 60187			
Phone:	Fax:	Phone:	Fax:			
SI	nipping	Cor	ntract Dates			
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	Feb 23, 2024	Feb 22, 2026			

					Purcha	se Requis	ition Lir	e Details			
LN	Qty	UOM	ltem Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	LO		Facilities Management	FY24	1000	1100	53810		4,536.00	4,536.0
2	1	LO		Facilities Management	FY24	1000	1100	52270		500.00	500.0
3	1	LB		Care Center	FY24	1200	2035	53810		1,000.00	1,000.0
4	1	LO		Animal Services	FY24	1100	1300	53810		250.00	250.0
5	1	LO		Division of Transportation - 140 Bldg	FY24	1500	3510	53810		330.00	330.0
6	1	LO		Division of Transportation - 180 Bldg	FY24	1500	3520	53810		220.00	220.0
7	1	LO		Facilities Management	FY25	1000	1100	53810		6,048.00	6,048.0
8	1	LO		Facilities Management	FY25	1000	1100	52270		500.00	500.0
9	1	LO		Care Center	FY25	1200	2035	53810		1,200.00	1,200.0
10	1	LO		Animal Services	FY26	1100	1300	53810		300.00	300.0
11	1	LO		Division of Transportation - 140 Bldg	FY25	1500	3510	53810		360.00	360.0
12	1	LO		Division of Transportation - 180 Bldg	FY25	1500	3520	53810		240.00	240.0
13	1	LO		Facilities Management	FY26	1000	1100	53810		4,166.00	4,166.
14	1	LO		Facilities Management	FY26	1000	1100	52270		1,200.00	1,200.0
15	1	LO		Care Center	FY26	1200	2035	53810		1,200.00	1,200.
16	1	LO		Animal Services	FY26	1100	1300	53810		50.00	50.
17	1	LO		Division of Transportation - 140 Bldg	FY26	1500	3510	53810		120.00	120.0
18	1	LO		Division of Transportation - 180 Bldg	FY26	1500	3520	53810		100.00	100.
FY is	s require	d, assure	e the correct FY	is selected.	-				·	Requisition Total \$	22,320.0

Comments				
HEADER COMMENTS	Provide comments for P020 and P025. Provide full-service extermination and pest control services, as needed, for County facilities.			
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Vendor, Mary Ventrella, Cathie Figlewski, Clara Gomez, Christine Kliebhan, Kristie Lecaros, Kathy (Black) Curcio.			
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