



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#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$46,888.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 01/02/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$46,888.00
	CURRENT TERM TOTAL COST: \$46,888.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD:
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: H.O.M.E. DuPage Inc.	VENDOR #:	DEPT: Community Services	DEPT CONTACT NAME: Gina Strafford-Ahmed
VENDOR CONTACT: Anne O'Dell	VENDOR CONTACT PHONE: (630) 260-2506	DEPT CONTACT PHONE #: 6444	DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov
VENDOR CONTACT EMAIL: anne@homedupage.org	VENDOR WEBSITE: www.homedupage.org	DEPT REQ #:	
<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.). Provide financial literacy counseling, budget counseling, credit counseling as well as financial literacy workshops to low income residents of DuPage County. Grant funded cost of \$46,888.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished \$46,888 in CSBG funds will assist approximately 60 low income households with one on one counseling and approximately 100 individuals with workshops.			

### 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.
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)	

### 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. QUALITY OF LIFE
SOURCE SELECTION	Describe method used to select source. This is a sub-grant exempt from bidding. They will provide direct services for the County's CSBG program and will maintain all records and financial documents. H.O.M.E. DuPage is an established not for profit in DuPage County and has received Human Services Grant Funds and CDBG funding as well. See attached request for funding. DuPage County Department of Community Services' 2022 Needs Assessment highlighted our communities growing need for financial literacy. Surveyed Community Members indicated needing assistance with budgeting and managing money (35.4%), problems with credit cards/loan companies (18.6%) and assistance understanding credit scores (8.9%). H.O.M.E. DuPage, Inc (Sub-grantee) will provide financial literacy workshops, budgeting seminars, financial counseling, and income management skills to CSBG eligible clients.
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). Fund the program at \$46,888. 1) Issue grant to H.O.M.E. DuPage for \$46,888. This will allow low income residents to attain financial skill to attain self-sufficiency. 2) Do not fund the program and run the risk that individuals and families will not have access to training and skill development to become self-sufficient thus remaining reliant on government assistance programs.

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	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: H.O.M.E. DuPage, Inc.	Vendor#:	Dept: Community Services	Division: Intake and Referral
Attn: Anne O'Dell	Email: anne@homedupage.org	Attn: Gina Strafford-Ahmed	Email: gina.strafford@dupagecounty.gov
Address: 1600 E. Roosevelt Road	City: Wheaton	Address: 421 N. County Farm Road	City: Wheaton
State: Illinois	Zip: 60187	State: Illinois	Zip: 60187
Phone: (630) 260-2506	Fax:	Phone: 6444	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 1, 2024	Contract End Date (PO25): Dec 31, 2024
Contract Administrator (PO25):			

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		Contract Services	FY24	5000	1650	53820	24-231028	46,888.00	46,888.00
<b>FY is required, assure the correct FY is selected.</b>										Requisition Total	\$ 46,888.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
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.
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